mental health assistance at the Jerez Community Mental Health Unit (CMHU), which belongs to the Clinical Area of Jerez within the structure of the Andalusia Health Service. A psychiatrist from Jerez CMHU is in charge of the consulting and coordination program with Health Center "La Barca". Any case that may require mental health assistance is brought for discussion at weekly meetings between primary care physicians and the psychiatrist at the health center, with one of the following case resolutions:

- Maintain mental health assistance with primary care physician.
- Refer to the Jerez CMHU for specialized care.
- Single-appointment evaluation and assistance by the psychiatrist within primary care.

Objectives: The aim of this descriptive study was to analyze sociodemographic and clinical characteristics of the population assisted through the consulting and coordination program.

Methods: Socio-demographic and clinical data belonging to the cases brought to the program was collected between 01/06/2018 and 28/02/2020. An *ad-hoc* data collection survey was used for this purpose.

Results: Female/Male 53/23. Mean age: 47.13. Only 20% of the cases discussed were referred for specialized care to Jerez CMHU. 65% of the patients attended the appointments given with the psychiatrist within primary care. The most frequent diagnosis were anxiety disorders, adjustment disorders, and dysthymia.

Conclusions: A significant fraction of the cases discussed at the coordination program are resolved within this framework or through a single appointment with the psychiatrist, implying that the program achieves an important optimization of resources, all the while maintaining high quality healthcare. The data suggests that the consulting and coordination program is an improvement in terms of referral protocols within mental health care. A more detailed study would be necessary to confirm and enhance current data.

Disclosure of Interest: None Declared

EPV0573

Rural urbanisation and the effect on mental health

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Introduction: In the last 70 years there has been a massive change in rural versus urban distribution of the population (in the 1950's only 30 % of the population had been living in urban areas, whereas in 2021 more than 55% were living in urban areas). This mass migration of the rural population, high density cities, traffic noise, severe pollution, high competition have made their mark on mental health, increasing the risk for various illnesses (schizophrenia). On the other hand, rural areas experience high rates of suicide, depression and a lack of access to the mental health workforce.

Objectives: The goal of this research is to identify the effects of the rapid urbanization on the mental health in rural versus urban areas, as well as the impact of modernization in rural areas.

Methods: For this we performed a literature search that synthesizes the newest research on the rural and urban mental health. Review type articles were excluded.

Results: Results show a high frequency of schizophrenia, mood disorders or addictive disorders in urban areas and depression or alcohol dependence in rural areas. However, the improvement of the living conditions (such as Council of the Europe Development Bank), infrastructure, roads, water supply, bridges, sewerage networks have made their mark , modernizing rural economy. On the other hand existing barriers to mental health (desire to receive care, shortage of professionals in mental healthcare, lack of anonymity in treatment seeking, affordability or transportation to care, or even resources to learn) still remain to be addressed.

Conclusions: The modernization of rural areas hasn't changed the stigma for mental health. There is a need for increasing awareness on the impact of urbanization on mental health.

Disclosure of Interest: None Declared

EPV0574

An interview designed to promote mental health in organizations

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Introduction: In a broad literature review on the subject we did not find structured interviews in the context of mental health in organizations. However, interviews are in common use in the business field. In Family Science assessment methods of families have fallen into two main categories. The first one is comprised of methods based on the evaluation of family members' individual answers, while the second is based on the evaluation of group answers. The Structured Family Business Interview (SBFI) presented is based in important systemic studies and psychological practices with families and it belongs to the second method

Objectives: The purposes of this study is present a structured interview called the Structured Family Business Interview (SBFI) that is a theoretical and practical contribution to access and to promote mental health in organizations.

Methods: The Structured Family Business Interview (SFBI) is a structured interview comprised of six tasks which are assigned to the family as a group some of them are hypothetical or role-play type, and they are addressed to a particular family group in the family business.

The relational processes is observed first-hand by the interviewer and by a trained observer who audio-records and documents the non-verbal signals.

Results: This technique was developed and tested in family firm context. In this section we will present illustrative answers to various dimensions studied in a large research project in mental health with family businesses. Results show good indicators of the SFBI capacity to assess dynamic and systemics dimensions of the teams in family firm. Those dimensions are: communication, rules, roles, conflicts, integration and aggressiveness analyzed to promote health resources and human and organizational development. The research with several work teams indicate that it allows for a precise evaluation of the variables.

Conclusions: The Structured Family Business Interview specifically designed for family business takes into account intangible variables described in the organizational management literature

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

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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

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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