

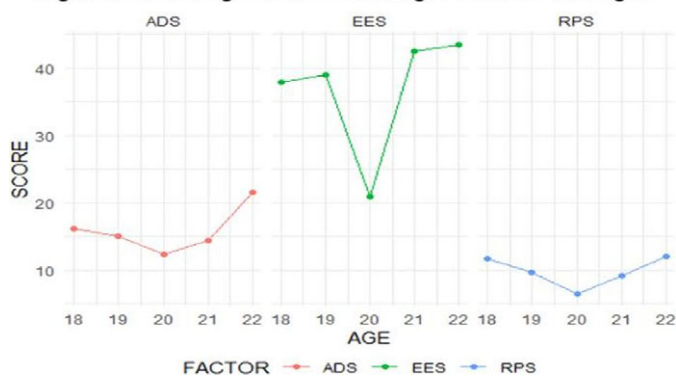
Introduction: Sexting is sending / forwarding erotic-sexual content voluntarily through technological devices and / or the internet. (Fleschler-Peskin, 2013). Real Participation (RPS), Active Disposition (ADS) and Emotional Expression (EES) was studied.

Objectives: Compare sexting in two groups of participants: female and male

Methods: Comparison of data means measured by the Cronbach alpha sexting behavior scale $\alpha = 0.92$, (Chacon-Lopez, et al, 2016). Sample N = 900 (447 female and 453 male)

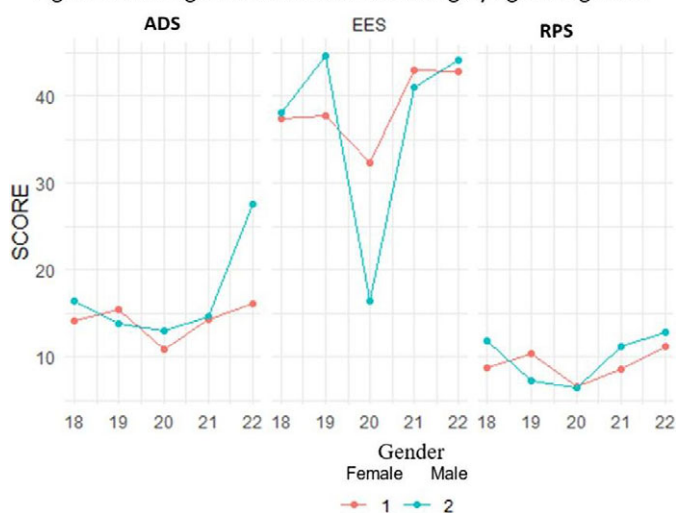
Results: The ADS and RPS decrease between 18 to 20 years old and increase between 20 to 22 years old. EES decreases when increasing age, except in 20 years old. Applying multiple regression analysis, control variable sex and reference group age 18 old, presents statistically significant difference, excepting 19 years old in EES and 22 years old in RPS. (Figure 1)

Figure 1: Average scores sexting's factors and age.



Comparing age and gender, ADS men present higher levels than women, excepting 19 years old. EES and RP, no significant differences are observed. Comparing women's mean show lower AD levels than men with Cohen's effect size $d = 0.62$, (Cohen, 1988). Related to PRS averages, women present lower levels than men without statistically significant differences. Comparing means, women show lower ADS levels than men effecting d Cohen $d = 0.46$, (Cohen, 1988). (Figure 2)

Figure 2: Average scores on factors sexting by age and gender



Conclusions: Evidence difference between men and women, in ADS and EES, without pattern associated with age, young men and women sexting

Keywords: Sexting; Gender; Young

EPP0732

Prevalence and risk factors of compulsory admissions in athens region: Are there any differences between psychiatric and general hospitals?

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Introduction: Concerns have been raised about Europe facing a reinstitutionalization process. Thus, research and policy interest in prevalence and determinants of involuntary hospitalizations has recently rekindled. In Greece, heightened rates of compulsory admissions have been partly ascribed to the incomplete psychiatric reform. Psychiatric hospitals remain the mainstay of inpatient care, as opposed to the more community-oriented psychiatric departments of general hospitals.

Objectives: To investigate differences between a psychiatric and a general hospital with respect to rates and determinants of involuntary hospitalizations in Athens.

Methods: All admissions in one psychiatric and one general hospital between May – September 2020 were considered. Information about patients' socio-demographic characteristics and mental health status was garnered through clinical records and patient and physician interviews. Symptom severity was assessed with the Health of Nations Outcome Scale and diagnosis was assigned in accordance with the ICD-10 criteria.

Results: A total of 600 admissions were analysed. In the general hospital, 52.5% of admissions were involuntary, as opposed to 63.1% in the psychiatric hospital (OR = 0.65, 95%CI = 0.43 – 0.97). In the general hospital, the sole risk factor for compulsory admission was aggression (OR= 3.23, 95%CI = 1.24-8.4). Interestingly, in the psychiatric hospital, sex, age, nationality, education, diagnosis and the severity of symptoms tapped by HoNOS were not found to predict involuntary status.

Conclusions: In psychiatric hospitals, no patient subgroups appear to be at elevated risk of civil detention. Therefore, further research is warranted as to what drives the decision there.

Keywords: compulsory admissions; deinstitutionalization; involuntary hospitalizations; psychiatric reform

EPP0733

Psychosocial risks and the occurrence of work-related accidents

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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.

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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

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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