

Health Care” and “organization and administration”, published in the last 5 years, in English.

Results: 25 of 602 articles were selected. The mhGAP programme has seen successful integration in pilot district-level programs, but wider implementation has stalled due to stigma and lack of clinical engagement, resources, MH specialists, and policy support. The Quebec MH reform promoted integrated service networks, improving accessibility and quality of care (QoC). A Norwegian-Russian long-standing collaboration initiative has significantly improved treatment for anxiety and depression (A&D), with 58% reliable recovery rate. A Danish collaborative care intervention provided high-quality treatment of moderate A&D. In Peru, a similar initiative allowed early detection, referral, and treatment of MH patients attending PHC services.

Conclusions: Comprehensive, integrated and responsive collaborative care models are a cost-efficient strategy to improve QoC for many MH conditions across diverse populations. MH-PHC integration initiatives have seen varying degrees of success. However, several barriers impact wider implementation and scale-up.

Keywords: Mental Health Services; Healthcare organization; primary health care; Mental Health integration

EPP0771

Development & validation of the BSI-9: A brief screening tool for the SAD Triad

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Introduction: The Brief Symptom Inventory (BSI-53) was originally developed as a shorter alternative to the Symptom Checklist-90R, which captures a breadth of psychopathology. Subsequently, the BSI-53 was further streamlined to an 18-item scale assessing psychological distress in terms of somatization (S), anxiety (A), and depression (D) – also known as the “SAD Triad”. The BSI-18 has been shown to have good validity in the German general population.

Objectives: The objective of the present study was to further improve the ease of use of the BSI as a clinical screening tool by developing a reliable and valid 9-item version of the BSI-18.

Methods: A representative sample of the German general population (N=2,516) was surveyed for demographic information and completed a variety of questionnaires, including the BSI-18. Confirmatory factor analyses, item-level statistics, and correlations were used to select three rather heterogeneous items for each subscale and confirm the model fit.

Results: The proposed 3-factor model of the BSI-9, corresponding to the SAD triad, demonstrated a good model fit. The internal consistency (Cronbach’s alpha) was .87 for the total scale, .72 for the somatisation scale, .79 for the depression scale, and .68 for the anxiety scale. Each of the subscales were significantly related to the Patient Health Questionnaire-4 and Hopkins Symptoms Checklist-25 in the hypothesized direction.

Conclusions: The BSI-9 provides researchers and clinicians with a brief, effective, and valid tool to screen for anxiety, depression, and somatization, thus preventing potential overload for research participants and flagging patients who might need further clinical assessment.

Keywords: Scale development; Brief Symptom Inventory; Factor structure; Psychological Distress

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Assessing a PSP (primary care support programme) from the point of view of the professionals involved: A joint-effort between primary care and psychiatric ward.

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Introduction: The PSP has been implemented in Catalonia in 2006 in an attempt to improve the Primary Care treatment of the most common mental disorders and addictions. It’s based on a collaborative model, made up between Primary Care and Mental Health professionals.

Objectives: To identify the strengths and limitations of the PSP from the perspective of Primary Care and Mental Health professionals.

Methods: Qualitative, exploratory and interpretive study based on Grounded Theory, made between 2018 and 2019 with Primary Care and Mental Health professionals. Group interviews were conducted with triangulated analysis. The study got the approval from the Research Ethics Committee of the Sant Joan de Deu’s foundation.

Results: 11 group interviews were conducted in 6 primary care centers and 5 mental health centers in Barcelona. Intrinsic and extrinsic factors impacting the programme functioning were detected. Within the extrinsic factors, elements related to professionals, patients and public health system have been observed. All the professionals agree that the PCSP has a favorable impact on inter-professional relationships and patients, facilitating the management of cases. In contrast the heterogeneity implementation, the lack of training, and the health care burden in is considered to negatively influence an optimal development of the programme. Professionals suggest communication and inter-professional collaboration would be improved by creating more a horizontal structure that eliminates vertical lines of command and disagreements in clinical judgement, thus facilitating shared decisions.

Conclusions: PrimaryCare and MentalHealth professionals value the PSP positively, but conclude there are communication and organizational barriers that should be addressed in order to improve the overall programme’s efficiency.

Keywords: qualitative study; mental health; Collaborative care