

R. Strumila²³, S. Mörk²⁴, M. Abdulhakim²⁵, E.A. Carbone²⁶, A. Panayi²⁷, I. Ivanovic²⁸, E. Dashi²⁹, G. Grech³⁰, M. Vircik³¹, F. Schuster³², J. Soler-Vidal³³, E. Pomarol-Clotet³³, G. Ahmadova³⁴, A. Hargi³⁵, H. Kisand³⁵, N. Grinko³⁶ and Z. Györfy³⁷

¹Heim Pál National Pediatric Institute, Department Of Mental Health, Budapest, Hungary; ²Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; ³Petz Aladar County Hospital, Department Of Psychiatry, Budapest, Hungary; ⁴Károli Gáspár University of the Reformed Church, Department Of Health Psychology, Budapest, Hungary; ⁵Psychiatrische Klinik Clenia Littenheid, Psychiatrische Klinik Clenia Littenheid, Sirmach, Switzerland; ⁶Psychiatric Clinic of Minsk City, Department Of Psychiatry, Minsk, Belarus; ⁷Charles University, 3rd Faculty Of Medicine, Prague, Czech Republic; ⁸EPSM Étienne Gourmelen, Epsm Étienne Gourmelen, Quimper, France; ⁹Mater University Hospital, Department Of Liasion Psychiatry, Dublin, Ireland; ¹⁰Psychiatry-Aalborg University Hospital, Research Unit For Child And Adolescent Psychiatry, Aalborg, Denmark; ¹¹Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal; ¹²Pennine Care NHS Foundation Trust, Pennine Care Nhs Foundation Trust, Oldham, United Kingdom; ¹³Erasmus university, Erasmus University, Rotterdam, Netherlands; ¹⁴University Hospital Centre Zagreb, Department Of Psychiatry, Zagreb, Croatia; ¹⁵Institute for Mental Health, Institute For Mental Health, Belgrade, Serbia; ¹⁶The Serbsky State Scientific Center for Social and Forensic Psychiatry, The Serbsky State Scientific Center For Social And Forensic Psychiatry, Moscow, Russian Federation; ¹⁷University of Ioannina, Department Of Psychiatry, Ioannina, Greece; ¹⁸Ankara City Hospital Bilkent, Ankara City Hospital Bilkent, Ankara, Turkey; ¹⁹Children's hospital Ljubljana, Children's Hospital Ljubljana, Ljubljana, Slovenia; ²⁰University Psychiatric Clinic Ljubljana, University Psychiatric Clinic Ljubljana, Ljubljana, Slovenia; ²¹Psychiatric Hospital Gintermuiza, Psychiatric Hospital Gintermuiza, Jelgava, Latvia; ²²Military Medical Academy, Department Of Psychiatry, Sofia, Bulgaria; ²³Vilnius University, Psychiatric Clinic, Vilnius, Lithuania; ²⁴Medical University of Graz, Department Of Psychiatry And Psychotherapeutic Medicine, Graz, Austria; ²⁵Vrije Universiteit Brussel, Department Of Psychiatry, Brussels, Belgium; ²⁶University Magna Graecia of Catanzaro, Department Of Psychiatry, Catanzaro, Italy; ²⁷Freelancer, Freelancer, Nicosia, Cyprus; ²⁸Clinical Centre of Montenegro, Clinic For Psychiatry, Podgorica, Montenegro; ²⁹Xhavit Gjata Hospital, Xhavit Gjata Hospital, Tirane, Albania; ³⁰Mount Carmel Hospital, Mount Carmel Hospital, Attard, Malta; ³¹Psychiatric Hospital Michalovce, Psychiatric Hospital Michalovce, Michalovce, Slovak Republic; ³²Technischen Universität München, Klinikum Rechts Der Isar Der Technischen Universität München, Munich, Germany; ³³Fidmag Research Foundation, Fidmag Research Foundation, Barcelona, Spain; ³⁴City Hospital N15, Department Of Psychiatry, Baku, Azerbaijan; ³⁵University of Tartu, University Of Tartu, Tartu, Estonia; ³⁶Chernivtsi Regional Mental Hospital, Chernivtsi Regional Mental Hospital, Chernivtsi, Ukraine and ³⁷Semmelweis University, Institute Of Behavioural Sciences, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.539

Introduction: Since the literature investigating the stigmatising attitudes of psychiatrists is scarce, this is the first study which examines the phenomena across Europe. The Opening Minds Stigma Scale for Health Care Providers (OMS-HC) is a widely used questionnaire to measure stigma in healthcare providers towards people with mental illness, although it has not been validated in many European countries.

Objectives: A cross-sectional, observational, multi-centre study was conducted in 32 European countries to investigate the attitudes towards patients among specialists and trainees in general adult and child psychiatry. In order to be able to compare stigma scores across cultures, we aimed to calculate measurement invariance.

Methods: An internet-based, anonymous survey was distributed in the participating countries, which was completed by n=4245 psychiatrists. The factor structure of the scale was investigated by using separate confirmatory factor analyses for each country. The cross-cultural validation was based on multigroup confirmatory factor analyses.

Results: When country data were analysed separately, the three dimensions of the OMS-HC were confirmed, and the bifactor model showed the best model fit. However, in some countries, a few items were found to be weak. The attitudes towards patients seemed favourable since stigma scores were less than half of the reachable maximum. Results allowed comparison to be made between stigma scores in different countries and subgroups.

Conclusions: This international cooperation has led to the cross-cultural validation of the OMS-HC on a large sample of practicing psychiatrists. The results will be useful in the evaluation of future anti-stigma interventions and will contribute to the knowledge of stigma.

Disclosure: No significant relationships.

Keywords: mental health related stigma; measurement invariance; attitudes of psychiatrists; cross-cultural analysis

EPP0244

COVID-19, Telemedicine and Emergency Department Referrals: Patient Presentations and Follow-up Times to a Community Mental Health Team

M. Zubir^{1*}, J. Costello², A. Ali², C. Erwins², M. Cheasty² and L. Judge²

¹The Rotunda Hospital, Specialist Perinatal Mental Health Service, Dublin, Ireland and ²Health Service Executive, North Dublin Mental Health Service, Dublin, Ireland

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.540

Introduction: The COVID-19 pandemic caused changes to how healthcare services are utilised and delivered.

Objectives: We examine the impact of COVID-19 on the pattern of emergency patient presentations referred on to the community mental health team and the impact of utilising telemedicine on time to follow-up.

Methods: We retrospectively reviewed all clinical records of patients currently attending our service. We identified presentations to the emergency department (N=119) who were subsequently referred on for mental health follow-up.

Results: Patients being referred to our team from emergency departments were significantly younger during, mean age 33.1 years (SD=12.3) compared to before the pandemic, mean age 40.0 years (SD=14.5), p=0.006 and a higher proportion were new patients during, 55.8%, compared to pre-pandemic period 33.3%, p=0.015. There was also a higher proportion of patients presenting with

suicidal ideation and lower proportions of affective, psychosis and suicidal/self-injurious acts during the pandemic period compared to before, $p=0.006$. The ratio of female to male patients on the other hand were similar during both periods, $p=0.853$. There appeared to be no difference in median time to follow-up pre and during the pandemic (6.0 vs 5.5 days, $p=0.995$). Further analysis also found no significant impact on time to follow-up upon implementing telemedicine consultations, with median days to initial follow-up of 6 days pre-pandemic, 4.5 days during pandemic + prior to telemedicine and 6.5 days during pandemic + telemedicine, $p=0.602$. **Conclusions:** This study provides preliminary data on the impact of COVID-19 on mental health emergency presentations and utilization of telemedicine on time to follow-up by CMHTs.

Disclosure: No significant relationships.

Keywords: Telemedicine; AUDIT; Covid-19; Community Mental Health Services

EPP0245

When mental health care is stigmatizing: experience of users and families and associated factors

K.-M. Valéry*, A. Prouteau, S. Guionnet, L. Violeau and T. Fournier
University of Bordeaux, Psychology, Bordeaux, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.541

Introduction: Mental health care is considered to be one of the main sources of mental illness stigmatization. Detailed information about these stigmatization experiences is needed to reduce stigma in mental health practices.

Objectives: The study aimed i) to identify the most relevant stigmatizing situations in mental health care encountered by users and families, ii) to characterize the relative importance of these situations in terms of frequency, experienced stigmatization and suffering, and iii) to identify individual and contextual factors associated with these experiences.

Methods: In a focus group, users were asked to select the 15 most relevant stigmatization situations among those they elicited and those that were taken from the literature. An online survey was then conducted among users and family members to characterize these situations and identify predictors.

Results: A total of 235 participants were included: 59 participants with schizophrenia diagnosis, 96 with other psychiatric diagnoses and 80 family members. The results revealed 15 situations with different levels of frequency, stigmatization and suffering. Participants with a diagnosis of schizophrenia experienced more situations of stigmatization and with a higher frequency. Moreover, factors such as recovery-oriented practices and measures without consent were the best predictors of experienced stigmatization.

Conclusions: These original stigmatization situations could be targeted to reduce stigmatization and associated suffering in mental health practices. Results strongly suggest that recovery-oriented practice should be fostered to fight stigma in mental health care.

Disclosure: No significant relationships.

Keywords: mental health professionals; schizophrénia; Families; stigmatization

EPP0246

“Part of the solution yet part of the problem” Stigmatization in mental health professionals: characteristics and associated factors

K.-M. Valéry*, A. Prouteau, L. Violeau, T. Fournier and S. Guionnet
University of Bordeaux, Psychology, Bordeaux, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.542

Introduction: The consequences of schizophrenia stigma are numerous and highly damaging to individuals, their families, the health care system and society. Mental health professionals (MHP) are considered to be one of the main sources of schizophrenia stigmatization.

Objectives: The aim of the study was to identify individual and contextual factors associated with stigmatization in MHP in its three dimensions.

Methods: An online survey was conducted with specific measures of MHP stigmatization (stereotypes, prejudices and discrimination). Four categories of potential associated factors were also measured: sociodemographic information, contextual characteristics (e.g. work setting), individual characteristics (e.g. profession, recovery-oriented practices) and theoretical beliefs (e.g. biological beliefs, perceived similarities, continuum beliefs). Models of prediction were computed when applicable.

Results: Responses of 357 MHP were analysed. The main factors associated with stigmatization (stereotypes, prejudice) in MHP are of two types: i) individual beliefs (about mental illness: biological etiological beliefs, categorical beliefs; or about MHP themselves: professional utility beliefs, similarity beliefs) and ii) characteristics of practices (recovery oriented practice, work setting, profession).

Conclusions: These original results suggest new strategies for reducing stigma in mental health practices such as focusing on individual beliefs and fostering recovery-oriented practice and professional utility beliefs.

Disclosure: No significant relationships.

Keywords: stigmatization; schizophrénia; mental health professionals

EPP0248

The adaptation of The parental reflective functioning questionnaire adolescent version to the Hungarian language and presentation of its psychometric characteristics

B. Szabó*, M. Miklósi, M. Boda and J. Futó

Eötvös Loránd University, Department Of Developmental And Clinical Child Psychology, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.543

Introduction: Parental reflective function is the ability of a parent to attribute mental states to their child and to themselves. The Parental Reflective Functioning Questionnaire is widely used for the measurement of this construct, the adolescent version of which can be used by parents of children aged 12-18.