

Benzodiazepines, particularly lorazepam, continue to be the first-line treatment, while electroconvulsive therapy (ECT) is employed in treatment-resistant cases, especially in malignant catatonia marked by autonomic dysregulation. Emerging treatments, including NMDA receptor antagonists like memantine, have shown potential in refractory cases. Special considerations are required for populations with autism spectrum disorder (ASD) and neurodevelopmental conditions, where catatonia presents uniquely.

Conclusions: Recent findings underscore the importance of early diagnosis and timely intervention in catatonia. Advances in neuroimaging and novel therapeutic options have enhanced the management of this complex condition, opening new directions for research and clinical practice.

Disclosure of Interest: None Declared

EPV1297

The experience of Stigma on Recovery Among Parents with Serious Mental Illness: A Systematic Review

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Introduction: The parental role is often central to the recovery process. For the 70% of people with Serious Mental Illnesses (SMI) who are or will become parents, the parental role is often central to their recovery process. Although a growing number of studies focuses on recovery in parents with SMI, little is known about the experienced influence of stigma on recovery within this specific group.

Objectives: This systematic review aims to provide a deeper understanding of the interaction between various types of stigma, the parental role, and the recovery process in parents with SMI.

Methods: A systematic search was conducted in four online databases and the reference lists of included articles. Primary research studies of any design that included stigma- and recovery-related experiences among parents with SMI were included. Stigma-related experiences were categorized into six distinct types. The findings of included studies were inductively coded. Reflexive Thematic Analysis (RTA) was applied for the data-analysis.

Results: A total of 25 studies were included, all of which identified various types of stigma related to the parental role. The data analysis of the interaction between the parental role, stigma, and recovery resulted in the conceptualization of six themes: (1) Loneliness and isolation; (2) Struggling with parental identity; (3) Protecting the children; (4) Not having the same rights and chances; (5) Lost in the system and (6) Overcoming stigma.

Conclusions: Parents with SMI experience stigmatization of their condition as well as stigmatization of their parental role. Stigmatization of the parental role can have a profound impact on their recovery process, since it limits or even restricts parents from fulfilling their parental role. In order to protect their parental role and family life, parents are hesitant to disclose their SMI and ask for help. As a result, parents and their families are hindered in receiving the needed (psychiatric) support. Since the parental role is central to the recovery process for parents with SMI, it is crucial for Mental

Health professionals to pay specific attention to the stigma- and recovery-related factors associated with this role.

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Communicating Bad News in Emergency Health Care: clinicians needs and perceptions - a comparative study between Portuguese and Brazilian samples

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Introduction: Communicating bad news is a common occurrence in the healthcare sector, especially in emergency services. However, it is also recognized as one of the most stressful, uncomfortable and difficult moments. Clinicians may appear cold, exhibiting depersonalized communication, or feel detached and overwhelmed due to a lack of training in communicating bad news. Therefore, it is crucial to develop their skills in communicating bad news to improve their proficiency in these challenging situations.

Objectives: The purpose of this study is to comprehend the specific needs of clinicians when delivering bad news to emergency patients, and to identify effective strategies for tailoring educational programs to the demands of emergency healthcare. Additionally, the study aims to identify differences and similarities across two geographic and cultural settings.

Methods: A group of emergency health professionals working in Portugal and Brazil were invited to participate in the study. We will collect sociodemographic data and performed a professional characterization. Participants will describe their experience and training in delivering bad news in emergency settings and preferences regarding methods and design of communication skills training. The evaluation included clinicians self-evaluate their knowledge, skills, and application of seven relevant skills (adapted from Breaking Bad News, Servotte et al 2019).

Results: We expect clinicians from emergency health units in Portugal and Brazil to identify specific strategies applied when delivering bad news, and how theoretical knowledge and previous training imbed their sense of capability. Sociodemographic and professional characteristics are probable factors influencing clinicians' self-perception of communicating bad news to emergency patients and families.

Conclusions: Breaking bad news can be challenging for clinicians due to the complexity of communication and the emotional intensity involved. This highlights the need for tailored training programs that are culturally adapted and focused on clinicians' needs and preferences. Albeit speaking the same language differences in the healthcare setting (Portugal vs. Brazil) must be considered when designing educational interventions.

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