

4.32),  $p=0.11$ ]. We found some evidence of effect moderation by the child's sex and socioeconomic position (SEP).

**Conclusions:** The results suggest that center-based care may protect children from developing internalizing behaviors, but other forms of nonparental care may put children at more risk of developing more internalizing and externalizing behaviors. Also, factors such as sex and SEP may interact with nonparental care in influencing externalizing behaviors.

**Disclosure of Interest:** None Declared

## Rehabilitation and psychoeducation

### EPP0095

#### "Beenomials": exploring beekeeping as a rehabilitation tool in the field of mental health

A. Barbieri

Department of Mental Health, ASL CN1, Cuneo, Italy  
doi: 10.1192/j.eurpsy.2024.319

**Introduction:** Beekeeping is a peculiar activity able to connect people both to nature and to other people. Extant research shows how it provides beekeepers with meaning, opportunities for learning, and a sense of connection to bees as well as to the surrounding ecosystem. The relationship of care and interdependence that is established supports well-being, encourages collaboration and positive social relations.

**Objectives:** "Beenomies" is a pilot project inspired by the union of opposites symbolically associated with bees: love and war, sweetness (honey) and bitterness (venom), the individual and multiplicity (society), regeneration and death. As CG Jung observed, honey expresses, psychologically, "the joy of life and the life urge which overcome [...] the dark and the inhibiting. Where spring-like joy and expectation reign, spirit can embrace nature and nature, spirit". Drawing on this psychological and philosophical basis, the project aimed to introduce beekeeping in a therapeutic community placed in the Alpine environment (Mondovì, Italy), to explore its rehabilitative potential and its ability to promote well-being in the field of mental health.

**Methods:** The project stems from the collaboration between mental health services, a local agriculture high school, and a farm involved in social agriculture. Initially, some beehives have been settled on the land surrounding the therapeutic community. Activities of beekeeping have been conducted and supervised by experienced beekeepers of the farm involved, who engaged a selected group of users hosted in the community ( $n=15$ ), instructed them and worked side by side for several weeks, according to the bees' needs and the seasonal rhythms. Once the training was completed, teaching activities have been co-conducted by beekeepers and participants, to introduce and train a group of students from the local agriculture high school. A study encompassing observational data, surveys, and semi-structured interviews was conducted to monitor and evaluate the project as it unfolded.

**Results:** The performance of practical activities (i.e. beekeeping operations) proved successful in relaxing social norms around talking, lowering the emotional intensity of the encounter, allowing non-verbal communication and normalizing silence. These features supported participants with relational difficulties and

encouraged the gradual development of skills in the social area. In the second part of the project, the involvement of high school students that needed to be trained allowed participants to have an active role as teachers; this contributed to the development of positive feelings, increased self-esteem and self-efficacy, eventually supporting the recovery process.

**Conclusions:** Preliminary findings suggest further collaboration between different social actors and further research to develop inclusive, effective, and community-based interventions in the field of mental health and rehabilitation.

**Disclosure of Interest:** None Declared

## Classification of mental disorders

### EPP0096

#### A nosological approach to brief psychotic disorders and acute and transient psychoses

C. M. Coelho

Psychiatry, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal  
doi: 10.1192/j.eurpsy.2024.320

**Introduction:** Acute and transient psychoses (International Classification of Diseases) and Brief Psychotic Disorders (Diagnostic and Statistical Manual of Mental Disorders) constitute heterogeneous nosological groups, which have undergone successive reformulations in the past decades, remaining doubts regarding their diagnostic validity and independence.

**Objectives:** This work aims to review the nosological evolution of these complex and neglected groups.

**Methods:** A review of the literature was conducted using PubMed and The Cochrane Library. The following terms were used: "acute and transient psychoses"; "brief psychotic disorders"; "cycloid psychosis"; "reactive psychosis".

**Results:** Since the early 20th century, a group of non-affective psychoses with acute onset and brief duration have been described in different countries and under various names, such as bouffée délirante, reactive psychosis or cycloid psychosis, denominations still present in ICD-9. In present-day classifications, as ICD-10 and DSM-IV, an effort was made to homogenise the various regional and national concepts creating the group of 'Brief Psychoses' (DSM) or 'Acute and Transient Psychotic Disorders' (ICD). The marked heterogeneity and low diagnostic stability of these groups, mainly based on temporal criteria, has posed significant obstacles to further research and conceptualization. Given these difficulties, the latest revision of the International Classification of Diseases (ICD-11) brought about a substantial change, restricting this diagnosis to polymorphic psychotic conditions of acute onset and rapid resolution, subgroup with greater diagnostic stability and characteristics distinct clinical features.

**Conclusions:** The relevance of a better clarification for this nosological group is evident in the successive changes over the last century. ICD 11, once again, substantially changed the diagnostic criteria and the scope of this nosological entity, leaving doubts about the independent nature of this group, its connection to schizophrenia, as an attenuated form (more common in women

and in developing countries), or even as a form of psychosis that is closer to affective disorders (due to its clinical evolution). Although little explored, this issue remains a source of doubt and interest, calling into question the Kraepelinian dichotomy for the so-called endogenous psychoses.

**Disclosure of Interest:** None Declared

## EPP0097

### ICD-11 Burnout for the psychiatrist: Meaning of the concept and prevalence of the condition.

J. M. Pelayo-Terán<sup>1,2,3,4,\*</sup>, Z. Gutiérrez-Hervás<sup>1</sup>, S. Vega-García<sup>1</sup>, M. E. García-Llamas<sup>1</sup>, C. López-Zapico<sup>5</sup> and Y. Zapico-Merayo<sup>1</sup>

<sup>1</sup>Servicio de Psiquiatría y Salud Mental; <sup>2</sup>Unidad de Calidad y Seguridad del Paciente, Hospital El Bierzo. Gerencia de Asistencia Sanitaria del Bierzo (GASBI). SACYL, Ponferrada; <sup>3</sup>Área de Medicina Preventiva y Salud Pública. Departamento de Ciencias Biomédicas, Universidad de León, León; <sup>4</sup>Grupo CB07/09/2001, Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Madrid and <sup>5</sup>Facultad de Ciencias Jurídicas y Sociales, Universidad Juan Carlos I, Móstoles, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.321

**Introduction:** Burnout was reclassified in 2019 as an occupational phenomenon in ICD-11. The new condition includes the classic tridimensional definition with symptoms in areas of fatigue/energy depletion, mental distance/cinism and sense of ineffectiveness/lack of accomplishment.

**Objectives:** To evaluate the knowledge and perceptions of psychiatrists regarding new ICD-11 burnout definition.

To analyse the frequency of burnout symptoms in the psychiatric consultations and among the psychiatrists as healthcare professionals.

**Methods:** An online survey (designed with Microsoft® Forms) was sent in June 2023 to psychiatrists from three regions of Spain, contacted from local scientific societies. Psychiatrists, currently working, had to consent and answer a brief survey (average time: 2 min 32 sec) of 9 questions regarding the definition of burnout, their experience in clinical practice, their own symptoms and symptoms observed in colleagues.

**Results:** 164 psychiatrists answered, 114 females (69.5%), mean age:  $43.61 \pm 11.28$  years. 48.2% assured they had never used the term Burnout or the ICD codes Z73.0/QD85, whereas a 9.1% used them frequently in clinical practice. 58.5% considered burnout just a condition related to work and a 38.4% either a syndrome or a disorder.

Most psychiatrists referred that their patients exhibited symptoms of the three dimensions. Fatigue was the most common, attended frequently by 79.5% of the surveyed, followed by ineffectiveness (73.1%) and cinism (65.3%).

When reporting their own symptoms, only 16.5% psychiatrists referred not suffering any symptom. The most frequently involved was fatigue (66.5%), then ineffectiveness (56.1%) and cinism

(41.5%). 28,7% reported concomitant symptoms of the three dimensions.

70.7% recognized fatigue symptoms in their colleagues, 61% ineffectiveness, 72.6% cinism and 45,5% recognized symptoms from the three dimensions. Only a 7.3% did not identify any of them.

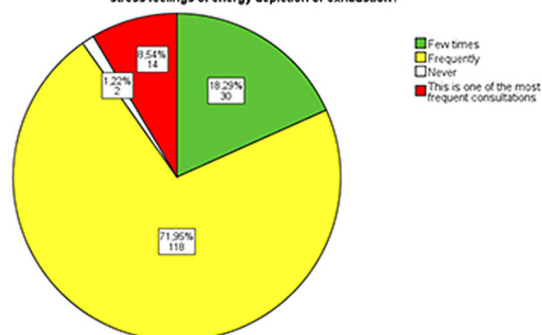
A younger age was related to higher probability of suffering cinism (T:2.546; p=0.012) and ineffectiveness (T:2.900; p=0.004) and to a higher probability of recognizing cinism (T=3,293; p=0,001) an ineffectiveness in others (T=2.355; p=0.020)

Females showed a higher frequency of ineffectiveness symptoms (61.4% vs 44%;  $\chi^2:4.274$ ; p=0,029).

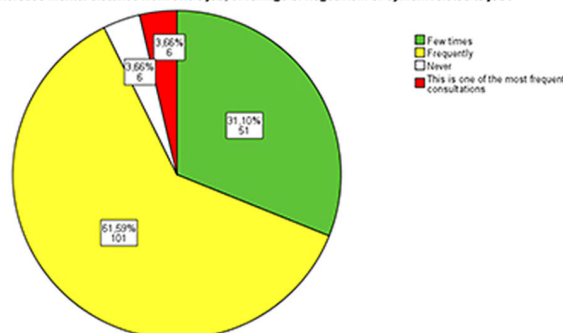
**Image:**

**Image1.** Frequency of Burnout dimension symptoms in psychiatric clinical practice

QUESTION 5. In your clinical practice, Do you attend patients that present, as a result of chronic workplace stress feelings of energy depletion or exhaustion?



QUESTION 6. In your clinical practice, Do you attend patients that have, as a result of chronic workplace stress increase mental distance from one's job, or feelings of negativism or cynism related to job?



QUESTION 7. In your clinical practice, Do you attend patients that have, as a result of chronic workplace stress a sense of ineffectiveness and lack of accomplishment?

