

Objectives: The following hypotheses arising from the relevant literature were formulated so as to explore the above aims of the study empirically.

Hypothesis 1: Women therapists experience more negative feelings than males.

Hypothesis 2: There will be a statistically significant difference between males and females in experiencing gratification feelings.

Hypothesis 3: Therapists with psychodynamic training will experience lower levels of dysphoric feelings compared to therapists of other orientations.

Hypothesis 4: The proportion of psychodynamic therapists that disclose sexual and erotic feelings towards a client in supervision will be significantly higher than that of therapists of other orientations.

Since the present is the first conducted in the cultural environment of Greece and the first one correlating quantitative data from a psychometric test with handling of erotic and sexual feelings questions, the study will investigate in addition further questions correlating years of experience, sexual orientation, therapist age, with measures of emotional reactions.

Methods: Over two months, 139 adult psychotherapists completed an anonymous online survey. The demographics and attitudes of psychotherapy participants toward sexual and erotic feelings were collected. The Therapists' Attitude toward Sexual and Erotic Feelings Scale measured emotions.

Results: Results showed that male therapists felt more enjoyment than females, who were more afraid of the erotic or sexual. When controlling for therapist age, gendered difference in terror disappears. CBT and integrative therapists, who scored high on Aversion, also experienced higher threat levels. The present investigation showed no correlation between psychotherapeutic orientation and therapist erotic or sexual disclosure to supervised clients. Additional secondary analysis was done.

Conclusions: The findings of the study imply that therapists' emotional reactions to sexual and erotic sensations in psychotherapy are multifaceted and relate to their professional and personal identities. Psychotherapeutic training, licensure, supervision, and therapist implications are examined.

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EPV0847

Involuntary hospitalization for purpose of treatment - experiences and viewpoints from patients with schizophrenia

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Introduction: Coercive methods in psychiatry have been a matter of intense public debate for many years. Involuntary hospitalization (IH) for purpose of treatment is a major intervention with the purpose of providing care for individuals, who, during psychotic episodes, are not immanently dangerous to self or others but unable to take care of themselves and at risk of significant deterioration.

The intervention is, however, not yet fully examined from patients' perspectives.

Objectives: To examine views and experiences of patients with schizophrenia, involuntarily hospitalized in a psychotic state for purpose of treatment.

Methods: Nine patients were interviewed at discharge with a semi-structured instrument on the following: If IH can be justified in general and in the context of their own admission, how IH can be prevented, and finally, how they would react if confronted with a person in a similar condition as their own as described in their chart at the time of IH. The patients were reinterviewed after the interviewer had read their chart to obtain their reactions on others' descriptions of their condition.

Results: None of the patients considered their involuntary hospitalization necessary in its entirety or as an act of caregiving, and they believed that community support could have prevented it. Some described improvement in their condition attributed not to the hospitalization itself but to positive interactions with staff and other patients. They did not view their condition as psychotic but rather as angry, stressed, or even entirely well. They stressed that psychiatric patients should be able to refuse treatment in the same way as patients with somatic illnesses can.

Conclusions: We discussed the patients' experiences and negative view of IH, how their opinions can be related to the concept of psychosis and insight, possibilities of increased community support, and ethical issues concerning caregiving when the person being cared for does not feel a need. A better understanding of the role of psychopathology and patients' subjective experiences may provide a foundation for a patient-doctor dialogue on joint interventions in the future. More options for community support and acute outpatient interventions could be a possible way to reduce IH of patients, who are not dangerous to self or others.

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EPV0849

The Hidden Dangers of Diagnostic Overshadowing in Psychiatric Patients: A Case Study

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Introduction: Diagnostic overshadowing, or the tendency to attribute physical symptoms to mental illness, poses a significant risk to psychiatric patients, significantly delaying diagnostic and treatment possibilities. This case study highlights the potentially life-threatening consequences of dismissing physical complaints in patients with a history of mental health disorders.

Objectives: To examine the impact of diagnostic overshadowing on patient care and outcomes, emphasizing the need for comprehensive, unbiased medical assessment, regardless of psychiatric history.

Methods: We present the case of a 72-year-old female patient with an extensive history of multiple psychiatric admissions, primarily

for somatization and depressive episodes. The patient's journey began with an initial admission in our psychiatric service. However, her condition rapidly degenerated, as she developed chest pain, leg numbness, and digestive issues. These symptoms were initially attributed to her psychiatric conditions by the internal medicine team, leading to a critical delay in appropriate medical intervention.

Results: As a consequence, the patient's condition deteriorated rapidly, culminating in a severe septic state. Further investigation revealed that the sepsis had a pulmonary origin, with *Serratia marcescens* identified as the causative pathogen. This underscores the potential for seemingly benign symptoms to mask serious underlying infections in vulnerable populations. The patient's case was further complicated by the emergence of several severe medical conditions, including toxic hepatitis, cardiomyopathy, and valvular insufficiencies, highlighting the potential for cascading health issues when initial symptoms are not thoroughly investigated. In the course of treatment, the patient experienced additional complications arising from medical interventions, most notably drug-induced hepatotoxicity, serving as a reminder of the delicate balance required in managing complex cases and the potential for treatment-related adverse events to further complicate patient care.

Conclusions: This case study underscores the critical importance of conducting thorough and unbiased medical evaluations in psychiatric settings, or in cases where psychiatric history is present. It vividly demonstrates how preconceived notions and unconscious biases regarding psychiatric patients can lead to delayed diagnosis and treatment of serious medical conditions, potentially resulting in life-threatening consequences. The case serves as a wake-up call for healthcare providers to approach each patient with an open mind, regardless of their psychiatric comorbidities.

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EPV0851

Effects of Mental Health Stigma on Clinical Decision-Making in the Context of Digital Medicine

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Introduction: People with mental illness often experience stigma and discrimination, which can reduce treatment outcomes and quality of life. Numerous studies have shown that stigmatizing attitudes among physicians negatively affect both psychiatric and somatic care. Recently, technological advancements have led to the emergence of digital medicine as a new avenue for health care. However, little is known about how stigmatizing attitudes toward patients with mental illness might impact clinical decisions in the context of digital medicine

Objectives: This study aims to assess how implicit and explicit stigma against mental illness among medical students and general

practitioners affects their decision for recommending treatment through a digital mHealth app.

Methods: A total of 62 general practitioners and 60 medical students participated in the anonymous online survey. After providing demographic information, participants reviewed two case vignettes: one depicting a patient with a comorbid mental and somatic illness, and the other depicting a patient with only a somatic illness. Participants rated, on a scale from 1 to 10, the likelihood of prescribing an mHealth app designed to enhance treatment of the somatic disease. The Social Distance Scale (SDS) and the Implicit Association Test (IAT) were used to measure explicit and implicit stigma, respectively. The IAT is a computer-based task that assesses implicit bias regarding the perceived incompetence associated with psychiatric disorders compared to somatic disorders.

Results: On average, participants were more likely to prescribe an mHealth app for patients with only a somatic illness than for patients with both somatic and comorbid mental illness ($p < .001$). Furthermore, implicit stigma was a significant predictor of participants' preference to treat patients with somatic over mental disorders ($p = .013$). There were no group differences in the IAT score.

Conclusions: Our findings indicate a bias against people with mental illness among both medical students and physicians, even within the context of digital medicine. Future research is needed to further examine the scope and impact of stigmatizing attitudes on patient health care outcome.

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EPV0853

Use of Physical Restraint in Psychiatry: Attitudes of Healthcare Providers and Ethical Considerations

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Introduction: Physical restraint in psychiatry is a widely used practice intended to protect patients from harming themselves or others, guided by strict procedures and monitoring. Recent reports and legal updates aim to regulate its use more closely

Objectives: This study assesses the extent of physical restraint use and explores healthcare workers' perceptions and experiences regarding this practice, focusing on ethical issues.

Methods: Between April and May 2024, we conducted a cross-sectional descriptive study involving healthcare staff from psychiatry departments across Tunisia, including hospitals in Sousse, Monastir, Kairouan, Mahdia, Sfax, and Tunis. Participants were surveyed using a literature-based questionnaire, and data were analyzed with SPSS21 software.