

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

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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

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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

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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.