Methods: Baseline patient demographics, clinical and treatment characteristics of 537 patients with a completed care episode between 2012 and 2019 were assessed. Satisfaction and mental health treatment outcomes were examined using routine outcome monitoring and analyzed with multilevel intention-to-treat models.
Results: Two thirds of patients were woman (median age 41 years), predominantly with a primary diagnosis of mood or anxiety disorder. Mean number of treatment sessions was 49 (SD=94) and total clinical time was 54 hours (SD=109). Mean treatment duration was 460 days (SD=407). Ninety percent of the sample filled out one or more assessment(s). Of the individuals with a baseline assessment, 50% completed a follow-up. Significant improvements in symptomatology, social functioning, interpersonal functioning, wellbeing, resilience and quality of life were found. Clinical and scientific interpretation, moderator analyses and patient satisfaction will be presented at the conference.
Conclusions: Although no definite conclusions can be drawn due to the naturalistic design and missing data, especially at follow-up, patients seem to improve on all measured domains, including psychopathology, functioning and wellbeing.

Keywords: routine outcome monitoring; integrative psychiatry; fundamental prognostic research; patient reported outcomes

EPP0728

Measuring therapeutic engagement in finnish adult acute psychiatric in-patient care units using the finnish version of therapeutic engagement questionnaire (TEQ)

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Introduction: The Therapeutic Engagement Questionnaire (TEQ) has been developed and validated in partnership with service users (SUs), registered mental health nurses (RMHNs) and nurse academics in the UK in accordance with psychometric theory. The TEQ is highly relevant and useful to clinical practice. The TEQ measures therapeutic engagement (TE) in two contexts - 1-1 interactions between SUs and RMHNs, as well as the overall environment and atmosphere of the units - from the perspective of both SUs and RMHNs. The TEQ has been translated into Finnish by two expert panels and was pre-tested and validated in ten adult acute psychiatric in-patient units in two hospitals in Finland.
Objectives: To measure TE in Finnish adult acute in-patient psychiatric settings from the perspectives of both SUs and RMHNs.
Methods: The Finnish version of the TEQ (Hoidollinen yhteistyö) will be completed by RMHNs and SUs in 15 adult acute psychiatric in-patient units. Nine of the units are within the University Hospital and six in a municipal psychiatric hospital. The data will be collected within a 3-month period (October - December 2020). The coordinating nurse of each unit will organise the operational side of the study

including obtaining consent from SUs. The nurses will participate in the survey via Webropol which includes nurses' consent. Sociodemographic information will be collected from the SUs and nurses.
Results: The results of the measurement study will be reported at the 29th European Congress of Psychiatry.
Conclusions: The conclusions of the measurement study will be reported at the 29th European Congress of Psychiatry.

EPP0729

Relationship between emotional exhaustion and empathy in medical students from monteria - colombia

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Introduction: Empathy is considered one of the most relevant characteristics in the interaction between the doctor and the patient, highlighting the need to enhance it from the professional training stage. However, some studies have established that high levels of empathy could generate emotional exhaustion (Boujut, Sultan, Woemer & Zenasni, 2012). However, if a certain type of empathy can lead to burnout, it must also be considered that an optimal empathic posture can, on the contrary, relieve stress and exhaustion.
Objectives: Establish the relationship between the level of emotional exhaustion and empathy in medical students.
Methods: A cross-sectional study of correlational scope was conducted in 182 (n = 90) medical students. The cognitive and affective empathy test (López, et al., 2008) and the adaptation of the MBI instrument for the Colombian population (Barbato, Córdoba, González, Martínez & Tamayo, 2011) were used to assess emotional exhaustion
Results: Statistically significant correlations of positive magnitude were evidenced between the variables emotional exhaustion and cognitive empathy (Table 1)
Conclusions: It was possible to conclude that the higher levels of cognitive empathy (adoption of perspective) in medical students, also resulted in greater emotional exhaustion, revealing an inappropriate consequence of empathy, where professionals can excessively adopt the patient's feelings, generating wear. It is essential to promote optimal levels of empathy, which are beneficial for both the patient and the doctor.

Keywords: empathy; exhaustion; doctors in training

EPP0730

Sexting in young university of the colombian caribbean, a comparative study between male and female

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Introduction: Sexting is sending / forwarding erotic-sexual content voluntarily through technological devices and / or the internet. (Fleschler-Peskin, 2013). Real Participation (RPS), Active Disposition (ADS) and Emotional Expression (EES) was studied.

Objectives: Compare sexting in two groups of participants: female and male

Methods: Comparison of data means measured by the Cronbach alpha sexting behavior scale $\alpha = 0.92$, (Chacon-Lopez, et al 2016). Sample N = 900 (447 female and 453 male)

Results: The ADS and RPS decrease between 18 to 20 years old and increase between 20 to 22 years old. EES decreases when increasing


Figure 1: Average scores sexting's factors and age.
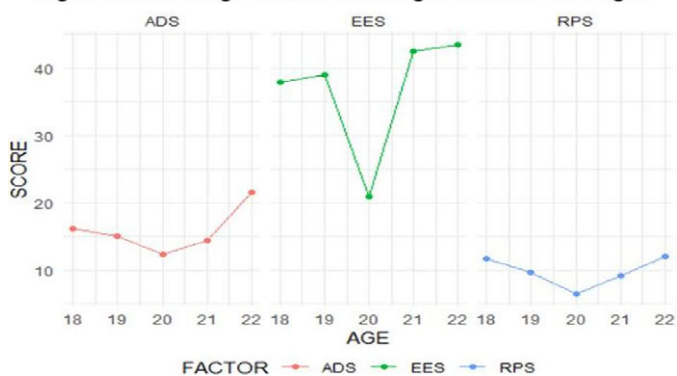
age, except in 20 years old. Applying multiple regression analysis, control variable sex and reference group age 18 old, presents statistically significant difference, excepting 19 years old in EES and 22 years old in RPS. (Figure 1)

Comparing age and gender, ADS men present higher levels than women, excepting 19 years old. EES and RP, no significant differences are observed. Comparing women's mean show lower AD levels than men with Cohen's effect size d = 0.62, (Cohen, 1988).

Figure 2: Average scores on factors sexting by age and gender
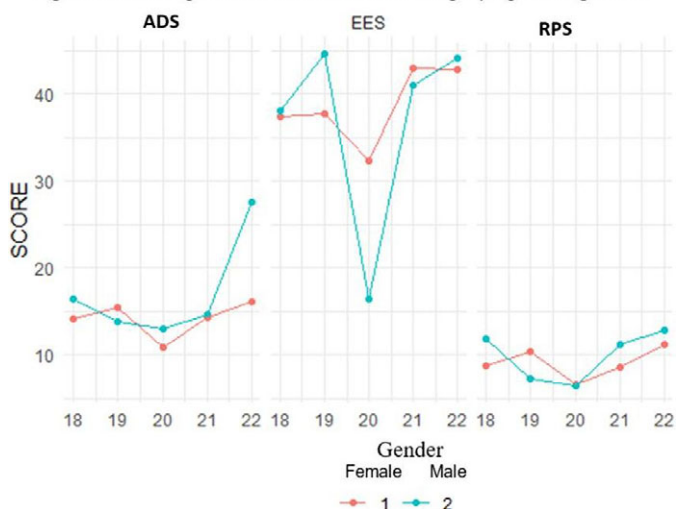
Related to PRS averages, women present lower levels than men without statistically significant differences. Comparing means, women show lower ADS levels than men effecting d Cohen d = 0.46, (Cohen, 1988). (Figure 2)

Conclusions: Evidence difference between men and women, in ADS and EES, without pattern associated with age, young men and women sexting

Keywords: Sexting; Gender; Young

EPP0732

Prevalence and risk factors of compulsory admissions in athens region: Are there any differences between psychiatric and general hospitals?

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Introduction: Concerns have been raised about Europe facing a reinstitutionalization process. Thus, research and policy interest in prevalence and determinants of involuntary hospitalizations has recently rekindled. In Greece, heightened rates of compulsory admissions have been partly ascribed to the incomplete psychiatric reform. Psychiatric hospitals remain the mainstay of inpatient care, as opposed to the more community-oriented psychiatric departments of general hospitals.

Objectives: To investigate differences between a psychiatric and a general hospital with respect to rates and determinants of involuntary hospitalizations in Athens.

Methods: All admissions in one psychiatric and one general hospital between May – September 2020 were considered. Information about patients' socio-demographic characteristics and mental health status was garnered through clinical records and patient and physician interviews. Symptom severity was assessed with the Health of Nations Outcome Scale and diagnosis was assigned in accordance with the ICD-10 criteria.

Results: A total of 600 admissions were analysed. In the general hospital, 52.5% of admissions were involuntary, as opposed to 63.1% in the psychiatric hospital (OR = 0.65, 95%CI = 0.43 – 0.97). In the general hospital, the sole risk factor for compulsory admission was aggression (OR= 3.23, 95%CI = 1.24-8.4). Interestingly, in the psychiatric hospital, sex, age, nationality, education, diagnosis and the severity of symptoms tapped by HoNOS were not found to predict involuntary status.

Conclusions: In psychiatric hospitals, no patient subgroups appear to be at elevated risk of civil detention. Therefore, further research is warranted as to what drives the decision there.

Keywords: compulsory admissions; deinstitutionalization; involuntary hospitalizations; psychiatric reform

EPP0733