

and emerging as professional, that is, in few words, professional of the relationship, the key and the basement of the psychiatrist. The training in mental health should include, at first, the taking care of the person/student as it is proposed by authors inside the group model.

**Disclosure of Interest:** None Declared

## EPV1095

### Negative attitudes and lack of Knowledge towards mental health problems

N. Bouattour\*, F. Cherif, W. Abid, F. Guermazi, R. Massmoudi, S. Hentati, R. Sellami, I. Feki, I. Baati and J. Massmoudi

<sup>1</sup>Psychiatry A, Hedi Chaker University Hospital, Sfax, Tunisia

\*Corresponding author.

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**Introduction:** Negative thoughts towards mental illness are a global problem for health care professionals. Mainly it leads to late help seeking which aggravates the prognosis of the problem, denial of this situation, refusing long term medication etc....

**Objectives:** We aim to identify the determinants leading to negative attitudes towards psychiatric problems among medical students.

**Methods:** This is a descriptive and analytical cross-sectional study conducted at the Faculty of Medicine of Sfax through an anonymous questionnaire via google Forms. The degree of stigmatization was evaluated by the score « The Attribution Questionnaires AQ-27 ».

**Results:** One hundred and seven students completed the questionnaires. The Sex-ratio was 0.30 (M/F). The percentage of first- and second-year students was 24.42%, third to 6<sup>th</sup> year students was 34.57% and residents was 41.01%. Students with a personal history of psychiatric disorders presented 45.8% of our population and those with a family history of mental health problems 40.2%. Medical students who studied psychiatry as a discipline and students who had internship in the psychiatry department (third to 6<sup>th</sup> year students and residents) had lower scores of the Attribution Questionnaires AQ-27 ( $p=0,003$  and  $p=0,002$  respectively). Sixty per cent of the students reported that spreading listening cells when needed, media coverage of mental illness and campaigns of awareness can help us reduce mental disease's related stigma.

**Conclusions:** To conclude, in order to lower rates of stigmatization of mentally sick people, spreading awareness among medical students can be an important tool in order to understand this situation and to provide a better health care.

**Disclosure of Interest:** None Declared

## EPV1096

### Fish Out of Water: Junior doctors' experiences of psychiatry.

R. Holdsworth\*, H. Browne, R. Ilsted and J. Beezhold

<sup>1</sup>Great Yarmouth Acute Services, Northgate Hospital, Norfolk and Suffolk NHS Foundation Trust, Great Yarmouth, United Kingdom

\*Corresponding author.

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**Introduction:** This poster will explore the experiences of three junior doctors during their inpatient psychiatry placements. These doctors are Foundation Year 1, Foundation Year 2, and Foundation Year 3 doctors - i.e. not psychiatry trainees.

**Objectives:** Due to the nature of the UK Foundation Programme, many FY doctors will not have chosen to work in psychiatry and will have been given the rotation as part of a package of jobs. Studies have shown that the risk of burnout is higher when a doctor working in psychiatry did not identify it as their top career choice (Jovanović, N. *et al.* (2016) *European Psychiatry*, 32, pp. 34–41). Lack of supervision is also a risk factor for burnout (Jovanović, N. *et al.* (2016) *European Psychiatry*, 32, pp. 34–41).

A phenomenological study (Beattie, S. *et al.* (2017) *BMJ Open*, 7(9)) demonstrated that job satisfaction and morale amongst junior doctors in psychiatry can be positively influenced by a sense of connectedness, clear role definition, structure and appropriate responsibility. Additionally, junior doctors' experience of psychiatry, positive or negative, can influence their future career plans (Stott, J., Haywood, J. and Crampton, P. (2021) 43(10), pp. 1196–1202); this has important implications for recruitment into the specialty.

**Methods:** Three junior doctors were interviewed. These consisted of two Foundation Year doctors, and one doctor who has completed FY2 but is working as a locum and not currently in training. They were asked about memorable experiences during their psychiatry placements. Additionally, they were asked about their emotions regarding work at the very start of their placements and towards the end.

**Results:** The junior doctors that participated in interviews for the poster initially found the psychiatric inpatient setting challenging and overwhelming. Some of the challenges focused on the occasionally violent and risky nature of the ward and adjusting to that environment. However, all three doctors were pleasantly surprised by the way they adapted to the ward, the supportive nature of the team, and the rewarding experience of seeing very unwell patients get better.

**Conclusions:** Overall the interviews demonstrated that there is a significant emotional impact on junior doctors working in psychiatry, particularly when it is their first experience of in-patient psychiatry. However, this emotional demand can be mitigated by a supportive multi-disciplinary team and good quality supervision.

**Disclosure of Interest:** None Declared

## EPV1097

### Tunisian medical students' attitudes and views of psychiatry:

S. Boudriga\*, M. Lagha, D. Njah, A. Dakhli, I. Ben romdhane, W. Homri and R. Labbene

<sup>1</sup>Psychiatry C, Razi Hospital, Tunis, Tunisia

\*Corresponding author.

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**Introduction:** According to the World Health Organization (WHO), there is a chronic shortage of psychiatrists on a global scale. In Tunisia, we only have 287 psychiatric specialists, the equivalent of 0,23 per 10 000 habitants in 2017. There is a strong

and urgent need to increase the recruitment and retention of doctors in psychiatry, starting from their young years.

**Objectives:** We aimed to study medical students' attitudes and views of psychiatry, and their career choices in psychiatry.

**Methods:** A systematic random sample of medical from two medical schools anonymously completed a questionnaire, distributed via the internet, covering the mental illness: clinicians' attitudes (MICA) scale, their choice of psychiatry as a career, and the possible associated factors.

**Results:** A total of 118 medical students participated in the study, with 50% in the second and first years of medical school. The mean age was  $21.00 \pm 12.2$  years. The sex ratio (M/F) was 0.24. We found a personal history of mental health problems in 33.1% of the students.

The mean score of the attitude of health care professionals towards mental illness was  $43.61 \pm 8.22$  out of 96. The results were moderately positive (lowest possible score 25, highest possible score 67) and the female student's attitude was slightly –but not significantly more positive than male students (male 46.4, female 42.4).

Negative attitudes were reported about the interactions with people with mental health problems, fear of disclosure to colleagues or friends about mental health problems, and confidence in the capabilities of assessing mental health problems in general medicine. No correlation was observed between the immersion clerkship of psychiatry and the MICA scores.

Of the 118 respondents to this question, 35 (29.8%) were most interested in surgical specialties, 35 (29.8%) in medical specialties, and 10 participants (8.5%) were most keen on psychiatry.

**Conclusions:** Stigma against psychiatry is widespread among medical students. The negative attitudes about mental health and mental diseases may be addressed through educational programs.

**Disclosure of Interest:** None Declared

## EPV1098

### Personal beliefs versus evidence-based decisions: vaccination behavior and doubts about antidepressants of students of medicine are affected by conspiracy theories

V. Pisl<sup>1</sup>, D. Kestlerova, J. Losak, T. Skorkovsky and J. Vevera

<sup>1</sup>Psychiatry clinic, Faculty of Medicine in Pilsen, Charles University, Plzen, Czech Republic

\*Corresponding author.

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**Introduction:** When medical professionals are obliged to adhere to *lege artis* and evidence-based decision-making, they need to interpret available evidence. As a complex cognitive process, however, such interpretation may be affected by socio-cognitive biases and predispositions. For instance, the conspiracy mentality (the general readiness to believe in conspiracy theories) or biological determinism (the belief that human lives are determined biologically) affect attitudes to antidepressant medication and vaccination in the public. Little is known about the effects of these variables on the decision-making of clinicians or students of medicine.

**Objectives:** The study examines the effects of conspiracy mentality (CM), covid-related conspiracy beliefs (CCBs), and biological determinism (BD) on the doubts students of medicine have about

antidepressants and on their uptake of the booster dose of COVID-19 vaccine.

**Methods:** CM, CCBs and BD were measured in May 2022 in a sample of 179 students of medicine (115 females), using the Conspiracy Mentality Questionnaire by Bruder et al. (2013), set of items measuring CCBs developed by Imhoff and Laberty (2021), and the Biological Basis scale by Bastian and Haslam (2006), respectively. The doubts about antidepressants were measured by the Antidepressant Conspiracy Scale by Natoli et al. (2021) tapping participants' beliefs that drugs and antidepressants specifically are ineffective and promoted and prescribed for financial gains. Logistic and linear regression models were used to predict respondents' vaccine uptake and doubts about antidepressants.

**Results:** Booster vaccine uptake was predicted by BD (OR = 1.45;  $p < .05$ ) and CCBs (OR = .73;  $p < .05$ ), together explaining 7% of the variance. Booster vaccine uptake was not predicted by CM.

Doubts about antidepressant medication were predicted by CM ( $b = .17$ ,  $p < .001$ ) but not BD ( $p = .89$ ), together explaining 10% of the variance.

**Conclusions:** The doubts students of medicine have about antidepressants and their vaccination behavior was predicted by their biological determinism, belief in conspiracy theories and general conspiracy mentality. Although the relationships were weak, they support claims that health-related beliefs and behaviors of students of medicine are related to their implicit beliefs and socio-cognitive predispositions. These personal factors may therefore affect their professional decision-making and should be addressed in medical education.

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## Women, Gender and Mental Health

## EPV1099

### Unit for women with schizophrenia in a community mental health service: Description of current and projected programs and quality evaluation measures.

A. González- Rodríguez<sup>1\*</sup>, M. V. Seeman<sup>2</sup>, M. Natividad<sup>3</sup>, P. Barrio<sup>4</sup>, E. Román<sup>5</sup>, A. Balagué<sup>6</sup>, J. P. Paolini<sup>7</sup> and J. A. Monreal<sup>8</sup>

<sup>1</sup>Mental Health, Mutua Terrassa University Hospital. University of Barcelona (UB). CIBERSAM, Terrassa, Spain; <sup>2</sup>Psychiatry, University of Toronto, Toronto, Canada; <sup>3</sup>Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona (UB). CIBERSAM, Terrassa; <sup>4</sup>Addictions Unit. Psychiatry and Clinical Psychology., Hospital Clinic of Barcelona. University of Barcelona. IDIBAPS, Barcelona; <sup>5</sup>Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona. CIBERSAM, Terrassa; <sup>6</sup>Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona. CIBERSAM, Sant Cugat; <sup>7</sup>Mental Health, Parc Tauli University Hospital. Autonomous University of Barcelona (UAB). I3PT, Sabadell and <sup>8</sup>Mental Health, Mutua Terrassa University Hospital. Fundació Docència i Recerca Mutua Terrassa. University of Barcelona. CIBERSAM. Inst. Neurociències UAB, Terrassa, Spain

\*Corresponding author.

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