

**Objectives:** The goal of this study is to determine the general link between EI and SWB in adolescents, to analyze the affective (AWB) and cognitive components (CWB) of SWB, and to investigate the moderating effect of EI models on both types of SWB.

**Methods:** We searched PsycINFO and WOS from inception to December 2020. Eligible studies reported an association between EI and SWB in adolescents aged from 10 to 19 years using instruments that directly measure SWB. Two meta-analyses were conducted, one for the relationship between EI and AWB and the other for EI and CWB.

**Results:** A total of 41 studies were included, of which 37 were pooled in the meta-analyses. We obtained a significant positive relationship between EI and AWB (estimated effect size = 0.35) and between EI and CWB (0.29). Concerning EI models, self-report ability showed an estimated effect size of 0.33 for AWB and 0.28 for CWB. For the self-report mixed model, we found an estimated effect size of 0.42 for AWB and 0.38 for CWB.

**Conclusions:** Establishing a quantitative relationship between SWB and EI makes it possible to implement both clinical and educational prevention measures. Introducing EI training in educational and clinical settings can increase SWB, which could significantly impact the prevention of emotional disorders in adolescents.

**Disclosure:** No significant relationships.

**Keywords:** Subjective Well-Being; meta-analysis; Adolescents; Emotional Intelligence

## EPV1062

### Cognitive, emotional and expressive factors determining the quality and variability of mentalization styles

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**Introduction:** In contemporary context the difficulties of making sense of social ambiguity becomes one of the most important appeals for seeking the psychological help. This grounds the importance of studying the mechanism underlying the quality of mentalization and its individual variations.

**Objectives:** The objective of the study was to find empirical relations between the quality of mentalization and its cognitive, emotional and expressive mediating factors.

**Methods:** (1) The Adult Attachment Interview, scored using Social Cognition and Object Relations-Global rating method for mentalization ability. (2) Group embedded figures test. (3) New Tolerance-Intolerance to ambiguity and (4) Toronto alexithymia scale questionnaires. Twenty participants, aged 18-38, looking for psychological consultation, took part in the study.

**Results:** Correlation analysis suggests positive relation between field-independency and tolerance to ambiguity ( $r = .47$ ;  $p < .05$ ). The complexity of representations of the mind positively correlates with the understanding of social causality ( $r = .92$ ;  $p < .01$ ). The affective quality of relationships' representations positively correlates with the ability to emotionally invest into relationships ( $r = .66$ ;  $p < .01$ ), and with the understanding of social causality ( $r = .47$ ;  $p < .05$ ). The ability of emotional investment into relationships also positively correlates with the understanding of social causality ( $r = .93$ ;  $p < .01$ ). There is a negative link between the severity of alexithymia and the presence of long-term relationships with a partner ( $r = -.53$ ;  $p < .05$ ).

**Conclusions:** Mentalization should be understood as a system, with underplaying cognitive, expressive and emotional factors.

**Disclosure:** No significant relationships.

**Keywords:** mentalization; SCORS-G; psychological help; tolerance to ambiguity

## EPV1063

### Children living in institutional care: How can mentalization-based interventions improve their perspective-taking and conflict resolution skills?

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**Introduction:** Trauma, stress, and attachment problems are negatively related to the development of mentalization. Children raised in institutional care are more exposed to these difficulties, therefore the development of population-specific interventions that aim to improve mentalization skills would be highly desirable.

**Objectives:** Our goal is to develop mentalization-based intervention programs for specific age groups (9-13 years, 14-18 years, and adult staff members of institutional care centers) - that support children's and adolescents' social functioning and conflict resolution skills.

**Methods:** The mentalization-based intervention targeting institutional care staff was launched first. Due to the pandemic, this intervention was executed online with two intervention ( $N = 17$ ) and two passive control ( $N = 15$ ) groups. Before and after the intervention, participants completed a demographic questionnaire, the Parenting Sense of Competence Scale, the Reflective Functioning Questionnaire, the Mini Oldenburg Burnout Inventory, The Strengths, and Difficulties Questionnaire, and the Ways of Coping Questionnaire.

**Results:** The intervention protocol and our results will be shown at the conference. There was no significant difference between the two intervention and two passive control groups in the demographic features. Mentalization uncertainty and burnout was positively related ( $r_s(23) = .42$ ,  $p = .034$ ), while mentalization uncertainty and parental competence was negatively associated ( $r_s(23) = -.41$ ,  $p = .041$ ).

**Conclusions:** The intervention program will be fine-tuned and optimized based on the results of the pilot study. In the next interventions, we plan to focus on the issues that the staff perceived as most difficult and to conduct interventions among the children.

**Disclosure:** No significant relationships.

**Keywords:** intervention; institutional care; Children; mentalization

## EPV1064

### Does emotional intelligence have the same role in each risk behaviour?

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**Introduction:** One of the most important factors that represents a threatening both physical and psychological health in our lives is the individual's risk behaviour. Though emotions exert a strong influence on risk decision-making, the literature studying the role of emotional abilities on the tendency to engage in risk behaviour is scarce.

**Objectives:** The aim was to explore the relationship between emotional intelligence (Attention, Clarity, and Repair) and risk behaviour in its different domains (Ethical, Health, Financial, Social, and Recreational domains). We also examined whether there were gender differences in both variables.

**Methods:** A Spanish community sample of 1435 participants ( $M_{age} = 29.84$ , ranging from 18 to 70 years old; 61.9% women) were assessed in levels of EI and risk-taking by the TMMS-24 and DOSPRT-30 scales.

**Results:** The result revealed that emotional intelligence was positive related with Social and Recreational domains, and negative related with Ethical and Health domains. Moreover, women showed higher scores for EI and Social risk-taking domain than men, and men showed higher scores for Ethical, Financial, Health, and Recreational risk-taking domains.

**Conclusions:** These findings show and support that EI is differentially related to risk behaviour depending on the risk domain studied. We suggest that higher levels of EI could be adaptive for risk behaviour regardless the directionality of the relationship. Considering the impact of health-related risky behaviours on public health and individual well-being, the development of effective risk prevention programs that train emotional abilities could reduce the incidence of these behaviours in our society.

**Disclosure:** No significant relationships.

**Keywords:** Emotional Intelligence; Gender differences; risk-taking; risk domain

## EPV1065

### Raising community awareness to improve access to mental health services in Bali

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**Introduction:** Changing attitudes and behaviour regarding mental health and help-seeking is a complex process, especially in poorer areas where access to mental health services is relatively new. Data from the Indonesian national health survey indicate that after the introduction of the Universal Health Coverage a large number of people suffering from mental illness remain untreated

**Objectives:** This study aims to address this issue by seeking the views of community leaders (i.e. village and banjars leaders) on ways to raise community awareness to improve access to mental health services, increase service utilisation rates and reduce the duration of untreated mental illness in Bali.

**Methods:** This is a qualitative study with community leaders (i.e. village and banjar leaders) in communities in Bali on barriers and facilitators of accessing mental health services for people.

**Results:** In Bali they still have faith in the traditional healer so if they see one and the mentally ill patient is getting better then they don't think they need to go to the hospital. According to the community leaders the determinants for non-uptake of mental health services were mental health awareness should be integrated systematically starting at primary care and must be complemented by secondary care, and have linkages to informal community-based services and self-care. The community leaders can play a role in awareness-raising by empowerment the community and other logics in community care setting.

**Conclusions:** Community awareness can improve access to mental health services, increase service utilisation rates and reduce the duration of untreated mental illness in Bali

**Disclosure:** No significant relationships.

**Keywords:** mental health; community awareness; access; Bali

## EPV1066

### Factors associated to stigma in mental health workers of Castilla y Leon. The role of burnout and work motivation.

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**Introduction:** Stigma is one of the most important barriers to help-seeking, treating maintenance and recovery for people suffering mental disorders. These attitudes, when present in mental health workers, may have a negative effect on the quality of health care.

**Objectives:** to evaluate the levels of stigma in a representative sample of mental health workers and to explore potential modifiable factors associated to stigma attitudes.

**Methods:** An online survey was conducted on the mental health workers of Castilla y León (Spain, 2409164 habs) while projecting the 2022 *Mental Health Humanization plan* in order to assess educational skills, burnout (Maslach MBI), Professional Quality of life (CVP-35) and Stigma attitudes (Mental Illness: Clinician's Attitudes Scales, MICA4) together with sociodemographic and work position variables.

**Results:** 193 workers completed the survey. Stigma Attitude values of the sample were low (MICA4: 31.71; SD:7.3) and burnout were low or medium (medium Emotional Exhaustion: 19.22; SD:8.89; low Depersonalization: 4.91; SD:3.61; Medium Personal Accomplishment: 34.17; 6.3). In the linear regression ( $R^2=0.249$ ;  $F=11,527$ ;  $p<0,001$ ), a lower Stigma was predicted by psychologist (Beta:0,207;  $p=0,003$ ) or psychiatrist position (Beta:0,204; 0,005), Self-efficacy assessed by the item "I am qualified" in the CVP-35 (Beta:-10,144;  $p=0,023$ ), and a higher stigma was predicted by nurse assistant position (Beta: -0.230;  $p=0.001$ ), Depersonalization Burnout dimension (Beta:0,351;  $p<0,001$ ) and years of service (Beta:0.148;  $p=0,023$ )