

highlight the importance of considering the working conditions of young adults diagnosed with ASD and the need to provide them with enough support to promote labor inclusion.

Disclosure of Interest: None Declared

EPP0642

Burnout Syndrome in professionals working in mental health

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Introduction: Burnout syndrome or professional exhaustion is defined as feeling burned out, exhausted, overloaded, exhausted. It is a syndrome characterized by emotional exhaustion, depersonalization and low personal fulfillment. This clinical syndrome was first described in 1974 by Herbert Freudenberger, a psychiatrist, who defined burnout as “the depletion of energy experienced by professionals when they feel overwhelmed by the problems of others.” Mental Health is one of the specialties with the greatest emotional exposure due to all the circumstances that surround these professions, to maintain health in its 3 axes: physical, mental and social well-being as defined by the WHO

Objectives: The objective of the study is to determine the presence of Burnout Syndrome in Mental Health professionals through the Maslach Burnout Inventory (MBI) questionnaire.

Methods: An observational, descriptive and cross-sectional study is carried out. The people included in the study were the health personnel of the Mental Health Clinical Management Unit (psychiatrists, administrative personnel, nursing assistants, nursing personnel, social workers and psychologists, and training personnel) who wanted to participate in the study. Carrying out the MBI questionnaire and sociodemographic data.

Results: In our study we have a sample of 59 people. Regarding the sociodemographic data, we have 45 women and 14 men. Regarding the results after correcting the MBI questionnaire, we found that 4 professionals presented Burnout Syndrome (a psychiatrist and a 4th year psychiatry resident intern of psychiatry), 35 professionals presented tendency to suffer from Burnout since one of the three areas measured by the questionnaire was affected and 15 did not suffer from Burnout. Regarding the domains, we obtain that emotional exhaustion is the area, together with low personal achievement, that is most affected in the professionals of the community mental health unit, 23 and 22 professionals, respectively. Depersonalization is present at 12. Professionals with temporary contracts presented greater emotional exhaustion and low personal accomplishment. Professionals with permanent contracts show greater emotional exhaustion. Among the professionals in training, low personal achievement and depersonalization stand out. The 4 professionals who present burnout syndrome are married women and 3 of them with temporary contracts.

Conclusions: The results obtained show the presence of Burnout Syndrome and a high tendency to develop it among the professionals of the Mental Health Unit. In relation to the data, we must reassess the care systems for professionals and prevent the causes

that can lead professionals who are starting their professional career to develop burnout in normal situations that can lead to collapse in extraordinary circumstances such as the COVID-19 pandemic.

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Evaluation of self-stigma in patients with mental illness from hospitalization in the Mental Health Acute Unit

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Introduction: Stigma is a complex process and a universal phenomenon that is part of all social groups and that is maintained by its functions related to the establishment of one's own identity and the facilitation of socialization processes. The stigma of the patient is important to evaluate since it is a subjective experience that can have negative correlations in relation to self-esteem, empowerment and recovery orientation of the patient with mental illness. Hospitalization in mental health takes place at times of mental illness decompensation and is an intervention closely related to the stigma towards mental illness.

Objectives: The objective of the study is to evaluate the stigma perceived by patients with mental illness hospitalized in an acute mental health unit.

Methods: Observational study with 53 patients hospitalized in an acute mental health unit.

Variables collected: Sociodemographic variables (age, sex), clinical diagnosis and stigma is evaluated with the Illness Self-stigma Scale (ISMI).

Results: Sample of 53 patients, 55% women and 44% men, the most frequent diagnoses among those admitted are psychosis spectrum 26.42%, depressive disorders 24.53%, personality disorders 22.64% and bipolar disorders 11.33%. The average age is 41.96 years, between 18 and 72 years. The self-stigma according to the scale (ISMI) we obtain as a total score the patient with the highest stigma scores 100 points and the one with the least scores 44 points. Regarding diagnoses, depressive disorders score 33-72 points, while psychotic disorders score 36-85 points. The highest scores in self-stigma in our study are in personality disorders 49-100 and borderline personality disorder stands out (100 points). In the 5 subscales such as alienation, self-stigma, perceived discrimination, social isolation and resistance to stigma. Higher scores in alienation stand out in all patients.

Conclusions: Patients with personality disorders, especially borderline personality disorder, followed by psychotic disorders, present greater perceived self-stigma in our study than the rest of the patients; it is a very important factor that can affect the evolution of the clinical picture. This factor is important to establish the therapeutic plan and the different interventions, it would be recommended to assess the stigma together with the measures to reduce symptoms.

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