

(Krasnoyarsk) were examined, of them 1348 boys and 1602 girls. The Chen Internet Addiction Scale (CIAS) with a cut-off level of 65 points was used. Internet users are divided into three groups: Adaptive Internet Users (AIU) (27–42 points); maladaptive Internet users (MIU) (43–64 points); pathological Internet users (PIU) (score ≥ 65). **Results:** The AIU group comprised 50.3% (55.9% boys and 45.6% girls, $p < 0.001$). The share of adolescents aged 11–14 is 52.0%, the share of adolescents aged 15–18 is 48.4% ($p = 0.04$). The MIU group constituted 42.9% (46.3% were girls and 38.9% boys, $p < 0.001$). The share of adolescents aged 11–14 is 42.1%, and those aged 15–18 is 43.8%, $p > 0.05$. The PIU group constituted 6.8% (5.1% boys and 8.2% girls, $p < 0.001$). The share of adolescents aged 11–14 is 5.9% and those aged 15–18 is 7.8% ($p = 0.04$).

Conclusions: Among adolescents in Central Siberia the prevalence of AIU consist 50.3%, MIU 42.9%, PIU 6.8%. The prevalence of PIU is more common in girls. The increase in PIU was marked in the older age group. The study was funded by RFBR project № 18-29-2203218.

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Keywords: Internet; Addiction; prevalence; Siberia

Ethics and psychiatry

EPP0669

Manual and mechanical restraint and the hierarchy of coercive measures: Evidence or tradition?

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Introduction: In the continuous work to reduce the use of coercion in the psychiatric care, attention in Denmark has especially been directed towards mechanical restraint, i.e. the use of belts to fixate patients to a bed. While the use of mechanical restraint is currently decreasing, increases in other types of coercive acts are observed (e.g., forced medication and hourly episodes of manual restraint). The use of manual restraint refers to mental health workers immobilizing a patient to avoid harm to self or others. Manual restraint is generally considered less intrusive to a patient's autonomy than the use of mechanical restraint. However, no study has yet explored if it is actually experienced as such by the patients.

Objectives: This study explores patients' perspectives on manual and mechanical restraint, respectively.

Methods: We are currently performing a qualitative interview study of 10 patients, who have been exposed to both types of coercion. The interviews will be transcribed verbatim and analysed for thematic content.

Results: We expect to discover more nuanced perspectives of the intrusiveness of the different forms of coercion—perspectives that

may challenge the assumption that one type of coercion is by default better than another. The study's results will be presented.

Conclusions: In this study, we only look at two types of coercion. More investigation into the differentiation of patients and ideal type of coercive measure is paramount to the ambitions of a better and more humanistic psychiatric care.

Keywords: Mechanical restraint; Patient experiences; coercion; Manual restraint

EPP0670

The position of the polish bishops' conference on LGBT+ – philosophical, theological, clinical and political aspects

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Introduction: Practicing medicine cannot disregard cultural conditions. Philosophy and religion are elements of culture. For several years in Poland, various circles have discussed the extensive LGBT issues. A document of Polish Bishops on this subject appeared on 28.08.2020. In 2018, 91.8% of people over 16 years old in Poland declared affiliation to the Roman Catholic Church (Statistics Poland 2020).

Objectives: The aim of the study is to present different perspectives of effects of that publication, including ethical evaluation and references to clinical practice.

Methods: Statements of protagonists and antagonists of this document in Polish were analyzed. Collected arguments were divided into types: philosophical – by philosophy branches (e.g. ethics, philosophical anthropology), theological and clinical.

Results: As of 29.09.2020 – 85,200 results in the Google Search after typing (in Polish) “Polish Episcopal Conference LGBT”. The use of philosophical arguments by both parties results from the adaptation of different systems, e.g. regarding philosophical anthropology, some assume the immutability of human nature, others – its variability and susceptibility to shaping, e.g. human sexuality. Some emphasize the importance of non-discrimination, while others indicate the need to consider human essence in determining directions of actions.

Conclusions: Professionals should help everyone, regardless of conditions, in accordance with conscience and contemporary medical knowledge [Polish Code of Medical Ethics]. They should try to understand patients and the context of symptoms. Familiarizing oneself with arguments of both sides helps in this. But polemical language makes dialogue difficult. What for one is a “venerable tradition”, for another is a “stereotype” or “discrimination”.

Keywords: theology; sexual medicine; ethics

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Perception of otherness - the role of personality and demographic variables

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