

EV1029

Stigma and attitudes towards mental illness: Gender differences in a sample of Italian medical students

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Introduction Stigma in mental illness is characterized by discrimination towards people affected by mental disorder. Consequence of the paradigm “stigma-injury-discrimination” is the social exclusion of these patients and the denial of their rights. Medical students, those who should be important reference points for psychiatric patients, are instead one of the categories that contribute to their stigmatization.

Objectives To study the attitudes of medical students towards psychiatric patients.

Aims The present study analyzes gender differences in a sample of Italian medical students towards mental illness.

Methods A total of 339 Italian medical students completed a cross-sectional survey, in Rome and Foggia (Italy). We used the Italian version of Community Attitude towards the Mentally Ill test (CAMI) to analyze the students' attitudes.

Results There is a substantial difference among the attitudes towards mental disorders in female and male students. Female students have obtained less stigmatizing results in 9 of the CAMI test items ($P < 0.05$), in Benevolence ($P = 0.001$) and Social Restrictiveness subscales ($P = 0.043$) and in the total score ($P = 0.013$).

Conclusions These results are in line with those achieved in scientific literature, confirming that women tend to show more humanitarian attitude towards the mentally ill. Even in the original article of the validation of the CAMI test, the authors found better attitudes in women in all subscales, with the exception of Social Restrictiveness subscale (that in our analysis also correlates with the female gender).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1030

Correlations between medical students' specialty choice and different attitudes towards mental illness

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Introduction Discrimination and stigmatization cause an important burden for people suffering from psychiatric disorders. The medical doctors, those who should be important reference points for psychiatric patients, are instead one of the categories that contribute to their stigmatization.

Objectives It is extremely important to study and to know the attitudes of undergraduate medical students towards psychiatric disorders, since these individuals will be involved in the care of these patients throughout their careers.

Aims The present study analyzes the attitudes of a group of Italian medical students towards mental illness, highlighting the differences between the students who would choose surgical specialties from those who prefer medical ones.

Methods A total of 339 medical students of different medical schools, in Rome and Foggia (Italy), completed a cross-sectional survey. The Italian version of community attitude towards the mentally ill test (CAMI) was used to evaluate the students' attitudes.

Results The students that would choose medical specialties reported less stigmatizing responses in 11 CAMI items (including five items with $P < 0.01$), in benevolence and community mental health ideology subscales ($P = 0.003$) and in the total score ($P = 0.003$).

Conclusions It is evident that the students that prefer the surgical specialties have more stigmatizing attitudes towards psychiatric patients. Negative feedbacks on Psychiatry from non-psychiatrist colleagues may have a fundamental role in stigmatizing mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1031

Differences in empathy in Italian university students: Are medical students more or less empathetic?

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Introduction Empathy is the capacity to understand or feel what another person is experiencing. It is an important quality in the medical profession, since it is fundamental in interpersonal relationships with patients. Nevertheless, many studies have found that over time medical students (MS) become less empathic and more detached from patients.

Objectives and aims To determine MS loss of empathy and to study the differences in empathy between MS and other university students who are not involved in healthcare.

Methods We enrolled 244 MS (120 of the 1st year and 124 of the last year) and 125 other university students not involved in healthcare, in different universities in Rome and Foggia (Italy). They anonymously and voluntarily completed a socio-demographic questionnaire and Baron Cohen's empathy quotient test (EQ).

Results We found no differences regarding EQ total score between MS and other students, however there are few differences considering individual EQ items. In particular, MS really like taking care of others ($P = 0.005$) and they are sometimes considered to

be rude, even if only they are only blunt ($P=0.006$). We found no differences in empathy between first year and last year MS.

Conclusions In our sample of Italian students, we have not found MS to be more or less empathetic than other university students, but there are some peculiar differences in empathy that make them better suited to the chosen course of study. Moreover, we found no differences between the different years of medical school.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1032

Owning the brand of psychiatry

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In Australia and New Zealand, conversations around mental health are playing out in the public space with increasing frequency. Mental health promotion campaigns and organizations are embraced by mainstream and other forms of media, and supported by government. Whilst public knowledge of mental illness is increasing, the profile of psychiatrists as leaders and medical experts in mental illness is a more difficult brand to sell. With a somewhat tarnished history behind us, the modern evidence-based practice of psychiatry is not always at the forefront of public impression. Furthermore, in Australia, more than half of the population (56%) is unaware that psychiatrists have undertaken medical training as a doctor. This presentation will outline Royal Australian and New Zealand college of psychiatrists (RANZCP) action to improve community information about psychiatry, psychiatrists and treatment experiences.

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EV1033

Prejudice towards people with mental illness

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This paper reports the results of a medical research that measured prejudice and attitudes towards mentally ill people and towards the mental illness. Three groups of respondents were studied: medical students, psychology students and the general population. Medical students and psychology students represented a population that is educated in regards to mental illness, and the general population was not trained so much about mental illness. The hypothesis was that the respondents who have been working with mentally ill people and had lots of knowledge about mental illnesses were the persons with less prejudice towards people with mental illness. The main objective of research was to examine the differences in prejudice and attitudes between respondents who had experience and knowledge related to mental illness and people with mental illness compared to those without such knowledge and experience. Testing was conducted using an anonymous online survey consisting of thirteen questions. The research confirmed the hypothesis and it could be an incentive for education aimed at specific groups.

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EV1034

The importance of early detection of child neurodevelopment in primary care in Colombia

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Introduction The systematic assessment of child development for the first 30 months of age is essential in the monitoring of health outcomes; this requires to have a structured protocol to systematically observe the milestones that have to be achieved at each stage of child development, and prevent deficiencies related to risk factors, reduce and prevent special needs arising from a deficit of the neurodevelopment.

Objective Describe the results of the evaluation of early detection of neurodevelopment problems in subjects from 0–30 months of age who assist to child developmental centers in municipalities located in the Colombian Caribbean region; the main need for intervention was characterized with different neurodevelopment problems.

Methods A cross-sectional study was developed. Childs from 0–30 months of age who attended to the child development centers were tested. Exclusion criteria were not stipulated. The ASQ-3 and a demographic survey (Graffar's survey) were administered, in order to correlate the social level and the overall results.

Results The study included 750 boy/girl. The maturational development for each age group was determined, an analysis of each neurodevelopment area was conducted and the results were correlated with the demographic survey.

Conclusions High levels of suspicion of possible neurodevelopment problems and the referral to diagnostic evaluation were observed for access to appropriate treatments. Early detection is highlighted as a tool in primary care that optimizes health sector resources and act in the appropriate periods of plasticity of child development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1035

Psychiatric treatment-associated stigmatization as viewed through eyes of rural health clinic patients

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Introduction Having a mental disease is frequently a stigmatizing experience for patients. We know little about urban inhabitants who travel to rural health clinics to receive mental treatment.

Objectives Recruit and interview urban-based psychiatric patients who, to avoid stigmatization; travel to rural community clinics with the intention of receiving treatment.

Methods Study included participants ($n=32$) who exchanged treatment in government subsidized city clinics for rural community centers. Qualitative interviews lasting thirty minutes were recorded and transcribed for content analysis. MAXQDA, version 12, was used to annotate transcripts with topic specific nodes, followed by cluster theme and trend analysis.

Results Trend analysis yielded three areas of concern for subsidized urban psychiatry: cost/insurance, lack of staff professionalism, and family-driven ostracism. Seven respondents cited cost as the main factor, influencing the choice of rural-based care over city clinic. Patients with stable income, but without insurance ($n=14$), felt unwelcome in city clinics as their ability to pay