Introduction: One of the most important factors that represents a threating 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 DOSPERT-30 scales.

Results: The result revelated 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

C.B.J. Lesmana[1]*, A. Bikker[2] and N. Tiliopoulos[3]

[1]Udayana University, Psychiatry, Denpasar, Indonesia; [2]The University of Edinburgh, Population Health Sciences, Edinburgh, United Kingdom and [3]The University of Sydney, School Of Psychology, NSW, Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1774

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.

J.M. Pelayo-Terán[1]*, Y. Zapico-Merayo[1], M.E. Garcia Llamas[1], S. Vega-García[1], C. López-Zapico[2], M.R. Villa-Carcedo[3] and Á. Álvaro-Prieto[3]

[1]Hospital El Bierzo. GASBI. SACYL, Psiquiatría Y Salud Mental, Ponferrada, Spain; [2]Universidad Juan Carlos I, Facultad De Ciencias Jurídicas Y Sociales, Móstoles (Madrid), Spain and [3]Gerencia Regional de Salud de Castilla y León (SACYL), Serv. De Coord. Asis. Sociosanitaria Y Salud Mental, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1775

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 asses educational skills, burnout (Maschlach MBI), Professional Quiality of life (CVP-35) and Stigma attitudes (Mental Illness: Cinician's Attitudes Scales, MICA4) together with sociodemographic and work position variables.

Results: 193 workers completed 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; SD8.89; low Depersonalization: 4.91; SD:3.61; Medium Personal Accomplishment: 34,17; 6.3). In the linear regression ($R2=0.249$; 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)