

affects compliance and satisfaction with treatment. In Poland the coercive measures are strictly regulated by The Mental Health Act (1994). Most of published studies refers to the coercion only during hospitalisation.

**Objectives:** Assessment of the extent of coercive measures in psychiatric emergency room and evaluation of the relationships between the use of direct coercion and selected demographic-clinical factors.

**Methods:** This study was conducted at the Bielanski Hospital in Warsaw on all the patients admitted to the psychiatric ward over one year. The extent of coercion in the psychiatric emergency room, demographic and clinical data were collected. Patients were assessed in Brief Psychiatric Rating Scale (BPRS) prior to admission. Patients' sociodemographic and clinical factors were tested in a multivariate logistic regression model.

**Results:** In the study 318 patients were included. Coercion of some form in the psychiatric emergency room was used in 29% of cases: admission without consent in 22% of cases and direct coercion (holding, forced medication, mechanical restraint) in 7%. Use of direct coercion in the psychiatric emergency room was associated with BPRS scoring: positively with severity of disorientation symptoms and negatively with severity of depression symptoms. Suicide attempts in the past were discovered to reduce the risk of being a subject of coercive measures. We found no demographic data associated in any way with coercion use.

**Conclusions:** Coercion in psychiatric emergency room was related to patients' mental state and their past medical history. There is no evidence of coercive measures misuse towards any demographic group.

**Disclosure of Interest:** None Declared

## EPV0515

### Frequency and characteristics of delusions and hallucinations in first admitted patients.

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**Introduction:** Delusions and hallucinations are common in schizophrenia and related psychotic disorders and they are frequently reported at the first admission to psychiatry departments.

**Objectives:** The study aims to examine the themes and frequency of delusions and hallucinations in first admitted patients.

**Methods:** Information was collected retrospectively from selected medical files of patients who were admitted for the first time to the department of psychiatry "A" of the university hospital Hedi Chaker, in Sfax, during the years 2020 and 2021.

**Results:** Ninety patients were included in our study. Their mean age was  $34.79 \pm 11.4$  years, with a sex ratio (M/F) = 1.3. They reached high school in 51.1% of the cases. Half of the patients were smokers, 30% used alcohol and 16.7% used cannabis.

The average age of onset of the disorders was 30.36 years, and the duration of evolution of the illness before hospitalization was 56.54 days. The most common reason for hospitalization was environmental violence (62.5%). The diagnosis of schizophrenia

was retained in 32.2% of the cases, and that of bipolar disorder in 23.3% of the cases.

At initial presentation to the ward, 72.2% of patients were found to have delusional beliefs. The most commonly held delusions were delusions of persecution (62.2%), reference (28.9%) bewitchment (27.8%) and grandiosity (26.7%) with changes of behavior in 34.4 % of the patients in response to their delusional beliefs.

Hallucinations reported by 43.3% of the patients were mainly auditory (30%), visual (20%) and 15.6% reported hearing internal voices. Olfactory hallucinations were only reported by 3.3% of the patients.

**Conclusions:** Delusions of persecution and reference appear to be the main delusional themes in this patient group. Auditory hallucinations were also commonly reported.

A better awareness of clinical presentations of the first admitted patients may aid early identification of the illness and engagement of the patients in the treatment process.

**Disclosure of Interest:** None Declared

## EPV0516

### Determinants of mental illness stigma among Tunisian students

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**Introduction:** Mental illnesses affect one in eight people in the world according to the WHO in 2019. They are a leading cause of morbidity and a major public health problem. Stigma harms the quality of life of people with mental illness.

**Objectives:** Our study aimed to evaluate the association of mental illness stigma with socio-demographic characteristics in Tunisian students.

**Methods:** This is a cross-sectional study conducted on Tunisian students who anonymously completed a form circulated online through the groups and social network pages related to each academic institution. The form was containing an Arabic validated version of the "Mental Health Knowledge Schedule" (MAKS) and the "Reported and Intended Behaviour Scale" (RIBS) along with a sociodemographic questionnaire.

**Results:** We have included 2501 Tunisian students with a sex-ratio Male/Female of 0.37. The mean age was  $21.57 (\pm 2.55)$  ranging from 17 to 42 years. Participants' fields of study were: Science and Technology (58.7%), Literature (17.4%), Economics and management (15.8%), and Arts (4.8%). Among them, 17.1% had a history of family psychiatric disorders and 17.6% had a psychiatric disorder. Besides, 20.9% of the students were using tobacco and 75.6% of them were religious. We also found that 26.7% of participants had previously attended an awareness session. Several determinants had a statistically significant association with the stigma of mental illness in our study population. We noted that females had higher mental health knowledge scores ( $p=0.001$ ), while males had higher behavior scores ( $p=0.002$ ). Moreover, students in the scientific and literary fields had higher scores on both MAKS ( $p<10^{-3}$ ) and RIBS ( $p<10^{-3}$ ). In addition, we found greater knowledge of mental illness and less discrimination among participants with a psychiatric