confirmed to be one of the determining factors in the psychotic disorders' clinical outcome and prognosis.

Despite the risks incurred, many patients that suffer from psychiatric disorders still benefit from late adequate care, for various reasons.

Objectives: The objective of this study is to identify the different causes of delay in psychiatric consultation in the Moroccan framework, in order to promote early intervention strategies by taking into account and acting on these different factors.

Methods: This is a retrospective descriptive and analytic study carried out at the Arrazi University Psychiatric Hospital in Salé, having collected information from 101 patients (69,3% being inpatients).

The analytic part of the study was performed by JAMOVI.

Results: The descriptive analysis showed that the mean age was 36 years $\pm$ 11,2. 73,3% were men. 68,3% of the patients were single, 18,8% were married, 11,9% were divorced and only 1 patient was a widow. 87,1% were living in the urban area. 23,8% attended higher education. 61,4% of the patients were unemployed. Patients were diagnosed with the following disorders, according to the DSM-5-R: Schizophrenia (73,3%), major depressive disorder (8,9%), schizoaffective disorder (6,9%), anxiety disorders (5,9%), bipolar disorder (4%), brief psychotic disorder (1%). The median of the first consultation period was 240 days [60,730]. The main causes of first consultation delay were: Lack of awareness about mental illness (34,7%), religious beliefs (33,3%), mental illness denial (10,7%).

There were no associations between the first consultation period and age (p=0.701), sex (p=0,929), diagnosis (Schizophrenia: p=0,420; anxiety disorders: p=0,569; Major depressive disorder: p=0,570; schizoaffective disorder: p=0,855; Bipolar disorder: p=0,624), human settlement (p=0,174).

Conclusions: Mental health and psychiatry are still facing stigma in the Moroccan framework and many others developing countries, which hampers medical care for patients suffering mental illness, leading to both poorer prognosis and clinical outcomes.

Prevention campaigns promoting early intervention strategies should be a subject of concern among public health workers to overcome stigma in the perspective of improving medical care of mental illness.

Disclosure of Interest: None Declared

EPV0513

Evaluation of therapeutic compliance in psychiatry

H. Abrebak[1]*, F. Z. chamsi[1], A. Essafi[2], S. Radi[1], A. Taqui[2] and A. El ammouri[1]

[1]faculty of medicine of tangier and [2]faculté de médecine de tanger, Tangier, Morocco
*Corresponding author.
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Introduction: Therapeutic non-adherence is a problem frequently encountered in patients suffering from psychotic disorders. It has consequences on the quality of life and on the prognosis of the evolution of the disease. It is essential to understand the causes in order to best support the patient towards adherence to care.

Objectives: The objective of the study is to evaluate the therapeutic observance of patients hospitalized in the women's department of the psychiatric hospital and to collect the reasons for therapeutic non-observance, as well as to identify the desired themes for the implementation group therapeutic education workshops.

Methods: It is a monocentric and prospective study, carried out in the women's department through individual interviews on day 7 +/- 2 of the admission of patients to the psychiatric hospital of Tangier. The inclusion criteria are:

- the patient's consent,
- the autonomous taking of a treatment before admission,
- sufficient communication skills

The psychometric tool used during this study is the MARS scale (Medication Adherence Report Scale) which allows the patient to assess his compliance, by answering 10 questions, assigning himself a score between 0 and 10 with a good compliance from 8/10. The discussion following the questionnaire makes it possible to identify the reason(s) for non-compliance and the themes to be addressed to improve compliance.

Results: Our first initial results were calculated from 60 patients admitted to hospital. Among them, 35 met the criteria for inclusion in the study. The interview takes place within an average of 8.0 $\pm$ 2.3 days. The average age is 40 $\pm$ 15 years. Patients present with schizophrenia in 80% of cases, bipolarity (8%) or borderline personality disorder (3%). Nine percent of patients have no diagnosis. Patients take an average of 2.5 drugs [1; 5] before hospitalization. The average MARS score is 5.6 $\pm$ 2.6. The reasons for non-adherence identified by patients are:

- The presence of side effects,
- Lack of means
- Feeling of healing
- The weariness of a long treatment
- Inefficiency,
- fear of interactions in case of toxic consumption
- five patients declared observing and did not identify any reason for non-compliance

Conclusions: Our study has made it possible to better understand the difficulties and support needs of patients to improve their adherence to care. As a follow-up to this work, a multidisciplinary discussion will allow the setting up of group therapeutic education workshops around the identified themes.

Disclosure of Interest: None Declared

EPV0514

The extent of coercion in psychiatric emergency room based in Polish general hospital.

M. Z. Zarzycki[1,2]*, U. Zaniewska-Chłopik[2] and M. Załuska[2]

[1]Clinical Department of Psychiatry and [2]Centre of Mental Health, Bielanski Hospital, Warsaw, Poland
*Corresponding author.
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Introduction: Coercion in psychiatric wards may improve the safety of patients and surroundings, on the other hand, its use

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.

M. Abdelkefi*, I. Baati, M. Mnif, F. Guermazi, I. Feki, R. Sellami and J. Masmoudi

psychiatry A, Hedi Chaker university hospital, sfax, Tunisia
*Corresponding author.
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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 ± 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

M. BEN AMOR*, Y. ZGUEB, A. AISSA, U. SCHÖBERLEIN OUALI and R. ZAIBI JOMLI

Psychiatry "A", Razi Hospital, Manouba, Tunisia
*Corresponding author.
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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