

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

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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.

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**Introduction:** Coercion in psychiatric wards may improve the safety of patients and surroundings, on the other hand, its use