

autolytic ideation, schizoaffective disorder, bipolar disorder, heteroaggressiveness and depression; respectively; 2.9% of adverse effects to drugs among others diagnostics

Conclusions: It is appreciated that the reasons for consultation triated as “Psychiatric patient” or “Psychiatry assessment” does not provide real information about the clinical characteristics of the patient to be evaluated in the emergency room, having a wide range of diagnoses encompassed in these terms. This fact does not allow discern the fundamental reason why the patient goes to the emergency room, nor receive assistance adequate to the problem it presents, nor a correct regulation of waiting and logistical planning. We believe it is advisable to review the use of these terms in the practice of the psychiatric emergencies training all professionals involved in the triage chain and we value the need to count on all emergency services with a standardized triage method for the psychiatric emergencies.

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Mental Health Policies

EPV0597

Microaggressions towards People with Mental Illness

C. H. Ayhan^{1*}, O. Sukut², H. Bilgin², F. Tanhan³ and K. Aslan¹

¹Psychiatric and Mental Health Nursing, Van Yuzuncu Yil University, Van; ²Psychiatric and Mental Health Nursing, Istanbul University-Cerrahpasa, Istanbul and ³Guidance and Psychological Counseling, Van Yuzuncu Yil University, Van, Türkiye

*Corresponding author.

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Introduction: Microaggressions, or subtle expressions of discrimination directed towards individuals because of their membership in marginalized social groups, are the subject of a growing body of literature (Sue, 2010). As a result of growing understanding of politically correct beliefs over time, they’ve been defined as subtler types of discrimination that have replaced formerly overt discrimination. Microaggressions differ from traditional prejudice in that they are frequently perpetrated by well-intentioned people who are oblivious of the negative implications and consequences of their conduct. Microaggressions have been documented in a variety of social groups, including racial/ethnic minorities (Sue et al., 2008; Torres et al., 2010), gender (Swim et al., 2001), sexual orientation (Shelton and Delgado-Romero, 2011), and ability status (Shelton and Delgado-Romero, 2011). Many people with mental illnesses have reported social rejection experiences that are similar to microaggressions, according to research (Cechnicki et al., 2011; Lundberg et al., 2009; Wright et al., 2000; Yanos et al., 2001).

Objectives: Existing measures of stigmatizing attitudes and behaviors may not capture much of the nuance in behavior that people with mental illness report to be particularly upsetting, so we thought it would be important to examine reliability and validity of the mental illness microaggressions scale-perpetrator version (MIMS-P) for measuring microaggression behavior in the general public in Turkey.

Methods: The methodological study will be conducted to establish the validity and reliability of the The mental illness

microaggressions scale-perpetrator version (MIMS-P) scale to Turkish Culture and to determine the microaggression levels against individuals with mental illness in the general population. The sample of the study will consist of individuals who are reached through an online questionnaire and who agree to participate in the study. Individuals who have psychiatric disorders will not be included in the study.

Results: Data collection process is still ongoing. Description of studies and the key findings will be presented.

Conclusions: The MIMS-P is designed to aid future study on the frequency of endorsement of microaggressions performed against people with mental illnesses, with the ultimate goal of understanding the mechanisms that lead to these acts.

The development of an extra scale to measure microaggressions from the perspective of people with mental illnesses who encounter them is one of the future research objectives.

With a better knowledge of these viewpoints and how they interact, effective therapies and public policy initiatives for reducing stigma against mental illness can be developed.

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Crisis resolution teams: are we doing things well?

J. J. Martínez Jambrina*, L. P. Gómez, A. M. G. Alvarez, C. P. Miranda, S. P. Alvarez, N. A. Alvargonzalez and I. F. Arias

Psychiatry, Hospital San Agustín, Avilés, Spain

*Corresponding author.

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Introduction: Crisis resolution teams (CRTs) are a crucial component of mental health care, providing timely support to individuals experiencing acute mental health crises. This abstract delves into the concept of crisis and seeks to identify the patients who stand to benefit from these specialized services.

Objectives: Defining crisis within the context of CRTs can be complex. It encompasses not only immediate emergencies but also broader mental health distress.

Research suggests that suitable candidates for CRT interventions are those facing acute mental health crises: This includes individuals experiencing suicidal ideation, severe agitation, or severe emotional distress.

La “Escala de Evaluación de Resolución de Crisis” (Crisis Resolution Team Assessment Tool, CRTAT) de Sonia Johnson es una herramienta diseñada para para medir la efectividad de los CRT y la duración de la intervención en crisis. Establece un límite de seis semanas como el período máximo durante el cual se debe ofrecer la atención en crisis.

Existen otras escalas de evaluación para medir la eficacia de la resolución de crisis:

1. **Escala de Intensidad de Crisis (CIS):** se utiliza para medir la gravedad de la crisis y la necesidad de intervención inmediata.
2. **Escala de Evaluación de Crisis de Brage Hansen (BCES):** se enfoca en la evaluación de crisis suicidas y evalúa la intensidad de la ideación suicida y la urgencia de la intervención.
3. **Escala de Evaluación de Crisis de Eriksson (ECAS):** Diseñada para evaluar la intensidad de la crisis en pacientes psiquiátricos,