

obstetrics department of the Taher Sfar Mahdia hospital during a period of 3 months. We used a pre-established self-questionnaire containing 2 parts: a part exploring the socio-demographic data of the population and a psychometric part evaluating Burnt out using the "Maslach Burnout" scale inventory".

Results: Our sample consisted of 122 medical and paramedical personnel. The sex ratio was 4.3 (99/23), the mean age was 30.5 with values ranging from 25 to 55 years. Of the participants, 59 (48.3%) were single. Nine (7.4%) of the participants were smokers and 2 (1.6%) consumed alcohol. The majority of the population (96.7%) did not have a psychiatric history, 88 (80.3%) reported an organ history. A high level of burnout was noted in 64.8% of our population with 14.8% severe burnout. The presence of burnout was significantly associated with the consumption of psychoactive substances ($p = 0.05$) and professional rank ($p = 0.04$). Nurses, residents and senior doctors were those most at risk of developing burnout. It was also significantly related to the absence of other professional activities such as research ($p = 0.05$) and training continuing medical care ($p = 0.05$).

Conclusions: Psychological intervention strategies with these suffering health promoters would be desirable.

Disclosure: No significant relationships.

Keywords: Burnout /Mahdia /Gynecology service

EPV0747

I am not autonomous enough! The role of autonomy beliefs in the relation between social stigma and recovery.

D. Lampropoulos^{1*}, H. Klaas² and D. Spini¹

¹University of Lausanne, Swiss National Centre Of Competence In Research Lives, Switzerland, Lausanne, Switzerland and ²FORS, Fors, Lausanne, Switzerland

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1521

Introduction: It has been suggested that liberal values such as lack of autonomy and burden discourses shape the public's relation toward people with health problems. However, previous research on the role of such values on one's recovery and well-being is scarce.

Objectives: We investigated whether perceived autonomy mediates the impact of stigma and negative social experiences on life satisfaction and recovery.

Methods: Our sample, drawn from a subsample of the Swiss Household Panel survey, consisted of 326 individuals reporting a mental health problem (50.3% women, Mage = 50.7, SD = 13) and 354 individuals reporting a physical health issue (49.7% women, Mage = 53.6, SD = 14.7). We tested a model where perceived autonomy, measured with four items drawn from the Acceptance of Illness Scale (AIS), mediates the impact of experienced stigma and negative social experiences on health satisfaction and self-reported recovery.

Results: Our analysis of direct and indirect paths confirmed our hypothesis. Our model showed a good fit to the data for persons with a mental health problem (CFI = .984; RMSEA = .038) and an adequate fit for persons with a physical health problem (CFI = .92; RMSEA = .080).

Conclusions: Our results provide empirical evidence for the potentially self-stigmatizing role of the autonomy ideal for people with

health problems and invite for the development of further research and practice regarding this role.

Disclosure: No significant relationships.

Keywords: stigma; Liberal values; self-stigma; Recovery

EPV0748

The Transdiagnostic Self-Injury Interview: A Feasibility Study

J.N. Kjaer*, T. Holm, V. Bliksted, T. Ellegaard, S. Dolmer and O. Mors

Aarhus University Hospital, Dept. For Psychosis, Skejby, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1522

Introduction: Non-suicidal self-injury (NSSI) is associated with emotional distress and mental disorders. In clinical samples NSSI is reported by 21% to 60% of all psychiatric patients. Developed NSSI instruments are not suitable for clinical settings because they are too time-consuming or lack validation across psychiatric diagnoses.

The Transdiagnostic Self-Injury Interview (TSI) is semi-structured interview that accesses onset, frequency, methods, and severity of NSSI. It is transdiagnostic and developed for clinical settings.

Objectives: The purpose of the study is to evaluate the feasibility of a TSI validation study. The study will also provide preliminary validation of the instrument.

Methods: The feasibility study will recruit participants at in- and outpatient units from a university hospital. Participants can be included in the study if they are 18 years old and admitted to a psychiatric in- or outpatient unit.

Instruments: The Deliberate Self-Harm Inventory will be used to test concurrent validity. Convergent validity will be tested with the Columbia Suicidality Severity Rating Scale, the Personal and Social Performance scale, the Affective Lability Scale-short, and the Brief Trauma Questionnaire. Interrater reliability will be evaluated in groups of medical doctors, psychologist, and other clinical professionals.

Feasibility are measured by inclusion of participants per week, the time each participant takes to complete the study instruments, and number of dropouts.

Results: Recruitment of participants will start in the fall of 2021. We aim to recruit 50 participants.

Conclusions: When TSI has been validated, it can be used to assess prevalence and severity of NSSI and clarify the need for treatment and supervision.

Disclosure: No significant relationships.

Keywords: self-injury; Transdiagnostic; Validation study; Psychosis

EPV0750

The field of psychiatry is in crisis. The case for causal modelling in observational data as a supplement to psychiatric epidemiology and clinical trials

A. Mykletun

Haukeland University Hospital, Mental Health Services, Bergen, Norway

doi: 10.1192/j.eurpsy.2022.1523

Introduction: The field of psychiatry is in a crisis. Developments in pharmacology and psychotherapy, reforms in services, increased spending and reduced treatment-gap have not substantially improved prognosis for patients in psychiatry. Mental disorder remains lethal short-term and disabling long term. In comparison, prognosis has improved dramatically in oncology and cardiology. Controversies in psychiatry are causing variation in clinical practice between hospitals, even within single-provider health systems. There is, for example, variation in rates of ADHD, use of coercive measures, and medication (type of drugs, dose and duration of medication). Current empirical methods are incapable of solving the major controversies in psychiatry. Epidemiology struggles with residual confounding, bias and reverse causality. Randomized controlled trials are expensive and time-consuming. Ethics may also be a barrier for clinical studies investigating variation in clinical practice. From a health management point of view, variation in clinical services within a single-provider system is usually indicative of variation in quality. However, the variability in service delivery caused by these controversies creates a lottery-like situation for the individual patient, who is generally unaware of the crisis in psychiatry, and blinded to the ongoing lottery.

Objectives: We will present a third empirical approach beyond randomized controlled trials and epidemiology which may help solve the crisis.

Methods: A systematic review of preference-based instrument variable analyses.

Results: We identified relevant high quality 185 studies, though almost none in mental health.

Conclusions: Causal modelling in observational data has potential as a third paradigm beyond RCTs and epidemiology, and may help solve the crisis in psychiatry.

Disclosure: No significant relationships.

Keywords: Epidemiology; systematic review

EPV0751

Improving quality of life with nutritional supplementation in Schizophrenia: A literature review

N. Hassan¹, N. Dumlao^{2*}, K. Tran¹ and A. Zamiri³

¹Bronx Care Health System, Psychiatry, Bronx, United States of America; ²BronxCare Health System, Psychiatry, Bronx, United States of America and ³BronxCare Health System, Psychiatry, New York, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1524

Introduction: Schizophrenia is a chronic and severe mental health disorder, affecting 20 million people worldwide. Diet is a social determinant of health and is among one of the modifiable prognostic factors for schizophrenics. Previous research in nutritional psychiatry has shown that a balanced and healthy diet in this patient population has the potential to improve cognition, decrease positive and negative symptoms of the disease, and improve the overall metabolic profile.^{1,3}

Objectives: To understand the evidence on the role that nutritional supplements play in improving quality of life in Schizophrenia by improving cognitive symptoms and decrease

mortality by decreasing chances of metabolic syndrome and CVD. Demonstrate how certain supplements can improve cognitive symptoms, and decrease positive and negative symptoms in schizophrenics

Methods: PubMed was used to search for articles within the past 10 years

Results: A total of 29 articles were initially generated, of which only 5 fit the search criteria. Each specific search produced more articles, and after carefully reading each, a total of 14 articles was determined to fit the criteria. All, but two articles included PANSS score assessment. The studies on vitamin D, cycloserine and omega 3's produced conflicting

Conclusions: Supplementation of vitamin D, Konjac powder, D-cycloserine, sarcosine, and omega 3's have the potential to improve symptomatology and enhance the quality of life of schizophrenics. D-serine and sodium benzoate have not been shown to be effective adjunctive treatments in schizophrenia. Due to a limited number of studies for each, more research is indicated to truly determine the public health significance.

Disclosure: No significant relationships.

Keywords: "schizophrenia" "nutrition" "supplements"; "omega 3's" "iron" "vitamin D" "vitamin C"; "sarcosine"; "D-serine" "sodium benzoate"

EPV0752

Psychological benefits of pre-conceptional and pre-marital genetic diagnosis in conservative societies

N. Bouayed Abdelmoula*, B. Abdelmoula, S. Kammoun, F. Abid and S. Aloulou

Medical University of Sfax, Genomics Of Signalopathies At The Service Of Medicine, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1525

Introduction: Preconceptional genetic diagnosis help couples of genetic disorders carrier risk making an informed reproductive decision. The risk is considerably higher for consanguineous couples. Premarital screening can also offers a crucial health assessment of soon-to-be married couples with genetic risk factors based on specific family history. However, such approach is not usually easy to manage in conservative societies, particularly when the affected family refuse to deliver the necessary information about the genetic condition considered as a taboo.

Objectives: Here, we addressed the psychological benefits of pre-conceptional and premarital genetic diagnosis through a retrospective study about the preconceptional diagnosis inquiries in our genetic counselling.

Methods: In order to assess requests for autosomal recessive disorders during ten years of our genetic counselling activity at the medical university of Sfax, we reviewed 2500 medical files.

Results: Three couples were recorded for genetic preconceptional diagnosis. Another couple was documented for seeking a premarital screening for an unknown neuropathy before wedding engagement decision. This single case was referred to us because of a familial history of a severe neuropathy that was noted in the