70 intrafamilial aggressors - 10% antisocial personality disorder, 27% borderline personality disorder of which 14% with impulsive emotional instability, 3% obsesive-compulsive personality disorder, 1.4% mixed personality disorder anxious and paranoid.
Conclusions: *Being able to recognise a personality pattern shows great benefits for screening the patients at risk to develop an aggressive behaviour directed towards family member, thus being a great tool in prevention of long-term consequences associated with living in a hostile environment.*

Disclosure of Interest: None Declared

EPV0593

Socio-emotionalcompetencies in teachers of educational institutions in the department of cordoba, acomparative study between men and women

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Introduction: According to Bisquerra Alzina (2003),competencies are defined as a set of knowledge, capabilities, skills and attitudes, necessary to understand, express and regulate emotional phenomena appropriately and which are fundamental in the teaching profesion since they are closely related to students´performance and mental health.
Objectives: compare socio-emotional skills in two groups of participants: female and male
Methods: A non-experimental,cross-sectional design was proposed for this study. The scope of this research is descriptive, in the sense,that it seeks to establish measures in regard to specific variables. Sample (100 female and 100 male).
Results: Results revealed that the evaluated teachers show average level of socio-emotional competencies, (Table 1).The highest scores were encountered in relation to the optimism competence. It suggests that teachers have the ability to obtain favorable balances from adverse situations presented in their daily lives.

Table 1: Distribution of socio-emotional competency levels in the professionals evaluated

	LOW %	MEDIUM %	HIGHT %
EMOTIONAL AWARENESS	19	80	1
SELF EFFICACY	32	66	2
EMOTIONAL REGULATION	17	81	2
EMOTIONAL EXPRESSION	6	85	9
PROSOCIALITY	6	85	9
ASSERTIVENESS	6	82	12
OPTIMISM	0	21	79
EMOTIONAL AUTONOMY	25	71	4
EMPATHY	8	85	7

Findings showed that there exists a statiscally significative difference (P=0,000) in the empathy and self-efficacy dimensions. Women obtained higher scores in these two abilities in regard to men. (Table 2). No differences were observed in the rest of the competences evaluated.

Table 2: Differences according to men and women

	FEMALE	MALE
SELF EFFICACY	1,78	1,61
EMPATHY	2,02	1,96

Conclusions: Although teachers´s socio-emotional competences were classified in medium levels, it is necessary to implement an intervention design that allows to streghten those dimensions since they could improve not only the relationships with their students but also teachers´ mental health.

Disclosure of Interest: None Declared

EPV0596

Analysis of the reasons for consultation in psychiatric emergency triage

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Introduction: The chain of care in psychiatric emergencies should be reviewed to improve assistance.
Objectives: Our objective was to determine the reality behind the reasons for consultation assigned in triage as "Psychiatry Assessment" and "Psychiatric Patient", examining diagnoses to the discharge of said patients
Methods: To this end, reasons for triage consultation and patient diagnoses are retrospectively collected who were evaluated by the main author in the emergency room of Hospital de Jaén between June 23, 2019 and May 31, 2020. They were selected following these criteria; inclusion: patients with psychiatry consultation, evaluated by the first signatory of the text and with reasons for consultation in triage: "Psychiatric patient" or "Assessment by Psychiatry". As exclusion criteria: high due to escape. Among the 224 patients evaluated, we found 35 who met criteria
Results: Of the total reasons of consultation collected at beginning, 16.6% corresponds to "Assessment by Psychiatry" (13.9%) and "Patient psychiatric" (2.7%), this being group the second reason for most frequent consultation after of "Anxiety" with 33%. Relating these reasons for consultation with the discharge diagnoses made in these patients, we found that the percentage of patients in each diagnosis would be: Regarding the action plan followed after the evaluation and diagnosis of these patients, it is reported that 45% of them required admission, 37% were referred to Mental Health Unit, 9% to family doctor and 6% to the Drug Addiction Center. - 11.4% of pharmacological intakes; 8.6% of psychotic episodes, symptoms anxiety, treatment renewal and mood disorders personality; respectively; 5.7% of autolytic attempts,

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.

Disclosure of Interest: None Declared

Mental Health Policies

EPV0597

Microaggressions towards People with Mental Illness

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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.

Disclosure of Interest: None Declared

EPV0598

Crisis resolution teams: are we doing things well?

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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,

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