health professionals can better support individuals grappling with eco-anxiety and its implications for overall well-being.

Disclosure of Interest: None Declared

EPV1322

Evaluating the mental health awareness of stakeholders in cycling teams: Results from a cross-sectional survey

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Introduction: Sports psychiatry is a developing subdiscipline, which emphasises the need for adequate treatment and prevention schemes to uphold the mental wellbeing of athletes. Previous studies indicate that elite-level male cyclists face distinctive socioenvironmental risk factors, including external pressures from teams, particularly in relation to weight management concerns. However, there has been little attention to the mental health support available within teams and the awareness of relevant stakeholders to psychiatric issues.
Objectives: This study sought to gain perspectives on the level of mental health awareness from stakeholders in elite-level cycling teams (i.e., sporting directors, coaches, and medical staff).
Methods: An anonymous online survey has been compiled containing quantitative and qualitative questions for sporting directors, coaches, or medical staff about their own mental health awareness and literacy. This was distributed to cycling teams and through a national-level federation. The survey link will be available online from the beginning of October 2024 to the end of February 2025. An ethical application was made to the Ethics Committee in the Canton of Bern, who determined that the research fell outside the scope of the Swiss Human Research Act and therefore did not require formal approval.
Results: Preliminary results will be ready in March 2025 in time for the poster display at the European Congress of Psychiatry in April 2025. The findings will provide insights into mental health awareness amongst team stakeholders in men's elite-level cycling. The quantitative data will be studied with descriptive statistics and the qualitative results will be evaluated using thematic content analysis to identify key themes.
Conclusions: Based on prior literature, our hypotheses are that there is limited mental health awareness about the mental health of elite-level riders amongst cycling team stakeholders and scarce knowledge about how to manage these issues should they arise. These findings would underline a need for more attention to this topic within the sport, potentially necessitating the involvement of national federations and regulators.

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EPV1323

Perceptions and misperceptions about lithium: Ar-razi hospital experience

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Introduction: Lithium enjoyed its first golden age between 1965 and 1990, but interest in the molecule has not waned, on the contrary, the last 20 years have seen a veritable renaissance in lithium publications. This literature is fuelled by the ongoing exploration of lithium's unique mood-stabilizing, anti-suicidal and neuroprotective properties, a panoply of properties never before observed in a single molecule. In spite of this, the literature describes little use of lithium, despite ample evidence of its benefits. Our study points the perceptions and misperceptions of lithium and their effects on it use in our hospital.
Objectives: To study and identify the perceptions and misperceptions of doctors at Ar-razi Hospital about lithium, and thus discuss both of efficacy and safety misperceptions through a litterature review. This study will have as a first objective to correct these mispercetions in order to promote a proper care of our patients.
Methods: This is a descriptive study. Data collection was carried out on 50 psychiatrists and trainees. By using an online and handout forms focusing on physicians perceptions and misperceptions of the efficacy and safety of lithium at Ar-razi Hospital in Salé. Jamovi 2.3 was used for data entry and statistical analysis.
Results: our study results were resumed in 2 images. Image 1 is a table that shows the status of our professionnals and also their use of lithum as first or second molecule.
image 2 resumes efficacy perceptions of lithium among our psychiatrists and trainees.
although many other results will be shown by text:

- 58% thinks that Lithium should not be used in women of childbearing age due to teratogenic risk
- 73% have the perception that Lithium should be avoided in elderly patients suffering from a lack of efficacy data and safety concerns.
- 53% thinks that other thymoregulators are safer and should be systematically used in women of childbearing age with bipolar disorder instead of lithium.
- 84% acclaim that lithium treatment is stopped because of it security profile, when 44% of them thinks that hypothyroidism is prevalent as a secondary effect and causes treatment stop.

Image 1:

Status of participants	Use as 1st molecule	Use after failed of others thymoregulators
Residents 40(80%) Psychiatrists 10 (20%)	12 (24%)	38(76%)

Image 2:

Second-generation antipsychotics (SGA) as effective as lithium	Yes (48%) No (52%)
Rapid-cycling bipolar disorder (RC-BD) responds poorly to lithium in general	Yes (12%) No (88%)
Lithium should be avoided in elderly patients with RC-BD due to lack of efficacy data and safety concerns	Yes (100%)

Conclusions: Our study finds that our hospital professionnals have many misperceptions about lithium, especially about it security, which may affect the treatment plan for many patients. This study and it discussion throught the litterature review will change these perceptions, furthermore give the patients a proper care.
Disclosure of new knowledge is essential to refute misconceptions about lithium and enable patients to access its unique therapeutic constellation.

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EPV1324

Mental health professionals dealing with aggression: the experience of Ar-Razi hospital in Salé, Morocco

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Introduction: Aggression in the psychiatric environment has negative consequences for both patients and staff. Accurate measurement of patient aggression towards staff, and its prevention, remains elusive. The Staff Observation of Aggression Scale-Revised (SOAS-R) is a measure describing the incidence and characteristics of aggressive events. Although not exclusive to staff aggression, our study used this scale to provide a more or less standardized measure for assessing and understanding the trends and potential triggers of staff aggression. This will enable better management of such situations. This in turn will lead to better working conditions and improved quality of care.
Objectives: To describe the incidence of aggressive events against various mental health staff at Ar-Razi Hospital over the course of a year, their characteristics and the factors involved. this study will provide and enable better managment of these situations, furthermore leading to better work conditions and better quality of care.

Methods:
- Our study is a cross-sectional study, data collection were by a questionnaire sent online to hospital staff, the questionnaire was bases on the SOAS-R items.
- Descriptive and analytical statistical study wad done by Jamovi 2.3 software.
- Statistical differences were calculated using the chi-2 test, and a $p<0.005$ value was considered statistically significant.

Results: Our study results(SOAS-R items) concerning the agressions towards staff of our hospital were resumed in image 1 and 2.
Also the prevalence of participating staff by status in our study was: 78% of physical assaults were against nurses. The association between the prevalence of assaults and staff status was statistically significant using the chi-2 test ($p=0.0037<0.001$).

Image 1:

Prevalence	*N=53(100%)*
Physical and/or verbal aggression	49(92.5%)
Provocation	
Provocation no visible	24(48%)
Provocation by other patient(s)	9(18%)
patient denied something	8(16%)
by request to take treatment	16(32%)
other provocation	8(16%)
Consequences for the victim	
reversible damage to objects	3(6,1%)
irreversible damage to objects	0(0%)
feeling threatened	30(61,2%)
physical pain <10min	7(14,3%)
physical pain >10min	5(10,2%)
visible injury	5(10,2%)
need for treatment	3(6,1%)
need to see a doctor	5(10,2%)1
none	4(28,6%)
Work stoppage after aggression	
temporary work stoppage<10days	4(8.5%)
temporary work stoppage 10-30days	2(4.3%)
temporary work stoppage>30days	1(2.1%)
permanent work stoppage	0(0%)
No work stoppage	41(87.2%)