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

C. H. Ayhan[1]*, O. Sukut[2], H. Bilgin[2], F. Tanhan[3] and K. Aslan[1]

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

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1267

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?

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.

doi: 10.1192/j.eurpsy.2024.1268

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,

la ECAS se centra en la agitación, la ansiedad y la angustia emocional.

Methods: - Studies have explored the effectiveness of CRTs and the perspectives of service users. Understanding how patients perceive crisis and CRT services is crucial for tailoring interventions effectively.
Results:
Conclusions: - CRTs play a vital role in mental health care, offering timely support to individuals experiencing crises. While defining crisis is complex, suitable candidates often include those in acute distress requiring immediate intervention. Understanding the perspectives of service users and the diverse nature of crisis experiences informs effective crisis resolution strategies.

Disclosure of Interest: None Declared

EPV0600

Principles of a personalized approach in psychosocial interventions for cardiac surgery patients

O. Nikolaeva[1,2], V. Babokin[2,3], N. Trofimov[2,3] and S. S. Fakhraei[4]*
[1]Department of Hospital Therapy, Ulianov Chuvash State University; [2]Chuvash Republic Cardiology Clinic; [3]Department of Surgical Diseases and [4]Medical Faculty, Ulianov Chuvash State University, Cheboksary, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1269

Introduction: Cardiac surgery patients, former cardiac patients, face additional sources of stress connected with surgical intervention.
Objectives: To devise the main principles of a personalized approach in psychosocial interventions for cardiac surgery patients.
Methods: We have devised these principles based on the analysis of contemporary scientific literature and the operational experience of the Cardiology Clinic of the Chuvash Republic located in the city of Cheboksary.
Results: A personalized approach in psychosocial interventions for cardiac surgery patients is used at all levels of medical support. It implies taking into consideration in every specific patient a unique correlation of their clinic-anamnestic peculiarities, clinic-psychological risk factors of the condition's gravity and their psychological resources. At the same time, all the psychological interventions must focus on the personality and comply with the clinic specificity of the actual somatic and mental condition of the cardiac surgery patients. The underlying principles of the personalized approach in psychosocial interventions for cardiac surgery patientsinclude the principles of accessibility, openness, continuity, collaboration, integration, differentiation, variation, participation, awareness and prevention.
Conclusions: Relying on the personalized approach in psychosocial interventions for cardiac surgery patientsallows working out a personalized treatment and rehabilitation course for an individual patient.

Disclosure of Interest: None Declared

EPV0602

Responses to serious adverse incidents in mental health care settings: a qualitative study of a complex patient safety system

N. Anderson* and R. Nathan
Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1270

Introduction: Individual patient safety processes (such as reporting, investigating, learning and improving patient outcomes) activated following serious adverse incidents (e.g. patient suicide) are not distinct or standalone. Rather, they are embedded within a complex system of multiple interdependent processes enacted by individuals who are subject to an array of implicit and explicit influences (Nathan *et al.* BJPsych Advances 2022; 1-11). Although some specific elements of the response to adverse incidents have been examined, no previous empirical research has set out to study the complex interacting system within which these elements are situated.
Objectives: This study's aim was to characterise a complex patient safety system and to identify types of processes across that system that have an impact on the goal of improving patient safety.
Methods: Recorded 1:1 semi-structured interviews were undertaken with staff in a range of patient safety roles across a mental health care system to elicit accounts of the system response to serious adverse incidents. These interviews were transcribed, and the transcriptions were subject to thematic analysis using the *Framework Method* for qualitative research in health care settings (Gale *et al.* BMC Med. Res. Methodol. 2013; 13.1; 1-8). This preliminary study relates to the analysis of 8 interviews.
Results: The following six main types of influences on the effectiveness of patient safety system responses to adverse incidents were identified:

1. **Differing functions/expectations of investigations into serious incidents** (due to differing demands of different parties, such as the health provider, the family, the coroner, etc);
2. **Differing methodologies used to investigate serious adverse incidents** (although system-based generally preferred, there was a noted risk that this approach may fail to identify occasional examples of poor practice);
3. **Relationship between incident investigation processes and patient safety processes** (with a particular potential for the latter to dominate the system at the expense of the former);
4. **System complexity** (multiple interacting processes/processors at multiple levels within the health provider and wider health system);
5. **Operationalising recommendations from investigations** (with the potential for adverse unintended patient safety consequences)
6. **Influence of national directives**

Conclusions: As well as paying attention to individual components of the safety system (e.g. investigation methodology and organisational culture), the development of an effective patient safety system is dependent on an understanding of the complex interacting