

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.

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**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

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**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

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