

Effects of mental health stigma on clinical decision-making in the context of digital medicine [Abstract]

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Angaben zur Veröffentlichung / Publication details:

Papazova, Irina, N. L. Hartmann, J. Grimmer, Alkomiet Hasan, and Naiiri Khorikian-Ghazari. 2025. "Effects of mental health stigma on clinical decision-making in the context of digital medicine [Abstract]." *European Psychiatry* 68 (S1): S744. <https://doi.org/10.1192/j.eurpsy.2025.1509>.

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for somatization and depressive episodes. The patient's journey began with an initial admission in our psychiatric service. However, her condition rapidly degenerated, as she developed chest pain, leg numbness, and digestive issues. These symptoms were initially attributed to her psychiatric conditions by the internal medicine team, leading to a critical delay in appropriate medical intervention.

Results: As a consequence, the patient's condition deteriorated rapidly, culminating in a severe septic state. Further investigation revealed that the sepsis had a pulmonary origin, with *Serratia marcescens* identified as the causative pathogen. This underscores the potential for seemingly benign symptoms to mask serious underlying infections in vulnerable populations. The patient's case was further complicated by the emergence of several severe medical conditions, including toxic hepatitis, cardiomyopathy, and valvular insufficiencies, highlighting the potential for cascading health issues when initial symptoms are not thoroughly investigated. In the course of treatment, the patient experienced additional complications arising from medical interventions, most notably drug-induced hepatotoxicity, serving as a reminder of the delicate balance required in managing complex cases and the potential for treatment-related adverse events to further complicate patient care.

Conclusions: This case study underscores the critical importance of conducting thorough and unbiased medical evaluations in psychiatric settings, or in cases where psychiatric history is present. It vividly demonstrates how preconceived notions and unconscious biases regarding psychiatric patients can lead to delayed diagnosis and treatment of serious medical conditions, potentially resulting in life-threatening consequences. The case serves as a wake-up call for healthcare providers to approach each patient with an open mind, regardless of their psychiatric comorbidities.

Disclosure of Interest: None Declared

EPV0851

Effects of Mental Health Stigma on Clinical Decision-Making in the Context of Digital Medicine

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doi: 10.1192/j.eurpsy.2025.1509

Introduction: People with mental illness often experience stigma and discrimination, which can reduce treatment outcomes and quality of life. Numerous studies have shown that stigmatizing attitudes among physicians negatively affect both psychiatric and somatic care. Recently, technological advancements have led to the emergence of digital medicine as a new avenue for health care. However, little is known about how stigmatizing attitudes toward patients with mental illness might impact clinical decisions in the context of digital medicine

Objectives: This study aims to assess how implicit and explicit stigma against mental illness among medical students and general

practitioners affects their decision for recommending treatment through a digital mHealth app.

Methods: A total of 62 general practitioners and 60 medical students participated in the anonymous online survey. After providing demographic information, participants reviewed two case vignettes: one depicting a patient with a comorbid mental and somatic illness, and the other depicting a patient with only a somatic illness. Participants rated, on a scale from 1 to 10, the likelihood of prescribing an mHealth app designed to enhance treatment of the somatic disease. The Social Distance Scale (SDS) and the Implicit Association Test (IAT) were used to measure explicit and implicit stigma, respectively. The IAT is a computer-based task that assesses implicit bias regarding the perceived incompetence associated with psychiatric disorders compared to somatic disorders.

Results: On average, participants were more likely to prescribe an mHealth app for patients with only a somatic illness than for patients with both somatic and comorbid mental illness ($p < .001$). Furthermore, implicit stigma was a significant predictor of participants' preference to treat patients with somatic over mental disorders ($p = .013$). There were no group differences in the IAT score.

Conclusions: Our findings indicate a bias against people with mental illness among both medical students and physicians, even within the context of digital medicine. Future research is needed to further examine the scope and impact of stigmatizing attitudes on patient health care outcome.

Disclosure of Interest: I. Papazova: None Declared, N. Hartmann: None Declared, J. Grimmer: None Declared, A. Hasan Consultant of: Rovi, Recordati, Otsuka, Lundbeck, AbbVie, Teva and Janssen-Cilag, Speakers bureau of: Janssen-Cilag, Otsuka, Recordati, Rovi, Boehringer-Ingelheim and Lundbeck, N. Khorikyan-Ghazari: None Declared

EPV0853

Use of Physical Restraint in Psychiatry: Attitudes of Healthcare Providers and Ethical Considerations

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doi: 10.1192/j.eurpsy.2025.1510

Introduction: Physical restraint in psychiatry is a widely used practice intended to protect patients from harming themselves or others, guided by strict procedures and monitoring. Recent reports and legal updates aim to regulate its use more closely

Objectives: This study assesses the extent of physical restraint use and explores healthcare workers' perceptions and experiences regarding this practice, focusing on ethical issues.

Methods: Between April and May 2024, we conducted a cross-sectional descriptive study involving healthcare staff from psychiatry departments across Tunisia, including hospitals in Sousse, Monastir, Kairouan, Mahdia, Sfax, and Tunis. Participants were surveyed using a literature-based questionnaire, and data were analyzed with SPSS21 software.