

Introduction: Risk assessment tools are used to enhance patient safety and promote quality care by limiting adverse outcomes to the greatest extent possible. In the Republic of Ireland, risk is monitored and regulated by the Mental Health Commission (MHC). A 2023 report by the MHC identified high numbers of recorded episodes of sexual assault on the acute inpatient unit in the Department of Psychiatry (DOP), University Hospital Waterford (UHW). Standard risk assessment tools are used in the DOP, however, these risk assessment tools failed to identify those who were at high risk of perpetrating a sexual assault.

Objectives: The purpose of this research was to determine if there were risk assessment tools with a higher predictive value of identifying risk of sexual assault in an acute adult inpatient psychiatric setting. I also wanted to establish whether there were risk assessment tools available which assess risk of sexual assault in those with no history of perpetrated sexual assault.

Methods: This scoping review was prepared according to the PRISMA-Scr guidelines. Databases including Embase, Medline, CINAHL, UpToDate, TRIP, Cochrane and PsychINFO were searched. Keywords included inpatient, psychiatry, mental health, risk assessment tools, risk assessment scales, risk management, sexual assault and sexual offense. There was no limit on the date of publication or country of origin of articles. Only articles that used risk assessment tools on adults, who were inpatients in an acute psychiatric setting, in the English language were included. Only risk assessment tools that included assessment of risk of sexual assault were included.

Results: A total of 15 articles were identified. There was a dearth of literature that compared risk assessment tools in this population with regards to risk of sexual assault. Most articles exploring risk of sexual assault focused on the study of those who were offenders and explored the risk of recidivism through the use of risk assessment tools.

Conclusions: Risk cannot be accurately predicted or eliminated. However, determining the most appropriate and comprehensive risk assessment tools, with the highest probability of identifying risk of sexual assault has the potential to enhance patient safety and improve the quality of care provided. There is a lack of risk assessment tools that assess sexual assault, especially in those with no prior history of perpetrating a sexual assault.

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EPV1699

Examining the Correlation between Emotional Intelligence and Burnout: A Study on Mental Health in the Workplace

R. Galea^{1*}, A. Zahra¹, E. Cassar², K. J. Farrugia¹, C. Busuttil¹, B. Gatt¹, R. Micallef¹ and M. Micallef¹

¹Mount Carmel Hospital, Mental Health Services and ²Mater Dei Hospital, Health Services, Attard, Malta

*Corresponding author.

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Introduction: Mental Health (MH) in the workplace profoundly influences employee well-being. Burnout, Emotional Exhaustion (EE), depersonalization and diminished personal accomplishment are prevailing concerns among healthcare professionals. Left unchecked these facets can impinge on professionals' MH and productivity.

Objectives: This study explores the relationship between Emotional Intelligence (EI) and burnout among staff at Mount Carmel Hospital by assessing the degree of EE, depersonalisation and personal accomplishment before and after the EI training.

Methods: 121 participants from four hospital wards were recruited. An anonymized questionnaire assessed EI, burnout and demographics including the Schutte Self Report EI Test and the Maslach Burnout Inventory. EI training was provided by professionals from within the hospital service. Post-training measures were reassessed to determine the training's impact on improving the constructs of occupational burnout.

Results: Gender analysis revealed higher EI scores among females (125.4 ± 11.2) compared to males (117.0 ± 13.9 , $p=0.026$). EE was significantly higher among Maltese staff (20.4 ± 8.3) compared to EU (17.2 ± 4.8) and third-country nationals (12.3 ± 4.9 , $p=0.027$). Longer ward tenure (11-25 years) correlated with higher EE (32.7 ± 6.8) compared to <1 year (16.6 ± 8.1) or 1-5 years (17.6 ± 5.7 , $p=0.0087$). Negative correlations between EI and depersonalization ($r=-0.32$, $p<0.01$) emerged, indicating higher EI is associated with lower levels of depersonalization. A significant positive correlation between EI and personal achievement ($r=0.54$, $p<0.01$) suggested that higher EI is associated with higher levels of personal achievement. No correlation was found between EI and EE. Phase two revealed a significant difference in post-training EI. Other measures showed no significance; suggesting that other corporate foundational aspects impinge on employee MH.

The findings have important implications for MH professionals and organisations. The correlation between EI and burnout highlights the importance of promoting EI. Specific correlations need further testing, as the higher degree of EE in participants with higher scores of EI effects training development. Training programs focusing on EI should be incorporated into continuous professional development. Significant variations in EE were observed among participants from different nationalities and those with varying years of experience in the ward; underscoring the importance of tailored interventions enhancing EI and mitigating burnout.

Conclusions: This study provides evidence for the correlation between EI and constructs of burnout among staff at Mount Carmel Hospital. Further corporational functional aspects potentially impact employees' professionals outlook, perception and MH. Training programs aimed at enhancing EI can be used to reduce and mitigate burnout levels while improving well-being in the workplace.

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Exploring healthcare provider's views on potential causes and solutions of waiting lists in mental health services in Ireland

J. Khan^{1*}, M. Whitty² and M. Nadeem²

¹Psychiatry, Connolly Hospital Blanchardstown Dublin, Dublin and

²Psychiatry, South Meath Mental Health service, Ashbourne, Ireland

*Corresponding author.

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Introduction: This study focused on one of the key components of mental healthcare provision: waiting lists in the community mental health service in County Louth and Meath, Ireland. The background context addresses the increasing demand for healthcare,