

EPP0152
A Study on the Disclosure of People with Mental Illness

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Introduction: People with mental illness often experience a concealable stigmatized identity that may be invisible to others. As a result, they are often faced with the dilemmas of whether to disclose or conceal their diagnosis and their experience. However, in order to overcome the social stigma and self-stigma that hinder their recovery, they must establish a network and social support through identity disclosure.

Objectives: This study investigates the effect of clinical characteristics (symptom and social function level), self-stigma and social support on the disclosure of people with mental illness.

Methods: The research was conducted with 236 respondents who are currently using community mental health services. (Male: 51.9%, Female: 48.1%; Mean age = 47.97±13.24; SPR: 66.8%, other diagnosis: 33.2%).

Results: Most respondents disclosed their mental illness to health service providers and family, but they are least open about their identity toward neighbors and co-workers. A regression analysis of predictors of disclosure revealed that only social functioning level and social support had significant predictive power. It was discovered that individuals with better level of social function and social support disclosure more about their mental illness.

Conclusions: A program that increases social functions and support network can be recommended to improve disclosure efficacy.

Disclosure of Interest: None Declared

healthcare provider based in Southeast England where we designed a project to enhance support to new consultants, based on Startwell principles.

Objectives: The aims of this project were to:

- Improve the experience of early career psychiatrists taking on their first consultant role in BHFT.
- Ensure that the new consultants are provided with relevant information and resources to fulfil their roles safely.
- Set up a system for ongoing support for new consultants till they complete five years in their post.

Methods: Having discussed the feasibility of setting up a local Startwell initiative in BHFT, plans were presented to the medical director and medical staff committee including new consultants, for their input. Under the guidance from senior consultants, monthly meetings were arranged which offered professional development talks and peer support. As several themes emerged at these meetings, we stratified and aligned these local to the RCPsych Startwell framework (**Image 2:Themes**). An induction folder was also collated with all the relevant information in paper and digital format. In addition, a yearly bespoke induction event for new consultant psychiatrists was delivered from 2019-2022 except in 2021, during the pandemic.

Results: We used Likert scales to gather quantitative feedback (**Table 1**) with free box for comments to capture qualitative feedback (**Image 3**). Feedback response rate for the three cohorts were 75%, 70% and 80% respectively.

	2019	2020	2022
Overall Satisfaction	100%	75%	100%
How relevant was the content of the programme to your new role?	70%	100%	100%
How far did the programme meet your expectations?	100%	75%	100%

EPP0153
The Startwell initiative in Action: A Project supporting Early-career Consultant Psychiatrists in a Southeast UK mental health trust.

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Introduction: Transition to a consultant role is a challenging time for an early career psychiatrist, as the high level of structure and guidance available during psychiatric training ceases when training is complete. The Royal College of Psychiatrists, UK therefore pioneered the Startwell initiative to ease this transition. This consultant-led initiative proposed embedding good habits and robust coping mechanisms early on, to enable psychiatrists to thrive in their roles and is based on six main pillars (**New consultants (StartWell) (rcpsych.ac.uk)** **Image 1: Startwell framework**. Berkshire Healthcare NHS Foundation Trust (BHFT) is a mental

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