

Introduction: Pregnancy, postpartum and breastfeeding is a very challenging period in the women's life. Many shared false beliefs and perceptions about this period can influence a pregnant woman's sexual life and couple.

Objectives: to explore sexual satisfaction, misconceptions and beliefs about sexuality during pregnancy and postpartum in women.

Methods: It was a cross-sectional study established over a period of 3 months from the June 1st, 2023 to August 31, 2023. This study focused on a population of pregnant postpartum and breastfeeding women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes, Tunisia. We used a pre-established sheet exploring socio-demographic data, medical and gynecological history, informations concerning the marital relationship and the woman's sexual activity and eight questions (yes or no / choosing an option) to explore the beliefs and perceptions about sexuality during pregnancy and postpartum. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.

Results: Fifty-eight women were included. The average age was 35.6±5.5 years, they had a university level in 40% and they were unemployed in 74.2%. They were from an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breastfeeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations (SR) was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%). Only 3.4% masturbated and 5.17% had sexual fantasies. Among women, 55.1% believed that RS is not allowed in the first trimester, and 67.8% believed that it can harm the baby. Only 25% of women believed that RS is permitted throughout pregnancy. 58.1% believed that RS in the third trimester could induce early delivery, and 30% believed that it could harm the baby. They all believed that post-partum SR is only authorized after 40 days. Among the sample 22.6% believed that SR is not allowed during breastfeeding, and that it can harm the baby in 13% of cases. The mean ASEX score was 13 ± 4.3 and 47% had sexual dysfunction. Regarding the frequency of SR, 25% reported wanting to reduce the frequency, 3.4% wanting to increase the frequency and 71.6% were neutral.

Conclusions: A better understanding of the misconceptions and beliefs about sexuality during pregnancy and the post-partum period is needed to reduce restriction imposed on sexual activity during a normal pregnancy and to enhance marital harmony and the sexual life of the couple.

Disclosure of Interest: None Declared

EPP0406

Risks of mental health of foreign medical residents who study in Ukraine

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Introduction: The high level of psycho-emotional stress today significantly increases the moral burden on the mental health of

medical workers. One of the most vulnerable groups of medical specialists in Ukraine are foreign resident doctors. Since in Ukraine this contingent of doctors is faced with extraordinary problems of high psycho-emotional stress, such as COVID-19 around the world and the Russian war against Ukraine. Raising the issue of resident doctors, the main issue becomes not only their professional identity, but also the formation of the necessary stress resistance in different conditions of professional activity.

Objectives: To study the level of tolerance to stress and uncertainty among foreign resident doctors in unusual conditions of performing professional duties.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: As of the beginning of 2020, 395 foreigners were studying. During the first phase of the pandemic, 118 foreigners left Ukraine. By the beginning of 2022 (before the full-scale war), 302 medical residents were trained. As of the beginning of 2023, 167 doctors are studying, of which only 61 people are on the territory of Ukraine. The primary analysis of the clinical-psychological study showed that the most common complaints among foreign resident doctors are: increased levels of feelings of tension (in 75.4%), decreased motivation for activity (73.2%), anxious (72.7%) and depressive symptoms (69.3%), frequent headaches (68.6%), constant feelings of irritation (65.4%), manifestations of aggression in relation to colleagues (63.9%) and patients (61.4%), a feeling of fear for the future (60.1%), conflicts in the family (59.5%).

The study of factors that influence the increase in the level of stress among foreign resident doctors were sorted according to the principle of ordinary and extraordinary. Ordinary stress factors include: the nature of the specialty, the conditions of professional activity, a foreign country, relationships in the team. Extraordinary factors include new working conditions (professional challenges of COVID-19, war on the territory of Ukraine), increased risks of responsibility for the patient's life (search for a treatment solution against the background of COVID-19), nature of assistance (providing assistance due to combat injuries).

Conclusions: At the end of the study, a comprehensive program will be created for the early detection of signs of adaptation disorder, which will be aimed at reducing emotional distress, tension in the learning process, support in the first years of training for medical residents.

Disclosure of Interest: None Declared

EPP0407

Developing a support intervention for family members of people treated under the Mental Health Act

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Introduction: In England, a national Mental Health Act (MHA) review was carried out, providing recommendation for policy and practice changes. One of these recommendations was to provide support to family members (FMs) of patients who have been involuntarily hospitalised. In response to this review, the National

Institute for Health and Care Research (NIHR) provided funding for research to address policy questions, for example what support may be most relevant to FMs during their patients' treatment. The study presented here was funded as part of this initiative and has explored what support FMs wish to receive.

Objectives: To explore FMs' experiences and views around support they would have liked during their patients' involuntary hospitalisation and wider stakeholder views on what a family support programme in England should involve. This information can be used to develop a support programme for FMs.

Methods: One-to-one interviews were conducted online as part of two work packages. The first work package explored FMs' experiences and views of support. The second work package explored views on what should be included in a family support programme in England from FMs, patients and professionals. Interviews took place at three sites across England. Audio recordings of the interviews were transcribed, and data were analysed using thematic analysis.

Results: 22 FMs were recruited to the first work package, where four key themes were identified: (1) heterogeneity in the current support for families; (2) information about mental health and mental health services; (3) continuous support; and (4) peer support and guidance. FMs reported receiving support from professionals, peers and relatives, but the extent of this support varied. FMs consistently reported wanting a named contact to provide information and personal continuity of support. 5 FMs, 4 patients and 10 professionals took part in the second work package, where four main themes were also identified: (1) development of a support programme; (2) delivery of a support programme; (3) factors limiting accessibility or engagement; and (4) benefits of a support programme. Information about the MHA and strategies to promote effective communication between FMs and professionals were identified as important to include in the programme and its delivery should include a combination of face-to-face, written and online methods. Potential benefits of the programme include improved FM knowledge and wellbeing.

Conclusions: FMs of involuntarily hospitalised patients should receive information around the MHA and strategies to promote effective communication with professionals. FMs should also be allocated a named contact person to offer information and personal continuity of support through various methods, for example through online, face-to-face or written contact.

Disclosure of Interest: None Declared

EPP0408

Palestine-Israel War Coping Strategies of Tunisian People

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Introduction: The war in Gaza is a stressful life event. Due to its significant human and financial losses, it affected the mental health of people around the world including the middle east citizens.

Objectives: To study the coping strategies of Tunisian people toward Palestine-Israel war in its first month and the factors associated with them.

Methods: It was a cross-sectional, descriptive and analytical study, conducted among Tunisians. Data were collected during October and November 2023, through an anonymous online questionnaire, spread throughout social media (Facebook/Instagram), using the Google Forms® platform. We used a socio-demographic and clinical data sheet and the "Brief-COPE" to assess coping strategies.

Results: A total of 1091 participants completed the questionnaire. Their mean age was 32,7± 9.8 years, with a sex-ratio (F/M) of 3.5. Among participants, 46,1% are married, 42,5% have children and 19,5% have a psychiatric follow history. Sport's practitioners represent 23,3% of the participants and 10,6% increased their use of sports after the war news.

In terms of coping strategies: problem focused coping was the most used strategy (mean= 2,02) followed by emotional focused coping (mean= 1,98) and avoidant coping (mean= 1,63). Tunisians rely the most on religion, accepting reality and planning as coping mechanisms (score= 2,85; 2,4 and 2,23 respectively). Substance use was the last resort option (score= 1,11).

Our survey revealed significant associations between coping mechanisms and several factors: Venting, humor and behavioral disengagement were significantly correlated with sex gender (p=0,000 ; 0,000 ; 0,000 respectively); Substance use coping mechanism was significantly correlated with participants having a psychiatric follow history (p=0,001); Avoidant coping subscale was significantly correlated with having children (p=0,000); Self distraction was significantly correlated with the increase use of sport among Tunisians (p=0,000).

Conclusions: These findings underscore the need for healthcare and productive coping strategies for Tunisians and middle east people during the Palestine-Israel war.

Disclosure of Interest: None Declared

EPP0409

Enhancing Postpartum Mental Health: Evaluation of the Effect of Remote Peer Support Intervention

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Introduction: The postpartum period poses a risk of both onset and relapse of mental health disorders in mothers, which can impact maternal-child relationships and development of children. Timely intervention is crucial, especially considering that majority of at-risk women do not seek professional help.