

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.

Objectives: This study aims to evaluate the effectiveness of Mom Supports Mom, a remote peer support intervention, in improving the mental health of postpartum women.

Methods: A randomized controlled trial with 488 Czech postpartum women with depressive symptoms (Edinburgh Postnatal Depression Scale, EPDS score ≥ 10 shortly after giving birth) assessed the impact of Mom Supports Mom on depressive and anxiety symptoms (EPDS and Perinatal Anxiety Screening Scale, PASS) and health-related quality of life (Assessment of Quality of Life, AQoL-8D) at 6 weeks postpartum. The Mini-International Neuropsychiatric Interview 5 (MINI) was used to assess psychiatric diagnoses.

Results: The intervention significantly reduced depressive (Cohen's $d = 0.30$; $p = 0.003$) and anxiety symptoms (Cohen's $d = 0.29$; $p = 0.003$) and improved health-related quality of life (Cohen's $d = 0.27$; $p = 0.008$) at 6 weeks postpartum. No significant difference was observed in psychiatric diagnoses between the intervention and the control group.

Conclusions: Mom Supports Mom intervention reduces postpartum depressive and anxiety symptoms and enhances health-related quality of life. These findings support the integration of peer support into perinatal mental health care, addressing barriers that women face in seeking help.

Disclosure of Interest: None Declared

EPP0410

Psychological and Pharmacological Interventions to Reduce Alcohol Use Disorder (AUD) in the inpatient units. A General Review.

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Introduction: According to the World Health Organization, around 2 billion people worldwide are estimated to drink. Alcohol intake results in 25% of the 3.8% of worldwide fatalities and 4.6% of global disability-adjusted life years that may be attributed to alcohol

Objectives: This review seeks to synthesize data on psychological and pharmacological treatments for Alcohol Use Disorder (AUD) available in the inpatient setting.

Methods: A comprehensive and narrative review of studies and research on psychological and pharmacological interventions for patients with alcohol use disorders in inpatient treatment units was performed. Data was extracted from electronic bibliographic databases, including Medline, EMBASE, PsycINFO, Global Health, HealthSTAR, and Cumulative Index for Nursing and Allied Health Literature (CINAHL) via EBSCOhost. This review included both qualitative and quantitative studies

Results: Overall, after an initial title, abstract screening, and subsequent full-text screening, seven out of 1245 extracted studies met the eligibility criteria and were included in the review. This review

suggests that a combination of pharmacological interventions such as naltrexone, nalmefene, acamprosate and brief psychological interventions were effective in treating AUD.

Conclusions: This review suggests that pharmacological and psychological approaches, when used together, are efficacious in treating AUD. There is a need to adopt both pharmacological and psychological interventions in the treatment of AUD.

Disclosure of Interest: None Declared

EPP0411

Effects of a transition care program on depression, self-efficacy, and self-care behaviors in heart failure patients

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Introduction: Heart failure is a progressive and unpredictable heart disease. How to work with these patients to decrease their psychological distress and promote their self-care behaviors is important. Transition care is the continuity of medical care for heart failure patients returning home from the hospital. Intervention through transition care may improve the continuity of medical care for patients with heart failure but it has not been examined in clinical settings in Taiwan.

Objectives: The aims of this study were to explore the effects of a newly developed transition care program on depression, self-efficacy, and self-care behavior of heart failure patients.

Methods: Using an experimental research design and block randomization, participants were divided into the experimental group (received transition care and routine care) and the control group (received routine care only). The Patient Health Questionnaire-9 (PHQ-9), the General Self-Efficacy Scale (GSES), and the Self-Care of Heart Failure Index (SCHFI version 6.2) were used to collect data before discharge and the first month after discharge.

Results: A total of 20 patients with heart failure were recruited. No significant differences were found between the experimental ($n=10$) and control groups ($n=10$) in the degree of depression ($Z=-.077$, $p=.938$), self-efficacy ($Z=-1.214$, $p=.225$), and three self-care behaviors subscales (self-care maintenance $Z=-1.214$, $p=.225$; self-care management $Z=-.401$, $p=.689$; self-care confidence $Z=-.436$, $p=.663$) at discharge. After the one-month posttest, only self-efficacy ($Z=-2.545$, $p=.011$) and three self-care behaviors subscales (self-care maintenance $Z=-3.097$, $p=.002$; self-care management $Z=-2.595$, $p=.009$; self-care confidence $Z=-3.671$, $p<.001$) reached a statistical difference between the two groups.

Conclusions: Based on the preliminary results, heart failure patients can improve their self-care behavior and self-efficacy but not depression through transitional care intervention.

Disclosure of Interest: None Declared