

provide financial support for new projects for young people. Feedbacks gathered with students and members of the education community showed that stories shared by participants were considered relatable, experience-near and close to the difficulties that students were familiar with. Consistently with scientific literature on peer support in youth mental health, the intervention showed beneficial effects on the interviewees as well: the opportunity to share their story, making it available to other adolescents who could learn from it and take the project further, stimulated feelings of self-acceptance, personal growth and sense of value.

Conclusions: Emerging results from *the Vineyard Project* suggest that a dialogue between peers, undertook in a non-medicalised framework, can foster connection and empathy, breaking down taboos about mental health, reducing self-stigma and eventually increasing help-seeking intentions.

Disclosure of Interest: None Declared

EPP0357

The effect of psychological factors in pain intensity of patients with chronic pain conditions

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Introduction: Chronic pain can lead to depression, weariness, sleep problems, decreased physical and cognitive function, personality changes/shifts, and social interactions, all of which can lead to social marginalization and financial loss.

Objectives: The aim of the present study was to investigate how psychological variables affects pain intensity.

Methods: 193 patients diagnosed with chronic pain conditions, men 67 (34.8%) and women 126 (65.2%), participated in the study. This study used a quantitative between-subjects design to investigate the effect of psychological factors on pain intensity using the VAS scale. Analysis was performed with the use of SPSS23.

Results: The analysis produces a coefficient of determination $R^2 = 0.448$ – suggesting that a total 44.8% variability in pain intensity in the previous month can be explained by Age, Fear-avoidance belief about physical activity, Commitment to activity, fear avoidance beliefs about work and Pain catastrophizing magnification. A repeated measure analysis of variance shows that the regression model is statistically significant $F(1, 187) = 30.381, p = 0.000$. The predictors variables (Age, fear-avoidance belief about physical activity, commitment in activity, fear avoidance beliefs about work and pain catastrophizing magnification) are found to statistically significant $t(187) = 9.627, p = 0.001, t(187) = 4.616, p = 0.001, t(187) = 2.982, p = 0.003, t(187) = -2.599, p = 0.010, t(187) = 2.253, p = 0.025$ respectively.

Conclusions: The findings of this study are in agreement with previous literature and also provide insight into the major psychological factors correlates with pain intensity

Disclosure of Interest: None Declared

EPP0358

The relationship of socioeconomic status with sexual satisfaction through gender roles and sexual myths

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Introduction: Sexual life and sexual satisfaction are associated with psychological well-being. It has already been shown that sexual satisfaction is related to sexual myths or stereotypes, some sociodemographic and sociocultural variables, and gender. However, we have not met any study in which socioeconomic status, sexual myths and gender roles were taken together.

Objectives: The aim of this study was to investigate whether socioeconomic status predicts sexual satisfaction through sexual myths and gender roles.

Methods: The Bem Gender Roles Scale (Ozkan and Lajunen Sex Roles 2005;103-110), the Sexual Myths Scale (Golbasi et al. Sex Disabil 2016; 34 75-87), the New Sexual Satisfaction Scale (Stulhofer et al. J Sex Res 2010;47 257-268), the Socio-Economic Status Measurement Tool (Kalaycioglu et al. J Soc Res 2010; 1 183-220) were applied face-to-face or online to 185 women and 74 men who had heterosexual relationships. Relationships between scale scores were examined with Pearson correlation analysis. Serial multiple mediator analysis was used to test mediator role of either masculinity or sexual myths in the relationship between socioeconomic status and sexual satisfaction.

Results: We found significant correlations between socioeconomic status and sexual myths ($r = -.22, p < .001$), between socioeconomic status and sexual satisfaction ($r = .13, p < .001$), sexual myths and sexual satisfaction ($r = .20, p > .001$) and between masculinity and sexual satisfaction ($r = .18, p = .004$). The relationship between femininity and sexual satisfaction was not significant ($r = .01, p = .845$). Sexual myths ($b = -.19, t(257) = -3.48, p < .01$) and masculinity ($b = .40, t(257) = 3.26, p < .01$) mediated the relationship between socioeconomic status and sexual satisfaction ($b = .15, t(257) = 2.04, p < .05$).

Conclusions: Interventions on sexual myths will reduce the effect of socioeconomic disadvantage on sexual satisfaction.

Disclosure of Interest: None Declared

EPP0359

Mental health and post-traumatic growth in multiple sclerosis

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Introduction: people suffering from multiple sclerosis (MS) can experience post-traumatic growth (PTG), a sense of personal

growth and benefit gain. Patients mental health can play an important role in PTG development.

Objectives: to explore possible differences in mental health according to PTG levels.

Methods: the sample was composed of 392 outpatients with MS from Virgen de la Macarena University Hospital (268 women; 124 (31.6 %) men, ages 19-78 years old (mean 45.61 years, SD=11.16 years). Expanded Disability Status Scale (EDSS) mean score was 3.38 (SD=2.06). Relapsing remittent (n=327) and progressive (n=65) MS type were reported. Post-traumatic Growth Inventory (PGI-21) measured patients perception of personal benefit gain after MS experience. General Health Questionnaire-28 (GHQ-28) evaluated Mental Health distress symptoms. Unpaired t-test was used to identify differences in mental health distress between “low PTG ≤ 49 score” and “high PTG ≥ 50 score” groups.

Results: Significant differences were found in social dysfunction ($t=2.521$, $p=0.012$) and severe depression ($t=2.442$, $p=0.015$), “high PTG group” (n=194) presented lower scores compare to “low PTG group” (n=198). No significant difference was detected in somatic symptoms ($t=0.185$, $p=0.087$) and anxiety and insomnia ($t=0.859$, $p=0.391$).

Conclusions: patients with higher PTG reported a better mental health. This suggests the relevance of mental health status in positive outcomes development after an adverse life event. Particularly, social dysfunction and depressive symptoms should be considered in interventions aimed to promote positive outcomes as personal gain and benefit finding in MS population.

Disclosure of Interest: None Declared

EPP0360

Examination of the Effectiveness of a Universal Prevention Program to Enhance Understanding and Regulating Others' Emotions for Children in Terms of Implicit and Explicit Affect

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Introduction: Uchida & Yamasaki (2012, 2022) have developed a universal prevention program to enhance understanding and regulating others' emotions for elementary and junior high school students. In recent years, affect and emotions are popular research topics in the domains of psychology and brain science. Most research has thus far focused on the effects of explicit affect on health and adjustment. However, an increasing number of studies have started to examine the effects of implicit affect on psychological outcomes. Although the program was developed for enhancing coping of explicit emotions for health and adjustment, the effectiveness needs to be examined also in terms of implicit affect.

Objectives: The purpose of this study was to examine the effectiveness of this program in terms of implicit and explicit affect.

Methods: Participants were 6th-grade children in a public elementary school in Japan. The final sample was 61 children (32 boys and 29 girls). Participants completed a battery of two questionnaires just before (Time 1) and just after (Time 2) the intervention

program. The questionnaires were the Implicit Positive and Negative Affect Test for Children (IPANAT-C) for assessing implicit positive and negative affect (IPA and INA) and the Japanese version of the Positive and Negative Affect Schedule for Children (PANAS-C) for measuring explicit positive and negative affect (EPA and ENA). The universal intervention program that was one of the programs we developed for children's health and adjustment was implemented over four regular classes targeting all children in their homeroom classes.

Results: Data were analyzed by 2 (pre-intervention and post-intervention periods) x 2 (boys and girls) analyses of variance (ANOVA) with the hoc tests using Holm corrections. First, regarding the EPA and IPA, there was a significant main effect of periods ($F_s(1, 59) = 6.82$ and 4.54 , $p < .05$, respectively), revealing in the post hoc tests that they significantly increased at the post-intervention period. In contrast, regarding ENA and INA, there was no significant main effect of periods. Moreover, regarding EPA, there was a significant main effect of sex. No significant period x sex interactions were found in any affect.

Conclusions: These results revealed that the current program was effective in enhancing explicit and implicit positive affect. On the other hand, no significant effects were found in enhancing explicit and implicit negative affect. The necessity of future research that will examine the sustainability of the effectiveness of the program is discussed, along with several limitations.

Disclosure of Interest: None Declared

EPP0361

Study of self-esteem and perceived stress in medical students in Tunisia

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Introduction: Self-esteem affects people's reaction to stressful events and the way individuals cope with stress. At the same time, stressful events negatively affect self-esteem, which is a psychological resource against psychological disorders.

Objectives: To study the link between self-esteem and perceived stress in medical students.

Methods: A cross-sectional study was conducted through an online survey among medical students of the faculty of medicine of Sfax (Tunisia). Participants completed an anonymous self-administered questionnaire and two psychometric scales: Rosenberg's self-esteem scale for the evaluation of self-esteem and Cohen's Perceived Stress Scale (PSS) for the evaluation of the level of perceived stress.

Results: Our sample consisted of 95 students. Their mean age was 25.8 ± 3.4 , with a sex ratio (M/F) = 0.25. The majority were single (83.2%) and live with their parents (64.2%). Only 14.7% of the participants were smokers, and 13.6% consumed alcohol.

History of psychiatric disorders was reported by 17.9% of students, 76.5% of which were anxiety disorders.

On the Rosenberg scale, self-esteem was very low in 27.1% and low in 34.7% of the students. According to the PSS scale, 21.1% had a severe stress level and 69.5% had a moderate stress level.