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Changes in pornography use and sexual behaviour during lockdown

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COVID-19 pandemic and the related restrictions had a significant impact on the living and working conditions as well as the everyday behavior and mental health condition. Aim of the current analysis was to examine the impact of the input-deprived circumstances on the sexual life characteristics. An online survey carried out after a few weeks of the first nation-wide lockdown was enacted in Hungary. 1,755 persons participated in the first wave (50.4% males). Relationship and sexual life satisfaction, sexual intercourse and masturbation frequency were assessed with additional single-item questions about the subjective change (5-point Likert scale; 1="decreased significantly"; 5="increased significantly") in these characteristics since the epidemiological restrictions had been introduced. Furthermore, several potential protective and risk factors were measured (depressive symptoms, perceived stress, loneliness, general well being, intolerance of uncertainty, sensation seeking, and COVID-19 related health anxiety). Linear regression models were calculated to assess which of the former variables predict the subjective changes of one's sexual life. The analyses resulted in weak standardized coefficients. The subjective change in relationship satisfaction (mean 3.20, SD 0.94) and sexual satisfaction (mean 2.82, SD 0.73) were predicted positively by general well-being ($\beta=.11-0.25$, $p<.01$), and negatively by loneliness ($\beta=-.14-0.19$, $p<.01$). Loneliness predicted negatively the subjective change in sexual intercourses (mean 2.75, SD 0.89) and masturbation frequency (mean 2.89, SD 0.84) ($\beta=-.10-.12$, $p<.01$), while sensation seeking had no effect ($\beta=-.09$, $p<.01$). The COVID-19 related health anxiety predicted negatively only the change in sexual life frequency ($\beta=-.07$, $p<.05$). The explained variances were rather small (1.7%-11.8%).

Disclosure: No significant relationships.

Keywords: Sexual Behavior; sexual life satisfaction; quarantine; sexual life frequency

S0080

Internet addiction and mental disorders: Clinical effects by self-distancing

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We face today the huge and very rapid worldwide growth of behavioural issues related to the use of Internet. The definition of Problematic Internet Use (PIU) refers to new behavioural patterns that can potentially affect in variable degree, from mild to extremely severe, both individual and social wellbeing. PIU is strongly increasing in people affected by different forms of mental disorders and personality disorders, often inducing substantial changes in

their clinical phenomenology, with consequent emergence of new symptom and course profiles. On the other side, PIU represents itself with growing frequency as a factor with high potential of inducing progressive psychological and behavioural impairment, with possible negative outcome on personal and psychosocial well-being and adjustment, also potentially leading to the development of new specific forms of psychopathology. Among PIU patterns, Internet Addiction (IA) plays a central role, due to its wide diffusion and behavioural as well as interpersonal and social consequences. The worldwide COVID 19 epidemics induced limitations in direct social relationships, such as social distancing, appear to lead to changes of patterns of IA, for an increase of time spent in addictive behaviour and a further reduction of research of interpersonal contacts. Obsessive-compulsive and autistic-like behaviour are differently reinforced by the combined effect of compulsory self distancing and general health concern, but also possibly induced in previously not affected subjects. Anxiety and mood reactivity also contributes to maladjustment profiles. Further evidences and new guide-lines are requested to face this novel and multifactorial social and clinical phenomenon.

Disclosure: No significant relationships.

Keywords: Internet addiction; covid 19; psychopathology

Implementing alternatives to coercion in mental health care

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The WPA programme on implementing alternatives to coercion

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Abstract Body: The call for alternatives to coercion in mental health care is growing both within the profession and among people with lived experience of coercion in mental healthcare. There is widespread agreement that coercive practices are over-used. Considerable work is warranted across the mental health sector and in communities and governments to ensure that people living with mental disorders and psychosocial disabilities uniformly have access to high-quality care and support that meet their needs and respect their personhood and human rights. The question of whether coercive interventions can ever be justified as part of mental health treatment, to protect rights holders' own interests or on other grounds, is highly contested. WPA issued a Position Statement and Call to Action in 2020: Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care after extensive consultation and review. The purpose is (1) to recognize the substantive role of psychiatry in implementing alternatives to coercion in mental health care and (2) to support action in this regard, essential to improving mental health treatment and care in all countries. The Statement recognises the diversity of views and experiences among mental health professionals, people with lived experience and their families and carers. This initial step is the beginning of a longer-term process, which requires continued engagement with WPA member societies, people with lived experience, families and other partners to encourage and support the