

irritability, temper tantrums, and comorbidities, such as ADHD. Currently, medications used by clinicians to treat patients with EDD include antidepressants (fluoxetine, sertraline, citalopram), stimulants (methylphenidate), anxiolytics mood stabilizers (sodium valproate) and antipsychotics (haloperidol, risperidone, aripiprazole in combination with methylphenidate in ADHD-EDD comorbidity), atomoxetine, guanfacine, and amantadine.

Conclusions: As a new diagnosis, treatment guidelines for DMDD are still unclear. Preliminary results from this study suggest that clinicians tend to prescribe a variety of psychotropic medications. This heterogeneity in treatment choices may reflect the fact that these patients are on a bridge between disruptive behavior disorders (including ADHD) and mood disorders. The relative merits or demerits of these treatment choices should be evaluated in further studies.

Disclosure of Interest: None Declared

EPV0162

Health Service Development and Planning for Autism in Egypt

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doi: 10.1192/j.eurpsy.2023.1513

Introduction: Prevalence of Autism Spectrum Disorder (ASD) is 33.6% among children with developmental disabilities in Egypt. Children with ASD have unique needs & interventions must be individualized for successful outcomes. Many systems are involved to provide services or funding resources to assist patients with ASD & their families. Coordination of multiple services is a challenge for families.

Objectives: To understand the changing needs of the expanding autism population.

This effort would be intended for policymakers, service providers, community organizations & advocacy groups to better understand & address the needs of children with autism in Egypt. Needs assessment countrywide would be the first step in developing system of care for these children.

Methods: Surveying of children with autism & their families should be done to assess how or if the needs of children with autism & their families are met along with surveying service providers on the quality of service provided for children with autism.

A questionnaire will be designed for the families to assess the availability of mental health services for ASD patients and its accessibility along with its efficiency & meeting their expectations as regards appropriate care & support, in addition the role of these specialized services in promoting the understanding of the families of ASD patients. Furthermore assessing provision of appropriate primary health care services that are ready to accommodate ASD patients' special conditions as well as secondary & tertiary services. Another questionnaire would be provided to mental health professionals dealing with ASD patients, it would include providers at all levels of service like child psychiatrists, general psychiatrists,

behavioral therapists, psychologists, nurses, social workers & administrators of services. This questionnaire would assess presence of resources & appropriate management, available funding & if it meets the needs of services, appropriate training for professionals & service providers, coordination between facilities, barriers & limitations they face in their work as well as obtaining their suggestions to enhance the services provided.

Results: All the data will be collected & revised for completeness. Statisticians & community health professionals will be consulted for helping empower the study & guiding our field work. Clustering of data on geographical basis would help understand & prioritize areas of need as well.

Conclusions: To develop system of caring for autism in Egypt we should look at whether Egyptians living with autism are getting the services they need. We should identify barriers to accessing services & examine if the families of children with autism consider the services they do receive to be effective. We believe Egyptians with autism & their families are struggling to find the services they need & are often dissatisfied with the services that are provided.

Disclosure of Interest: None Declared

EPV0163

Maternal stress and postnatal hospitalization of the baby

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doi: 10.1192/j.eurpsy.2023.1514

Introduction: Postnatal hospitalisation is an extremely traumatic event for both mother and baby. Such a situation reflects a psychological dysfunction with a risk of developing a post-traumatic stress disorder.

Objectives: To study the level of stress in mothers of babies hospitalised during the postnatal period in the neonatal unit and to identify the risk factors associated with the persistence of high levels of stress 3 months after discharge.

Methods: This was a longitudinal, descriptive and analytical study conducted between April and September 2021. The sample consisted of mothers of babies hospitalized in the neonatology department of Sfax-Tunisia for a period ranging from 5 to 15 days. Socio-demographic data were collected using a pre-designed form. The level of stress was assessed using the 22-item "Impact of Event Scale-Revised" (IES-R), validated in Arabic.

Results: The sample consisted of 86 mothers with a mean age of 32.17 years.

Severe stress symptoms were found in 77.90% of the mothers during their babies' hospitalisation. They persisted in 8.90% of the young mothers 3 months after discharge from hospital.

Certain factors were significantly associated with the persistence of a high level of stress in mothers 3 months after the discharge of their babies, such as the occurrence of postpartum complications ($p=0.012$), the absence of visits to the baby's intensive care unit ($p=0.047$) and a living environment with a single parent ($p=0.034$).

Conclusions: The present study shows that the level of stress is quite high among mothers of babies hospitalised in neonatology during the postnatal period and that this symptomatology can last for months after discharge.

Prevention and reduction of stress induced by postnatal hospitalisation through parental guidance and psychological support for mothers strengthens interactions and the mother-baby bond.

Disclosure of Interest: None Declared

EPV0164

Postnatal hospitalization and self-esteem in mothers

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doi: 10.1192/j.eurpsy.2023.1515

Introduction: Hospitalization in neonatology constitutes a narcissistic wound for the mother. This mother-baby separation disturbs the maternal identity and generates a strong feeling of failure and guilt.

Objectives: To assess self-esteem in mothers of babies hospitalised during the postnatal period in the neonatal unit and to identify risk factors associated with the persistence of low self-esteem 3 months after discharge.

Methods: This was a longitudinal, descriptive and analytical study conducted between April and September 2021. The sample consisted of mothers of babies hospitalized in the neonatology department of Sfax-Tunisia for a period ranging from 5 to 15 days. Socio-demographic data were collected using a pre-established form. Self-esteem was assessed during the baby's hospitalisation and 3 months after discharge, using the Rosenberg self-esteem scale, with 10 items, validated in Arabic.

Results: The sample consisted of 86 mothers with a mean age of 32.17 years.

Low to very low self-esteem was found in mothers in 81.20% of cases when their babies were hospitalised and in 68.40% of cases 3 months after discharge.

Some factors were significantly related to the persistence of low self-esteem in mothers after 3 months of their babies' hospitalisation, such as a low educational level of the mother ($p=0.017$), an unattended pregnancy ($p=0.034$), the occurrence of a post-partum complication ($p=0.043$) and the absence of the first smile in the baby at the age of 3 months ($p=0.008$).

Conclusions: This study shows a high prevalence of low self-esteem in mothers following hospitalization of their babies in the postnatal period. The concomitance with several socio-clinical factors contributes to the persistence of this low level of self-esteem in these mothers.

Appropriate early and multidisciplinary care helps to rebuild strong self-esteem in the young mother so that she can overcome her psychological difficulties and build a solid foundation for the mother-baby bond.

Disclosure of Interest: None Declared

EPV0165

Mind that gap: A national survey of school-based approaches for improving student well-being

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doi: 10.1192/j.eurpsy.2023.1516

Introduction: Student well-being is an area of increasing interest for schools around the world. However, the extent to which school-based well-being and mental health interventions are currently being delivered by different schools has not previously been explored in many countries, including New Zealand.

Objectives: This survey of a nationally-representative sample of schools was undertaken to identify: what well-being and mental health interventions were being used by primary (elementary) and secondary (high) schools and what gaps exist between current practice and the evidence-base.

Methods: Forty staff from 37 (22 primary, 13 secondary and 2 composite) schools across New Zealand participated in semi-structured interviews. Data was analysed for key themes and sub-themes using Braun and Clarke's method.

Results: Seven key themes were identified: 1) staff awareness and enthusiasm about student well-being and mental health; 2) existence of specific interventions to support student well-being and mental health; 3) support for government-sponsored programmes; 4) limitations of existing programmes; 5) drivers of new interventions; 6) barriers to implementation; and 7) suggestions for future interventions and their implementation.

Conclusions: Despite enthusiasm from educators for interventions with which to improve student well-being, there is a gap between intention and activity. Students are receiving primarily non-evidence based interventions in a variable manner due to staff and cost-related barriers. We suggest ways for health and education providers in New Zealand and elsewhere to address these issues, as well as avenues for further research.

Disclosure of Interest: None Declared

EPV0166

Clinical improvement of teens participating in a dbt skills training

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doi: 10.1192/j.eurpsy.2023.1517

Introduction: Dialectical behavioural therapy (DBT) developed by Linehan has been shown to be widely effective in improving emotional regulation capacity in patients diagnosed with borderline personality disorder in adults and adolescents, but also for other profiles of emotional dysregulation, even in the general non-clinical population through emotional regulation skills training programs in schools.