

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

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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