EPV0653

Sexual and reproductive health (SRH) needs of women admitted to eileen skellern ward (ES1) psychiatric intensive care unit (PICU)

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Introduction: PICU inpatients are likely to be at increased risk of having unmet SRH needs due to barriers to accessing services. Since May 2018, an in-reach SRH assessment has been available to all psychiatric inpatients on ES1 ward, if referred. Analysis of referrals over 15 months identified only 24 had been made during this time.

Objectives: To assess the SRH needs of women admitted to ES1 PICU, the feasibility of providing a SRH in-reach clinic, and the acceptability of delivering a nurse lead referral programme.

Methods: A bi-monthly SRH in-reach clinic and a nurse led SRH referral pathway were implemented on ES1 over a seven-month period. A staff training needs assessment was performed followed by training, a protocol was developed, staff attitudes were explored, and patient engagement was sought.

Results: A total of 41% (32/77) of patients were referred, which was a 29% increase. 53.1% (17/32) of the total referrals had a true SRH need, equating to a 10% increase and 22% (17/77) of all PICU admissions. 90% of referrals were made by nursing staff. A staff focus group (n=15) highlighted the acceptability and perceived importance of offering SRH care in PICU, if interventions were appropriately timed and the patient’s individual risk profile was considered.

Conclusions: Results identify that SRH needs for PICU admissions are greater than previously realised. Providing a nurse led referral pathway for an SRH in-reach clinic is acceptable, feasible and beneficial for PICU patients. This project has resulted in service improvements including offering asymptomatic STI testing to all PICU admissions.

Disclosure: No significant relationships.

Keywords: PSYCHIATRIC INTENSIVE CARE UNIT; WOMEN’S MENTAL HEALTH; SEXUAL AND REPRODUCTIVE HEALTH; SEXUAL MEDICINE AND MENTAL HEALTH

EPV0657

Deviations in psycho-sexual development of teenage girls and its legal consequences in modern society

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Introduction: When studying the multiple aspects of the problem of criminal offences of a sexual character committed by adult males towards teenage girls, the role of digital communication technologies is not taking into account.

Objectives: To reveal the negative aspects of social and family connections and the influence of digital communications on the formation of deviations in psycho-sexual development of teenage girls who had become victims of sexual delicts of a non-violent character.

Methods: We have studied the specifics of psycho-sexual behavior of seventeen teenage girls, aged 12-16 and their Internet and SMS correspondence with adult males by analysis of semantics and pathos-psychological markers.

Results: Intellectually, all the teenage girls are within normal age limits. They were bringing up in full, materially well-off families. Most of the girls’ parents experience a formal attitude towards them. The disrupted emotional ties of the teenage girls with mother or both parents leads to deviations in the development of normal teenage reactions, sexual attitudes. Their feeling of loneliness within the family, forces them to turn towards support to Internet-society or other adults of the opposite sex to their parents’ acquaintances. The desire to ascertain perfectionist expectations and self-assertion leads the teenagers to the realization of various forms of auto-destructive sexual behavior. They actively demonstrate in the Internet obscene photos of their genitals. While trying out their sexual importance, they persistently urge adult males towards sexual contacts.

Conclusions: Thus, the negative aspects of psycho-sexual development of teenage girls can disrupt their sexual behavior in adulthood.

Disclosure: No significant relationships.

Keywords: PSYCHIATRIC INTENSIVE CARE UNIT; WOMEN’S MENTAL HEALTH; SEXUAL AND REPRODUCTIVE HEALTH; SEXUAL MEDICINE AND MENTAL HEALTH

EPV0654

Homosexuallity in the eastern society

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Introduction: Everybody Knows the murmurs about homosexuallity that make harm to those humans especially in the Eastern Society.

Objectives: We (as Mental Health Professionals) should struggle against Stigma of Homosexuality as well as psychoeducate others about their human rights.

Methods: As a psychiatrist as well as EMDR Clinician Practitioner, i interviewed and still interview many clients who are homosexual. The first sessions, they are afraid to talk about their situation because of the Stigma as well as i am a Muslim, and their bad experience when they went to some psychiatrists who tortured them verbally. With regard many of them tell me (i pray, fast, etc.), but their families and religious leaders say to them (you are not faithful) as judgement for them. Even me, i was attacked by some others (for example : Religious Leaders ...) because i say homosexuality is normal.

Results: Homosexuals till now are tortured (Verbally, Physically and Sexually) in general, and especially in the Eastern Society.

Conclusions: We should work more and more to psychoeducate others about homosexuality especially the religious leaders that those are humans and we should respect their human rights. And this Stigma should be DELETED from the MIND.

Disclosure: No significant relationships.