

Objectives: The study aimed to clarify the relationships between experienced nature connectedness (NC) and social connectedness (SC) before and after blue nature based intervention and mental health (WHO-5, PHQ-4)

Methods: Study group included 54 adults (Mean = 30.6; SD 13,2). Participants completed semi-structured questionnaires before and after blue interventions (one week high sea sailing under supervision of two psychologists). The questionnaire measured following variables: nature connectedness, social connectedness, well-being, and mental health.

Results: Results showed a significant increase in social and nature connectedness as well as in mental well-being after the blue interventions. Full results will be shown on the e-poster.

Conclusions: The mental health and wellbeing benefits of contact with nature are becoming increasingly recognized in psychology and medicine. The findings support hypothesis that nature connectedness and social connectedness increased after nature based interventions, and therefore they seem to be important factors connected with mental health.

Disclosure of Interest: None Declared

EPV1460

The importance of an exquisite approach: a case report of Perinatal loss

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Introduction: Perinatal loss is a painful process that we encounter on a regular basis in clinical practice but for which there is no adequate specific training. The treatment given to the mother will be decisive in mitigating the psychological consequences.

Objectives: To raise awareness of the need to develop specific training plans in perinatal psychiatry. Such training should provide tools for an adequate psychotherapeutic approach, as well as updated protocols on the management of psychopharmacological medication.

Methods: Descriptive report of a case of a woman who came for consultation after having suffered an intrapartum fetal loss, based on the follow-up of the patient, with emphasis on the interventions performed during her stay in the hospital.

Results: We report the case of a 39-week pregnant woman who suffered an intrapartum fetal loss. The psychiatry team was notified and the resident doctor in psychiatry, without prior assessment of the patient, prescribed lorazepam every 8 hours. The mother at that moment, as a result of the shock, refused to see the baby, which was immediately accepted by the staff without a suitable intervention to inform about the benefits of adequate perinatal care (spending time with the baby, use of swaddling clothes to avoid heat loss, memory box, avoid rushing). After being discharged from hospital, she only attended a gynecological check-up, with no relevant findings. Five months later, the patient attended a psychiatry consultation with a major depressive episode, reporting significant feelings of guilt for not having been able to say goodbye to her baby. She did not remember clearly anything of what happened and presented panic

attacks when she had to go to the hospital, as well as the presence of self-harming ideas. At the same time, she expressed anger at the treatment received from the staff, to whom she attributes the fact that she was not able to spend time with the baby.

A recent study (Cassidy, 2023) shows how the use of sedatives has become normalized in Spanish hospitals in order to compensate for the deficits in training and resources offered by the health system. Sedatives produce an alteration of consciousness, influence decision making and the formation of memories, which will make it more difficult to go through a perinatal grief, which in itself has its difficulties because it is considered a silenced grief.

Conclusions: Quality health care in perinatal loss should focus on providing the mother with exquisite care, centred on respect for each mother's time. This allows the establishment of a relationship that lowers fear and avoids impulses to flee, encouraging autonomy and the ability to decide, leaving the use of psychotropic drugs as a last resort for pain management.

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EPV1461

The Effect of the EMDR Flash Group Technique on Test Anxiety, Traumatic Stress, and Coping Mechanisms in Students Taking a Gap Year

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Introduction: Test anxiety is a widespread issue affecting students' academic performance and mental health. Students taking a gap year after failing the university entrance exam are particularly vulnerable to traumatic stress and future exam anxiety. An effective group intervention, such as the EMDR Flash Technique, can provide timely support to this group. This technique, an extension of EMDR, involves rapid eye blinking with relaxing imagery during dual stimulation sets, efficiently processing up to five memories per session.

Objectives: The project's primary objective is to examine how the EMDR Flash Group Technique addresses traumatic stress and exam-related anxiety in gap year students, while promoting adaptive coping strategies. By tackling anticipatory and future-focused stress, the intervention aims to lower the risk of developing mood and anxiety disorders.

Methods: This randomized controlled study will be conducted with a total of 300 students. Participants will be randomly assigned to one of three groups: the EMDR Flash Group Technique, a single-session psychoeducation seminar, and a waitlist control group. Symptoms will be measured at pre-treatment, post-treatment, and follow-up. The assessment tools include the Socio-demographics Scale, Test Anxiety Inventory, Coping with Stress Scale, and the Impact of Event Scale. This study will address the following