

Guilt and Shame Proneness Scale (GASP), Domain-Specific Risk-Taking (DOSPERT), Self-Harm Inventory (SHI), and Suicidal Behaviors Questionnaire-Revised (SBQ-R).

Results: The study evaluated three main models and nine sub-models. Findings from the comprehensive research model indicated that the proposed causal model, incorporating dark and vulnerable personality traits and guilt and shame proneness, effectively explains self-harm, suicidal, and risky behaviors in both young adults and those with diagnosed personality disorders. Key findings include:

A spectrum of dark and vulnerable personality traits significantly influences self-harm, suicidal, and risky behaviors. Pathological shame proneness, particularly when accompanied by detachment, increases suicidal tendencies. The absence of healthy guilt and shame proneness is associated with higher levels of risky behaviors and non-suicidal self-injury. All dimensions of the dark and vulnerable personality spectrum predict lower healthy guilt and shame proneness and higher pathological shame proneness.

Finally, Healthy guilt and shame proneness plays a mediating and protective role, reducing the likelihood of self-harm and risky behaviors.

Conclusions: This study contributes to the conceptualization of self-harm, suicidal, and risky behaviors within a dimensional and spectrum-oriented framework, considering personality traits, moral emotions, and behavioral consequences. Practical and research implications are discussed.

Keywords: Dark Personality Traits, Risky Behaviors, Self-Harm Behaviors, Suicide, Guilt and Shame Proneness, Vulnerable Personality Traits, Young Adults.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP531

The Effect of Cognitive Behavioral Intervention on Cognitive Situation, Quality of Life, Depression, Anxiety and Stress Levels of Menopausal Women: Mixed Method Study

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Introduction: Menopause causes physiological, cognitive, and psychological changes in women and negatively affects women's quality of life.

Objectives: This study aimed to examine the effects of cognitive behavioral approach-based intervention on the cognitive situation, quality of life, anxiety, depression, and stress levels experienced by women after menopause with mixed-method research.

Methods: The research was carried out between March 2022 and August 2023 as a mixed-method research consisting of three phases (quantitative, qualitative, and intervention). Eighty women (experiment=27, control=53) attended in the quantitative phase. Quantitative data were collected before & after intervention by The Sociodemographic Data Form, The Montreal Cognitive Assessment Test, The Menopause-Specific Quality of Life Scale, and The Depression Anxiety Stress Scale. In the intervention phase, a

six-session, cognitive behavioral approach-based nursing intervention was conducted with five groups using online Zoom. Hermeneutic phenomenology design was used in the qualitative phase. Qualitative data were collected online, via Zoom platform, and through three focus group interviews. Qualitative data were evaluated by the Thematic Analysis method. In the analysis of quantitative data, descriptive statistics, Independent Samples Groups t-test, Mann-Whitney U Test, and Wilcoxon Test were used.

Results: There was no statistically significant difference between intervention and control groups in terms of sociodemographic characteristics, age, age of onset of menstruation, and menopause. Post-intervention cognitive scores ($Z=-3.936$, $p=0.001$) and psychosocial quality of life scores ($Z=-2.771$, $p=0.006$) of women who were in the intervention were higher than their pretest scores. There was no statistically significant difference in the post-intervention mean scores between groups in terms of other variables ($p>0.05$). The themes were loss, stigma, loneliness, not being understood, aging, loss of health, sexuality, acceptance, self-awareness, and coping ability. Women's perceptions of menopause changed mostly functionally after the intervention study.

Conclusions: The research findings showed that Cognitive Behavioral Intervention had some curative effects on women's cognitive changes and psychosocial changes they experienced during menopause. Nurses working with menopausal women can use Cognitive Behavioral approaches to manage the changes brought about by menopause effectively.

Disclosure of Interest: None Declared

EPP532

Navigating Grief: Understanding the Impact of Pregnancy Loss on Parental Attachment to the Second Child

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Introduction: Pregnancy loss is a significant emotional experience that can shape subsequent parenting dynamics, particularly the attachment process to the next-born child. While attachment theory provides a framework for understanding how parents bond with their children, the effects of pregnancy loss on attachment to a subsequent child remain complex and understudied. This review aims to synthesize current research on the relationship between pregnancy loss and parental attachment to the next-born child, considering factors such as grief, coping mechanisms, and emotional healing.

Objectives: The primary objective of this review is to examine existing literature to determine: (1) How pregnancy loss impacts parental attachment to a subsequent child; (2) The emotional, psychological, and contextual factors that influence the attachment process post-loss; (3) Gaps in the research and potential areas for future investigation.

Methods: This review study systematically examines peer-reviewed articles, empirical studies, and theoretical papers published between 2000 and 2024 on the topic of pregnancy loss and subsequent child attachment. The databases used include PubMed and

Google Scholar. Studies were included if they explored parental attachment post-loss, considered factors like grief and coping, and employed qualitative or quantitative measures of attachment. The literature was evaluated for methodological rigor and relevance to the study's objectives.

Results: The review identified consistent evidence that pregnancy loss can significantly affect attachment to the second child. Factors such as unresolved grief, heightened anxiety, and fear of loss contributed to difficulties in forming secure attachments. However, some parents demonstrated increased emotional investment in the second child as part of their healing process. The role of external support systems, such as counseling and social support, was identified as critical in mitigating attachment challenges. Additionally, research showed that fathers and mothers might experience attachment differently after loss, with cultural and individual factors influencing outcomes.

Conclusions: This review underscores the complex and nuanced relationship between pregnancy loss and attachment to a subsequent child. While many parents experience heightened emotional challenges, supportive interventions can facilitate healthier attachment processes. Further research is needed to explore the long-term implications of these attachments and to develop targeted therapeutic strategies for parents navigating pregnancy after loss. The findings have significant implications for healthcare providers, offering guidance on how to support families during this critical period.

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EPP533

A Mental Health Hospitalization at Home program as a novel healthcare delivery model on the postpartum period

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Introduction: The early postnatal period is at high risk for new and recurrent episodes of severe mental illness, with around one to two women in 1,000 requiring admission in the first few months after birth.

Home visits by midwives/obstetricians/paediatricians have been tested on preventing mental health problems on the postpartum with no home specific treatment when mental ill relapse appears. Indeed, scarce literature is found on acute relapses on mental health on the postpartum in terms of home visiting programs.

Objectives: Authors aim to explore the role of a Mental Health Hospitalization at Home (MH-HaH) program on acute mental health status on the postpartum period.

Methods: A descriptive study on women attended in a HaH-MH program due to an acute mental health crisis on the postpartum period has been conducted.

Results: Ten mother-baby dyad were attended: 7 were on an avoidance admission regimen (two directly referred from the obstetric ward) and 3 were early discharged from a psychiatric inpatient unit. Three patients were admitted due to psychotic

symptoms, 6 due a depression features and one due to manic symptoms. All of them were discharged to a minor intensity setting and none required of hospital admission after a month of the MH-HaH. At a year of follow-up, only one patient required a new hospital admission due to a relapse.

Conclusions: MH-HaH programs could be a safe and respectful alternative to psychiatric admissions with a low relapse rate. However, the need of personalized approach of the dyad and the family as well as collaboration with the Perinatal Mental Health Units is required.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP537

Characterization of a transgender population in Portugal and the portuguese outlook on transgender health care

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Introduction: Gender incongruence (GI) and gender dysphoria (GD) represent a health condition in which the individual's gender identity does not correspond to their assigned gender at birth, when dysphoria is present it means there is significant distress. This population needs specific healthcare from a multidisciplinary team involving psychiatry, psychology, endocrinology, urology and/or gynecology, otorhinolaryngology and plastic surgery. In Santo Antonio Hospital, currently, Unidade Local de Saúde de Santo António (ULSSA), there is a sex and gender unit (USEG – Unidade de Sexo e Género), with the previous described specialties, that evaluates and follows transgender individuals through their transition process. A mental health assessment is a major part of this process since, in Portugal, it is required an evaluation, from a mental health professional with clinical experience in this field, to have hormonal treatment, and two to have surgical procedures done.

Objectives: Characterization of a population of transgender individuals in Portugal, framing the results in the current Portuguese panorama of transgender health care.

Methods: Retrospective study of individuals that attended sexology/psychiatry consultation from USEG. Age, type of treatments they have made so far and expectations, type of transition – male to female (MtF) or female to male (FtM) or non-binary (NB), occupation and education, relationship status, city of origin and comorbidities were analyzed.

Results: 143 people were assessed and/or followed for gender incongruence and/or dysphoria, with a minimum age of 17 and a maximum of 61 at the time of their first consultation, mean age of 24,4 years. Of these 49,65% had FtM GI/GD, 38,46 % MtF and 11,89% identified as NB. Several individuals had concomitant medical conditions, and there were high rates of psychiatric comorbidity like anxiety and depression but also neurodevelopmental disorders. The majority of the individuals intended to start hormonal treatment with many expressing fear and anxiety related to the surgical