

interventions aimed at improving the quality of life for people with rheumatoid arthritis.

Disclosure of Interest: None Declared

EPV1124

Postpartum Psychosis and Maternal Filicide- Case Report and Literature Review

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Introduction: Postpartum period is defined as the 12 weeks following the birth of a child as per ACOG guidelines. This period is crucial for women to physically and emotionally adapt to major changes in their lives. If concerns are not addressed properly it can result in fatal outcomes such as filicide and suicide in context of untreated mental illness with postpartum onset. Postpartum psychosis is considered a psychiatric emergency and literature shows that up to 4.5% of patients with depressive symptoms with psychosis commit filicide. However, postpartum psychosis is not recognized as a formal psychiatric disorder in DSM-5, leading to a delay in identification and treatment of the condition in a timely fashion.

Objectives: The primary purpose of the case report is to inform the clinical picture and the legal implications associated with postpartum psychosis, a poorly understood and underdiagnosed psychiatric illness and to emphasize the importance of considering other psychiatric illnesses with peripartum onset that affect maternal and pediatric population wellbeing.

Methods: A comprehensive review of literature using databases, such as PubMed and Google Scholar as well as observation of the patient in the Emergency Department by the psychiatry team.

Results: We present the case of a female in her 20s, mother of two toddlers, with a history of PTSD and postpartum depression, who was brought to our Emergency Department for stabbing her children in the context of a psychotic episode. The patient endorsed persecutory delusions and religious preoccupation, stating that she was experiencing “demonic energy inside” and that demons were speaking through her sons. Upon further assessment, it was noted that symptom onset was during the peripartum period, initially with depressed mood, and later with psychotic features. Organic causes of psychosis were ruled out with an extensive workup. Patient was transferred to an inpatient forensic unit for further stabilization. From a legal perspective, literature review shows that mothers may face the death penalty in the US in contrast with other countries such as England for instance. In the context of the current case, the plausible diagnoses are MDD with psychotic features or the first psychotic episode with peripartum onset that was left untreated resulting in a fatal health and legal outcome.

Conclusions: As postpartum psychosis is not currently recognized as an independent diagnosis under the DSM-5, further attention is warranted for such critical psychiatric condition that afflicts the lives and well-being of the maternal and pediatric populations globally. Postpartum psychosis affects mothers despite their past psychiatric history, socioeconomic status, educational level, and

supportive network. Thus, it is essential to target proper and timely identification of symptoms and address those to prevent filicide and maternal suicide.

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Women’s economic empowerment and maternal mental health: A qualitative study in Rural Kenya

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Introduction: Background: Maternal mental health is increasingly becoming a public health concern in developing countries because of predominant health and socio-economic inequalities. Mental well-being is essential for a woman to cope with daily life stresses and contribute positively to her community. Initiatives that empower women can enhance their well-being and improve the health of their families. However, limited evidence shows how women’s empowerment affects maternal well-being in a rural setting.

Objectives: This paper explores the perspective of women’s economic empowerment in a rural Kenyan community and its effect on women’s mental well-being.

Methods: We purposively sampled women and men from the rural community who met the eligibility criteria (women who were pregnant and or with a child less than two years old and married men and residents in the community). We conducted two focus group discussions with the men and women separately, 11 key informant interviews with community stakeholders, and a four-month participant observation of 20 women participants who were pregnant and or with a child less than one year old.

Results: The study found that economically empowered women had greater decision-making power and self-efficacy. However, cultural expectations and barriers that dictated the role of women prevented them from accessing and controlling resources and participating in important decisions such as land and property ownership. Women faced domestic violence (physical, verbal, and denial of basic needs) and inadequate support (emotional, physical, and financial) from spouses and other family members. These challenges and barriers increased their mental stress. To cope, women engaged in economic activities individually or in groups to meet the basic needs of their families.

Conclusions: Women’s economic empowerment can positively and negatively affect their overall well-being. Positively, women gain greater access to resources, improved decision-making, and the ability to plan and achieve their goals. Negatively, empowerment can lead to reduced spousal and kin support and an increased risk of domestic violence. Furthermore, these negative consequences can also affect women’s mental well-being. To ensure the well-being of mothers, it is crucial to engage men in empowerment programs and raise awareness in communities to address socio-cultural norms that impede women’s economic empowerment and negatively affect the well-being of women. Additionally, mental health support should be incorporated into these empowerment