

patients (62%) had moderate fatigue (FSS 36-52), eight patients (31%) had mild fatigue (FSS <36) and two patients (8%) had severe fatigue (FSS >52). In addition, the mean scores for the physical and mental components of perceived health were estimated to be 37.04 ± 7.67 and 44.93 ± 7.23 , respectively. The mean global score (SG) of SF12 was 40.98 ± 7.23 . The majority of patients (92%, $n=24$) had an average quality of life (SG- SF12 between 30 and 60) and two patients (8%) had a poor quality of life (SG <30).

Conclusions: The impact of MS on the socio-professional quality of life of patients was noted in the majority of cases. It is therefore imperative to improve the care of our patients on both the physical and psychological levels.

Disclosure of Interest: None Declared

EPP0355

Quality of life in employees exposed to organic solvents: A study of 196 cases

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Introduction: Occupational exposure to organic solvents remains a real risk for exposed employees, particularly in mental health and quality of life.

Objectives: - To evaluate the quality of life of employees exposed to organic solvents

- To research the professional and extra-professional determinants of this quality of life.

Methods: This is a descriptive cross-sectional study that compared 196 employees exposed to organic solvents with 64 non-exposed employees from the same socio-professional environment. The investigation took place in four different companies in the governorate of Tunis. An environmental study combining an evaluation of working conditions and atmospheric monitoring was carried out to identify and quantify exposure to solvents. Quality of life was assessed using the SF36 questionnaire in its Arabic version.

Results: The solvent mixtures to which the employees were exposed mainly contained hexane, toluene, ethyl acetate, methyl ethyl ketone, cyclohexane, and perchloroethylene. Exposure to these solvents is primarily from glues and paint products. The study population was relatively young (34.1 years ± 9.8), predominantly male (sex ratio=2.2), with an education level of no more than secondary school in 90% of cases, with an average work experience of 10.3 years (± 8.2) and represented mainly by manual workers (75.4%). The pathological history of the exposed patients was dominated by chronic neuropsychological disorders (48.1%). The global score of SF36 (SFG) was significantly poorer in the solvent-exposed group (SFG= 64.1 ± 21.1 versus 70.1 ± 23.3) ($p=0.05$). Among the eight dimensions of the SF36, a very significant alteration of the dimensions: "perceived health", "psychological health" and "repercussion of psychological health on daily activities" was noted in the solvent-exposed group.

The main determinants of the quality of life of workers exposed to solvents were: level of education, frequency of exposure, length of exposure, and company.

According to the job-exposure matrix, only "perceived health" appeared to be impaired by high levels of cumulative solvent exposure ($p= 0.0006$).

Conclusions: According to this study, organic solvents can affect the quality of life of exposed employees by acting essentially on perceived health, psychological health, and the "impact of psychological health on daily activities".

Disclosure of Interest: None Declared

Promotion of Mental Health 01

EPP0356

Drawings of a mental landscape: a peer-led intervention for adolescents in a high school setting

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Introduction: Adolescents represent a vulnerable population, with a high prevalence of mental illness and increased levels of subsyndromal psychological distress. Educational settings are central to the lives of young people, and their potentiality to promote mental health is increasingly recognised. The acknowledged role of peer influence on adolescent behaviours indicates peer-led interventions as a promising avenue of youth mental health support.

Objectives: The intervention stems from a pilot called *The Vineyard Project*, which engaged a group of young people with different forms of mental ill-health in local practices of hand-harvesting grape. The pilot was hosted in the region of Langhe (Italy) and was meant to address social anxiety symptoms and poor self-efficacy through the involvement in a culturally meaningful activity within the transformative process of winemaking. The pilot formed the basis of a peer led-intervention in a local Arts high school, aimed to improve mental health knowledge, reduce stigmatising attitudes and promote help-seeking through the mediated connection between students ($n = 80$) and young people who participated in the *Vineyard Project*.

Methods: Semi-structured interviews with young people participating in the pilot have been conducted and audio-recorded. Interviews explored their experience in the vineyard and its relation with their personal story and the mental health challenges they have been facing. Following a preparatory work with high school teachers, recordings have been anonymized and shared with students to become the object of an art-based workshop.

Results: The practical purpose of the workshop with Arts students was to draw wine labels inspired by their peers' narratives as they were recorded during interviews. This activity had a double objective: i) to stimulate the ability to listen and foster connection with the experiences shared by young people participating in the vineyard activities; ii) to auction wine bottles labelled by the students to

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

Disclosure of Interest: None Declared

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