health professionals are not necessarily the care providers they feel comfortable engaging with. However, they described their experience with the peer program as highly positive, empowering, safe, non-judgmental, and beneficial, satisfying their support needs. The program gave them hope and tools to manage their mental health challenges and opportunities to gain insight into non-clinical aspects of recovery. Participants conceptualised personal recovery in their own words and described the facilitators and barriers to their recovery. They emphasised that recovery is being empowered, strong within themselves and the leader of their journey, living their best possible life, understanding themselves, having the necessary knowledge about mental health, and looking forward in a hopeful way.

Conclusions: Our findings highlighted the demand and need for ongoing delivery of the RT program in the NT, which was highly effective in supporting personal recovery, addressing the service delivery gap and complementing the available clinical and mental health practices. They also showed the importance of providing recovery-oriented and trauma-informed education for medical and mental health professionals.

Disclosure of Interest: None Declared

EPP0034

The impact of clinical context on the recognition of facial expressions

C. De Sousa[1], S. Morgado[2], J. Ferreira[3]*, S. Tukaiev[4] and R. Fonseca[2]

[1]Higher School of Health Atlântica, Barcarena; [2]ISEIT, Almada; [3]Faculty of Medicine, Coimbra University, Coimbra, Portugal and [4]Università della Svizzera italiana, Lugano, Switzerland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.271

Introduction: Several authors have demonstrated the relevance of the therapist sensitivity to the affective expression of his client (Merten & Schwab, 2005; 150-158), as well as to his own emotional experience (Haynal-Raymond et al., 2005;142-148) in order to build a more effective therapeutic relationship, and results. An important source of information to decode the emotional expression hints is the face, and its expression (Ekman & Friesen, 1975; Russel & Fernández-Dolls, 1997;275-294). Despite common sense saying that context is relevant to understand the meaning of the emotional facial expression, the literature review shows inconsistent results.

Objectives: The main goal of this study was to evaluate the impact of clinical context over the perception of the emotional facial expression.

Methods: This study followed a within-subjects design, and its sample consisted of 60 clinical psychologists. 21 combinations of prototypical expression images with mixed emotional signals, and clinical information texts were presented to the participants. Then their judgement on the type of emotion displayed was requested. The presentation of the text-image pairs was randomized between three conditions: consistent, and non-consistent, and neutral.

Results: The results suggest that emotions are more easily recognized in the presence of a concordant context than a non-concordant or neutral one, and that the greater the similarity between the facial expression of the image presented and the face prototypically associated with the context, the greater the influence of the context.

However, In the recognition of mixed emotional signs, there was greater recognition of signs of anger in the facial expression, as a non-dominant emotion, when in the presence of the neutral story than of the story that agreed with the dominant emotion (sadness). There was also greater recognition of sadness, as a non-dominant emotion, in the presence of a story in agreement with fear than in the presence of a neutral story. There was also a statistically significant increase in the attribution of anger to images in which it is not present and whose dominant emotion is fear, when associated with a context of aggression vs. a neutral context.

It was also found that there was a significant decrease in the attribution of fear to the sadness-anger image (25%-75%) in the presence of the aggression context compared to the neutral and panic contexts. There was also a statistically significant decrease in the attribution of sadness to an image of fear in the neutral context compared to the other contexts (panic and aggression).

Conclusions: In conclusion, our study have shown an impact of context over overvaluation or the undervaluation of the emotional facial expression as well as either with prototypical expressions or the mixed emotional signals when referring to sadness, fear, and anger. Thus, mental health clinicians should consider the influence of these contexts.

Disclosure of Interest: None Declared

EPP0035

Guidelines of inclusive architecture design for autism spectrum disorder: What is new?

E. Abdelmoula[1]*, N. Bouayed Abdelmoula[2] and B. Abdelmoula[2]

[1]LR AMC, Ecole Doctorale Sciences et Ingénierie Architecturales (ED-SIA), Tunis and [2]Genomics of Signalopathies at the service of Precision Medicine - LR23ES07, Medical University of Sfax, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.272

Introduction: Autism spectrum disorder (ASD) is a complex neuro-developmental condition. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), restricted interests and repetitive behaviors and difficulties with social communication and interaction characterize ASD. Different ways of learning, moving, or paying attention are related to the degree of impairments. By reducing environmental and social obstacles in school, work, and other areas of life, architecture could play a pivotal role in helping people on the spectrum become more independent and acquire more abilities.

Objectives: The aim of this study was to outline the recommendations and guidelines of the inclusive architecture design for ASD.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: inclusive design, architecture, autism or ADS.

Results: Our research found that the Autism ASPECTSS design index reported in 2013 by Magda Mostafa from Canada, which was based on the sensory design theory, is the world's first set of evidence-based design guidelines for managing built environments to serve ADS individuals interaction, particularly in schools and

workspaces. ASPECTSS conceptual framework delineate seven design concepts: acoustics, spatial sequencing, escape space, compartmentalization, transition spaces, sensory zoning, and safety. In 2023, the same author published an autism friendly design guide for the world's first autism-friendly university. This guide is characterized by a better understanding of human-centered design and advocates beyond the mere inclusion, aspiring to a state where the boundaries between 'normal' and 'special' are blurred in order to treat all users as human beings with equal rights, thus calling for equal opportunities beyond the ADS spectrum.

Conclusions: With such well-established conceptual framework, it is nowadays imperative to expand our buildings in cities, schools, workplaces, hospitals, and public areas using the guidelines of autism-friendly environments. These buildings will enhance our individual and social well-being.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0036

Investigating Sex Differences in Opioid Use Disorder Risk Factors: Insights from Cross-Section Lebanese Study Population

K. Chamoun[1,2,3], P. Salameh[4,5,6,7], H. Sacre[4], J. Mouawad[2], L. Rabbaa[1,2], B. Megarbane[3] and A. Hajj[1,4,8,9]*

[1]Laboratoire de Pharmacologie, Pharmacie Clinique et Contrôle de Qualité des Médicaments; [2]Faculty of Pharmacy, Saint Joseph University, Beirut, Lebanon; [3]Inserm, UMR-S1144, Université Paris Cité, Paris, France; [4]INSPECT-LB (Institut National de Santé Publique, d'Épidémiologie Clinique et de Toxicologie-Liban), Beirut; [5]School of Medicine, Lebanese American University, Byblos, Lebanon; [6]Department of Primary Care and Population Health, University of Nicosia Medical School, Nicosia, Cyprus; [7]Faculty of Pharmacy, Lebanese University, Hadat, Lebanon; [8]Faculty of Pharmacy, Université Laval and [9]Oncology Division, CHU de Québec-Université Laval Research Center, Quebec, Canada
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.273

Introduction: Opioid use disorder (OUD) is a significant public health concern, and understanding the risk factors associated with OUD is crucial for effective prevention and management strategies. However, limited information is available regarding the role of sex differences in OUD risk factors. Women have often been excluded from clinical studies to create more homogeneous samples and simplify the analysis of treatment effects. The underrepresentation of women in clinical trials and the lack of sex stratification, typically limited to binary comparisons without considering gender dynamics, raise concerns about potential sex disparities. Given the emerging evidence suggesting the possibility of sex differences in the likelihood of developing OUD, further research is needed to investigate and understand these potential disparities to optimize the individualized management of OUD.

Objectives: The primary objective of this study was to examine and identify any sex-related variations in OUD risk variables within the Lebanese community. By pinpointing sociodemographic, psychiatric, and other factors related to sleep and chronotype, we aim to elucidate their impact on the onset and progression of OUD in both males and females.

Methods: A cross-sectional study was conducted among 581 Lebanese adults using an online questionnaire that included sociodemographic questions, validated scales for substance use disorders and sleep disorders, and assessments for depression and anxiety. Multivariate analyses were performed to identify associations between risk factors and OUD scores in both male and female populations.

Results: Common risk factors for OUD were identified, including family and personal history of substance use disorder, co-occurrence of sedative and alcohol misuse, and psychiatric illnesses. Sex-specific risk factors were also observed. Among women, the ASSIST-opioids subscore was significantly associated with the Pittsburgh Sleep Quality Index (B=0.143) and Insomnia Severity Index (B=0.286) scores. Men demonstrated a correlation between ORT-OUD and younger age (B=0.882). Waterpipe consumption was negatively correlated with the ORT-OUD score in men (B=-0.018).

Conclusions: Our study emphasizes the importance of examining sex differences in risk factors for OUD, particularly within the Lebanese population. By acknowledging these gender-specific risk factors, interventions can be customized to address the distinct vulnerabilities of each sex. This approach could potentially improve prevention efforts, facilitate early identification, and implement treatment strategies tailored to the specific needs of individuals with OUD. Further research is needed to delve into the underlying mechanisms and develop targeted interventions for enhanced management of OUD.

Disclosure of Interest: None Declared

EPP0037

Bipolar Disorder in Pregnancy: A Challenging Case Managed with Maintenance Electroconvulsive Therapy

B. Arribas-Simon[1]*, M. J. Mateos-Sexmero[1], O. Martin-Santiago[1], P. Andres-Olivera[2], B. Rodriguez-Rodriguez[2], P. Martinez-Gimeno[1], N. Navarro-Barriga[3], T. Jimenez-Aparicio[1], P. Fernandez-Pando[1] and M. Andreo-Vidal[3]

[1]Psychiatry, Hospital Clinico Universitario, Valladolid; [2]Psychiatry, Complejo Asistencial Universitario, Salamanca and [3]Hospital Clinico Universitario, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.274

Introduction: Pregnancy is a high-risk period for major affective disorders and can lead to a destabilizing period for our patients. Standard pharmacological strategies must be carefully evaluated due to potential teratogenic or side effects. We present a case of bipolar disorder type I with challenging-to-control maniac episodes during pregnancy, which has required Electroconvulsive Therapy for its management.

Objectives: Presenting maintenance electroconvulsive therapy (ECT) as a safe and effective therapeutic strategy during pregnancy, with the presentation of a case in which it has been administered every 3 weeks from the second trimester until the baby's birth at 37 weeks

Methods: This concerns a 28-year-old immigrant woman, married, with a 10-year-old child. She was diagnosed with bipolar disorder