informal caregivers (n=15), and were guided to focus on violence and challenging situations in psychiatric care. In a secondary analysis, experiences of fear were extracted from the transcriptions and analyzed using inductive content analysis.
Results: Both groups' experiences of fear focused on themes related to staff, treatment and fellow patients. Additionally, service users had experiences of fear related to the hospital environment. Fears related to staff involved intimidating personnel using force or acting in threatening ways. Participants also described staff seemingly being afraid of patients and care givers. Three types of fears related to treatment were described: fear of not being admitted to hospital even if needed, fear of being admitted to hospital, and fear of coercive methods used in care. Fear of fellow patients involved being afraid of aggressive, unpredictable behaviors, which could cause, e.g., a lack of sleep at night for service users. Fears related to the environment itself were also discussed.
Conclusions: Being hospitalized can be a difficult experience for service users and informal caregivers. These results can help psychiatric healthcare staff acknowledge areas in care that may potentially cause feelings of fear.

Disclosure: No significant relationships.
Keywords: Psychiatric hospital; Fear; Service user; Informal caregiver

O166

Improving maternal mental health through postnatal services use for south sudanese mothers and their babies living in nguynyel refugee camp in gambella, Ethiopia

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Introduction: Poor maternal mental health during the perinatal period leads to serious complications, especially in humanitarian settings where both mothers and children have often been exposed to multiple stressful events. In those contexts, culturally relevant mental health and psychosocial interventions are required to support mother-infant dyads and ultimately to alleviate potential negative outcomes on child's health and development.
Objectives: This study aims at assessing the use of postnatal services by mothers and infants under 2 and its impact on maternal mental health.
Methods: A process evaluation of Baby Friendly Spaces (BFS) program was conducted in Nguynyel refugee camp (Ethiopia) and a prospective quantitative assessment was administered to lactating women at baseline and endline (2 months later) to measure maternal functional impairment (WHODAS 2.0), general psychological distress (Kessler scale-K6); depression symptoms (Patient Health Questionnaire-PHQ9) and post-traumatic stress symptoms (PTSD Checklist-PCL-6).
Results: 201 lactating women and their babies were enrolled between October 2018 and March 2019. Statistically significant reductions were observed in all mental health outcomes at follow-up. Total mean scores decrease by 19% ($p<0.001$) for general psychological distress and posttraumatic stress, by 23% ($p<0.001$) for the depression and by 15% ($p<0.001$) for the functional impairment. Examination of the compliance to the services revealed that mothers who dropped out early had statistically significantly lower depression scores ($p=0.01$), and functional impairment scores ($p<0.001$) than mothers who stayed in the program.
Conclusions: The integration of maternal mental health interventions within perinatal services is challenging but essential for identifying and treating maternal common mental disorders.

Disclosure: No significant relationships.
Keywords: Refugees; Process evaluation; Ethiopia; Maternal mental health

Mental health policies

O167

Modernized architecture may reduce coercion

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Introduction: Prevention and treatment of aggression in psychiatric hospitals is achieved through appropriate medical treatment, professional skills, and optimized physical environment and architecture. Coercive measures are used as a last resort. In 2018 Aarhus University Hospital Psychiatry moved from 19th-century asylum buildings to a newly built modern psychiatric hospital. Advances within psychiatric care have rendered the old psychiatric asylum hospitals inadequate for modern treatment of mental disorders.
Objectives: To examine if relocating from a psychiatric hospital, dating from 19th century to a new, modern psychiatric hospital decreased the use of coercive measures.
Methods: This is a retrospective longitudinal study, with a follow-up from 2017 to 2019. We use two designs; 1) a pre-post analysis of the use of coercive measures at Aarhus University Hospital Psychiatry before and after the relocation and 2) a case-control analysis of Aarhus University Hospital Psychiatry and the other psychiatric hospitals in the Central Region. Data will be analyzed in STATA using an interrupted time-series analysis or similar method. Additionally case-mix and sensitivity analysis will be performed.
Results: Preliminary results show a 45% decrease in the total number of coercive measures and a 52% decrease in the use of mechanical restraint. The reduction that may reasonably be attributed to the relocation is still to be determined and will be presented at the congress.

Conclusions: The study may illuminate how future development and planning of psychiatric facilities might improve psychiatric treatment and increase the understanding of how structural changes might contribute the prevention of the use of coercive measures.

Disclosure: No significant relationships.
Keywords: modernisation; Architecture; Structural milieu; coercion

Migration and mental health of immigrants

O169

The influence of ethnic minority background and migration history on recovery in psychotic disorders: A systematic literature review

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Introduction: Recovery in psychotic disorders is a concept that evolved through the last decades. Thanks to the contribution of different researchers, together with the recovery movement, a switch happened from a service-based to a client-based approach towards recovery. The Dutch framework considers recovery as the interplay of symptomatic, personal, functional and societal aspects, determined by different biological, psychological, personal and social factors. Literature on this fourdimensional perspective is still scarce. In addition, even if an increased incidence of psychotic disorders has been recognized in ethnic minority populations and migrants, studies on the influence of ethnicity and migration on recovery in psychotic disorders is limited.
Objectives: To write a systematic literature review on how ethnic minority status and migration history may affect symptomatic, personal, functional and societal recovery.
Methods: A systematic search of the main databases, followed by a four-step selection process to include studies comparing migrants or ethnic minority populations and the non-minoritarian/ autochthonous population in terms of recovery. A qualitative, narrative summary has been performed.
Results: Thirty-eight articles have been included. Literature is heterogeneous, focused on clinical outcomes and mostly based on data from the UK and the USA. As a common thread, ethnic minority status and migration history result to negatively influence societal, personal and, to a lower extent, clinical recovery.
Conclusions: Further studies based in different cultural backgrounds and focused on recovery in its multiple aspects are needed, to get a better understanding of the contextual and structural factors that affect the interaction between ethnicity, migration and recovery in psychotic disorders.

Disclosure: No significant relationships.
Keywords: Psychotic disorders; recovery; migrants; ethnic minorities

Neuroimaging

O171

Movement, mood and cognition: Preliminary insight into the effects of electroconvulsive therapy in depression through a data-driven resting-state connectivity analysis

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Introduction: ECT is an effective treatment for depression. Beyond its therapeutic effect on mood it has a unique impact on psychomotor and cognitive symptoms.Its mechanism of action remains still unclear. To investigate this, we set out to study the brain's response to ECT from a large-scale brain-network perspective.
Objectives: The aim of this study was to investigate changes in resting-state functional connectivity following ECT at the whole brain, between-network and within-network level, in patients with a depressive episode.
Methods: Resting-state FMRI data were collected from 17 patients with depression before and after an ECT course. Using a group independent component analysis approach, we focused on four networks that are known to be affected in depression: the salience network (SN), default mode network (DMN), cognitive executive network (CEN) and a subcortical network (SCN). Clinical measures including mood, cognition and psychomotor symptoms were assessed.
Results: ECT increased connectivity of the left CEN with the left angular gyrus and left middle frontal gyrus. An increase in left CEN within network connectivity was observed. Both the right CEN and the SCN showed increased connectivity with the precuneus. Furthermore, the anterior DMN showed increased connectivity with the left amygdala. Finally, improvement of psychomotor retardation was positively correlated with an increase of within-posterior DMN connectivity.
Conclusions: We demonstrate that ECT induces a significant increase of connectivity at both the whole brain and within-network level. Furthermore, we provide first evidence on the association between an increase of within posterior DMN connectivity and an improvement of psychomotor retardation, a core symptom of depression.

Disclosure: No significant relationships.
Keywords: Neuroimaging; Electroconvulsive therapy; Independent Component Analysis; psychomotor symptoms

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