that all ward staff feel confident in recognising and responding appropriately to acute physical healthcare conditions that may arise on an old-age inpatient psychiatric ward.
Objectives: To design a programme to improve the physical healthcare of patients on an inpatient psychiatric ward through staff education, focussing on a multidisciplinary team (MDT) approach. To incorporate simulation sessions in the teaching programme, allowing for learning to be put into practice and to further team cohesion. To use MDT feedback to tailor the programme's content and delivery.
Methods: Through discussion with key stakeholders, we developed a curriculum of training focused on the most common medical emergencies and presentations seen on the ward. Topics include hypo/hyperglycaemia, chest pain, falls, seizures, pain control and the deteriorating patient in the community setting. Teaching sessions were carefully tailored to benefit all roles that may be involved in these scenarios. We also worked with our simulation fellow to employ in situ simulation of taught topics. For example, the assessment and management of a patient having a seizure or who has fallen.
Results: Following liaison with the nursing team, we developed a series of didactic lecture and simulation sessions. These covered physical health care and management of medical emergencies and acute situations in the mental health setting. The programme was designed for weekly sessions on the ward, delivered by different members of the MDT. Qualitative feedback forms were developed for distribution following sessions to ensure the content is clear and relevant for all MDT members.
Conclusions: We believe that the teaching sessions will equip the multidisciplinary team to better manage our patient's health and wellbeing. We believe they will also increase confidence within the multidisciplinary team to recognise the unwell patient, in turn enabling timely and appropriate medical management. Once successfully implemented on our wards, we aim to roll this teaching programme throughout other inpatient psychiatry wards to help improve the physical healthcare management of more patients.

Disclosure of Interest: None Declared

EPV1701

Teaching LIVES as First Line Support for Women Affected by Violence Using Psychodrama Methods: An Erasmus+ Experience

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Introduction: The World Health Organization (WHO) recommends the LIVES approach—Listen, Inquire, Validate, Enhance safety, and Support—as a cornerstone for providing first-line support to women affected by violence in healthcare settings. This model emphasizes empathetic listening, careful inquiry into needs, validation of women's experiences, attention to safety, and the provision of appropriate support and resources. Implementing LIVES is essential, as healthcare professionals are often the first point of contact for women experiencing violence.
Objectives: This study aimed to teach the LIVES approach to the psychiatry residents while adapting psychodrama techniques. The project was implemented within the scope of an Erasmus+ collaboration.
Methods: During the exchange period, dedicated sessions were organized for two hours over three consecutive days, focusing on the concepts of sex and gender, gender-based discrimination, the definition of violence against women, and the WHO LIVES approach. Psychodrama techniques such as role-play, doubling, mirroring, and role reversal enabled participants to embody both healthcare providers and women affected by violence, fostering empathy and a deeper understanding of the LIVES model. Each session was followed by group sharing and reflective discussions to consolidate knowledge, connect experiences to real-world practice, and strengthen the sense of collective responsibility.
The number of participants varied from 9 to 14. Qualitative feedbacks were collected via Google Forms (n=4).
Results: The participating psychiatry residents reported that the program increased their awareness of gender-based violence and improved their self-efficacy in delivering first-line support in line with the LIVES approach. They emphasized that the psychodrama-based experiential format fostered empathy, perspective-taking, and a deeper appreciation of women's experiences of violence. Compared to conventional didactic methods, the interactive design was perceived as more effective in stimulating emotional engagement, critical reflection, and the ability to apply theoretical knowledge in clinical encounters.
Conclusions: This Erasmus+ training demonstrated that integrating psychodrama techniques into teaching the WHO LIVES approach is a promising and innovative method for preparing healthcare professionals to respond effectively to women affected by violence. By combining experiential learning with reflective practice, the program not only enhanced knowledge and empathy but also strengthened participants' confidence in applying first-line support skills in clinical contexts.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPV1702

Cognitive and Affective Determinants of Academic Success Among Female Freshmen in a Society Emerging from Patriarchy

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Introduction: Student populations from the Global South, particularly female students from societies transitioning away from patriarchal norms, remain underrepresented in mental health research. In such contexts, first-year university women face unique cognitive and emotional demands as they navigate new academic challenges while countering persistent gender stereotypes. Understanding how these factors interact is vital for informing culturally sensitive mental health support.

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