Second, there is much evidence of discrimination by healthcare providers and insurance companies regarding the LGBTQ+ community, particularly when it comes to the Transgender population. This can include rude behavior by providers, missed screenings due to not paying attention to patient anatomy or LGBTQ+ status, misgendering, harrasment, and lack of insurance coverage for procedures. An LGBTQ+ center allows for patients to have healthcare advocates who can fight for approval and ensures that patients are not harrassed for being LGBTQ+ which results in many patients forgoing necessary care. Further, screenings and patient education regarding things like Pre-Exposure Prophylaxis and Hormone Therapy are much improved as the center and its providers have the knowledge and mission to carry out large-scale educaton efforts. Finally, an LGBTQ+ center like the Los Angeles LGBT Center inevitably becomes a community hub. These centers function to not just provide medical care but also to advocate for LGBTQ+ issues, coordinate with other centers to manage population disease outbreaks, fight misinformation and disinformation with accurate research, and provide many ancillary services including housing and social community spaces.

Select Sources

James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. (2024). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC.

Holt S, Ahuja A (2025). LGBTQ+ Intimate Partner Violence: A Guide for Mental Health Practitioners. Routledge.

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SP007

LGBTQ+ transcultural psychiatry – the need for capacity building, specialized psychiatric services and recognizing the specific needs of LGBTIQ+ refugees in the Nordic countries

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Abstract: People within LGBTIQ+ are significantly more likely to suffer a mental health disorder and substance use disorder compared to heterosexual persons. Stigma, discrimination, and lack of social support are considered as some of the contributing factors to the higher incidence of psychiatric morbidity in this group. Simultaneously, the group's rights vary around the world, and example being that for example homosexuality is criminalized in many countries and sometimes punishable by death.

Even in countries where homosexuality and belonging to LGBTIQ+ community is not criminalized or is well accepted in the society; the studies show increased odds of poor mental health in this group. For example, a study conducted in Sweden, where same – sex marriage is legal, comparing suicide risk between heterosexual and same-sex married couples showed that same-sex married men had a was nearly three-fold greater suicide risk in comparison to their heterosexual counterparts. Accessible and evidence – based LGBTIQ+ affirmative psychiatric services are crucial for addressing the mental health care needs of the group. These services can be supported by well-structured and efficient training of mental health care professionals.

Disclosure of Interest: None Declared

SP008

E-health interventions in postpartum stress: needs assessment and developmental steps towards online interventions

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Abstract: Postpartum stress and mental disorders have a high prevalence in the population. Postpartum depressed states, for example, potentially threaten care of and bonding with the children. Although mothers face specific needs, specialized treatment options are scarce. Online programs to inform on and treat postpartum stress and depression are, to present, not widely available, but have the potential to overcome some of the obstacles of postpartum women finding treatment.

To identify needs of this specific group, we conducted an online survey on women after childbirth, asking for acceptance of e-health programs, sociodemographic, medical and psychometric data.

In a large, anonymized online survey, 453 women have participated. We investigated 1) the acceptance of tailored e-mental health programs according to the UTAUT model in the respective women and 2) characteristics and needs of the specific populations. Based on our findings, we developed an online tool for stress reduction after child-birth based on relevant topics indicated by and data from the literature on specific needs of post-partum women.

In this talk, motivation for this project, research results and ongoing research will be highlighted and discussed.

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