

desire to eat sweets in two cycles, before and during the intervention, was recorded by the students. The data were analyzed using descriptive and inferential statistics.

**Results** The comparison of vitamin B1 group before and after the intervention showed that vitamin B1 reduced mean mental (35.08%) symptoms significantly ( $P < 0.0001$ ). The reduction of severity was observed in desire to eat sweets was 2.42%. The average of mental symptoms severity of PMS has been reduced in vitamin B1 group, and the comparison was significantly different.

**Conclusions** Therefore, vitamin B1 is recommended for reduction of symptom severity of PMS include desire to eat sweet. This vitamin can be used to reach a major goal of midwifery, without any side effects.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1505

### “Hear me out”: Experiences of mothers suffering from severe mental illness with health care providers – A qualitative perspective

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**Background** Contrary to popular myth, majority of mentally ill women are mothers with increasing number of them seeking help. Little is known about their own experiences in this regard and the extent to which their needs are met.

**Objectives** To assess the barriers and facilitators in seeking help from mental health care providers in matters of pregnancy and parenting.

**Methods** The study used qualitative design with social constructivist paradigm. A purposive sample of 30 mothers with severe mental illness was obtained. Data was collected through one-to-one in-depth semi-structured interviews. After verbatim transcription, inductive thematic analysis was used to explore transcripts.

**Results** Most women considered motherhood “central” to their lives and almost all of them experienced the burden of the “dual role”. Main barriers in seeking help were stigma, treatment side effects, wrong information and time constraints. Whereas self-advocacy, early engagement, education of women and involvement of the family with service providers were the facilitating factors. The prime expectations of the mothers as identified were early and direct communication, patient audience and basic guidance in regards to child health and parenting issues.

**Conclusion** Women who are mothers and also users of mental health services face special challenges in managing the contradictory aspects of their dual identity. Hearing their voices are essential for service provision and ensuring adequate mental health needs. Early and direct intervention along with understanding and addressing critical areas are necessary for proper care of both the mother and child.

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#### EV1506

### Correlation between self-efficacy and well-being, and distress, in women with unexplained infertility

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**Introduction** One of the most difficult aspects of unexplained infertility treatments are feelings of uncertainty and the perception that infertility is beyond one's personal control, both of which make the infertility situation more threatening and stressful.

**Objectives** The aim of this study was to explore the correlation between general self-efficacy and infertility specific well-being and distress among women with unexplained infertility.

**Methods** The sample consisted of 97 women with unexplained infertility aged between 22 and 46 years old (mean age: 33.58), who were recruited from the obstetrics and gynecology clinic “National front”. Mean duration of conception attempts was 3.10 years. The General Self-Efficacy Scale and the Infertility Specific Well-Being and Distress Scales were applied in the study.

**Results** The mean score on the General Self-Efficacy Scale was 32.77 (SD = 4.624), on the Well-Being scale 3.22 (SD = 0.984) and on the Distress scale 1.94 (SD = 0.754). There was a positive correlation between intensity of infertility specific well-being and general self-efficacy ( $r = 0.502$ ;  $P < 0.01$ ) and a negative correlation between infertility specific distress and general self-efficacy ( $r = -0.265$ ;  $P < 0.01$ ). Women with unexplained infertility with higher self-efficacy expressed higher levels of well-being and lower levels of distress.

**Conclusion** The results of our study indicate that women with unexplained infertility who perceive their problems as being beyond their control express higher levels of stress and lower levels of well-being. Psychological treatment of women with unexplained infertility should focus on the aspects that can be influenced through psychotherapy.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1507

### Women with hysterical manifestations: Menopause, gender and mental health

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**Introduction** Aging and menopause as a medico-social determinant of female gender influence on mental health. Female gender in the period of menopause is associated with the end of fertility that affects adaptation to changed conditions, decreases intellectual and physical possibilities, narrows role positions, leads to non-psychotic mental disorders (NPMD).

**Objective** To identify influence of the age, menopause, female sex, sociodemographic parameters on hysterical symptoms in structure of NPMD.

**Material** In the borderline states department, 93 female patients with hysterical manifestations in structure of NPMD were treated. **Methods** Psychopathological, clinical-dynamic, clinical-catamnestic, psychometric, psychological and statistical.

**Results** In 100%, the hysterical symptoms in the puberty leveled at reproductive age, intensified in climax: 72.04% - pre-menopause ( $P < 0.05$ ), meno-, postmenopause - 13.98% each. Sociodemographic characteristics (marital status, social status, place of living, education, family composition, family relations) were not interrelated