

Educational

The impact of the COVID-19 pandemic on women's mental health and service delivery: What have we learnt?

W0034

The impact of gender in the COVID-19 pandemic

S. Oertelt-Prigione

Department Of Primary And Community Care, University of Radboud, Nijmegen (), Netherlands

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Data worldwide is pointing towards an increased mortality of men a from COVID-19, while infection rates are equal or higher in women. Immunological differences might play a role in this as well as differences in risk factors and co-morbidities. In addition, differences in exposure, testing, case definitions and access to healthcare might play a role. Differences in symptoms have been reported, as well as potential differences in therapeutic choices. Also, the phenomenon of "long COVID" with all its psychophysical consequences appears to be more common in women. In addition to the consequences of the acute infection, COVID-19 is significantly impacting economies, social systems and political priorities. I will try to give a general overview of the current situation, starting from a medical standpoint and moving into the wider social consequences of this pandemic. I will highlight how the lack of attention to sex and gender can impact statistics, potential therapies and vaccines, livelihoods and the healthcare sector as a whole.

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Domestic violence against women during COVID-19 pandemic restrictions

R. Keynejad

Health Service And Population Research; Section For Womens Mental Health, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

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Introduction: In the United Kingdom(1) and internationally(2), help-seeking for domestic violence (DV) and domestic homicides have increased(3) during COVID-19 lockdown periods. Suspension and remote delivery of face-to-face clinical services, continuing healthcare and other support services limits opportunities for DV detection and disclosure.

Methods: This presentation will summarise changes in DV incidence and help-seeking during COVID-19, their impacts on health and wellbeing, and present guidance for clinicians assessing and supporting survivors.

Results: World Health Organisation recommendations to Listen, Inquire, Validate, Enhance safety and Support ('LIVES') survivors of DV remain the cornerstone of first-line support (4). Urgently-issued guidelines on safeguarding(5) and responding to DV during

COVID-19(6) make a range of recommendations for clinicians supporting people experiencing DV.

Conclusions: DV is an important social determinant of physical and mental health, with a range of potential fatal and non-fatal consequences. Despite the constraints of healthcare during a pandemic, attention to patients' risk of DV and its consequences is a crucial part of bio-psycho-social assessment and management planning. References: (1) Kelly, Morgan. Coronavirus: Domestic abuse calls up 25% since lockdown, charity says. 2020. <https://www.bbc.co.uk/news/uk-52157620> (2) Graham-Harrison, et al. Lockdowns around the world bring rise in domestic violence. 2020. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> (3) Roesch, et al. Violence against women during covid-19 pandemic restrictions. *BMJ* 2020;369. (4) WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. 2013. https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf;jsessionid=E19DCC3CDAB9BE390EE6F8360C6F1D7E?sequence=1 (5) RCGP. COVID-19 and Safeguarding. 2020. https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safeguarding%20%286%29.pdf (6) IRISi. Guidance for General Practice teams responding to domestic abuse during telephone and video consultations. 2020. <https://irisi.org/wp-content/uploads/2020/04/Guidance-for-General-Practice-Covid-19-FINAL.pdf>

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Keywords: Intimate partner violence; Gender-based violence; domestic violence; COVID-19

W0037

Treating pregnant and postnatal women with severe mental illness and their infants on a specialised inpatient unit during a pandemic: What are the challenges and lessons learnt?

A.-L. Sutter-Dallay

Univ. Bordeaux, Inserm, Bph, U1219, F-33000 Bordeaux, France And Perinatal Psychiatry Network-university Department Of Child And Adolescent Psychiatry, Bordeaux University and Charles Perrens Hospital, Bordeaux Cedex, France

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From the beginning of the pandemic, pregnant or postpartum women were considered particularly vulnerable. In France, the vast majority of joint care for parents and infants facilities have seen their services closed or the number of people cared for greatly reduced to allow for social distancing to be respected. This notion of social distancing is the antithesis of joint care work, the main objective of which is to support and care for the parent-infant bond by favoring social links. Services have had to take ownership of this new situation within a few days and develop new approaches, inventing ways of supporting and linking up at a distance. This presentation will deal in detail with these changes and the solutions proposed, especially kind of home hospitalisations based on discussion groups, the development of programmes to support remote interactions, and also the development of work with fathers, who have been much more present than they usually are, due to the generalisation of teleworking.

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Keywords: pandemic; joint cares of mothers and babies; Perinatal Psychiatry; Support