

Participants completed an anonymous self-administered questionnaire and the Maslach Burnout Inventory (MBI) to assess burnout.

Results: Forty residents completed the survey. The average age was 28.08 ± 2.433 . The majority of the participants (87.5%) were females, 27.5% were married and 17.5% had kids. One fifth of the residents were smokers, 22.5 % used alcohol and 5% used cannabis. History of psychiatric disorder was reported by 35% of the participants (depression 15%, anxiety 17.5%, bipolar disorder 2.5%). Half of participants were first year residents and 75% had psychiatry as their first-choice specialty. The majority (72.5%) declared working in poor conditions. Overall, 37.5% of the participants met the criteria for severe burnout. Female gender and poor conditions of the workplace were significantly associated with burnout symptoms ($p=0.007$ and $p=0.014$ respectively).

Conclusions: Attention to burnout during residency is important, given the potential to implement preventive and management strategies on time for physicians' to promote wellness and avoid severe consequences.

Disclosure: No significant relationships.

Keywords: burnout; psychiatry; residents

Women, Gender and Mental Health

EPV1618

Women's access to mental health care in Tunisia

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Introduction: Tunisia is viewed as an advanced country in terms of women's rights in the Arab world. However, women are more exposed than men to many specific risk factors which greatly contribute to threaten their mental health.

Objectives: The main objective of this study was to find out the sociodemographic and clinical profiles of women admitted in Razi psychiatric hospital and their access to mental health services.

Methods: A cross sectional and descriptive survey was conducted between March and April 2021 in the department of psychiatry D of Razi Hospital including 40 female inpatients.

Results: The majority of patients had low (37.1%) to moderate (61.9%) socio economic status, with primary education (40%), secondary education (20%) and higher education (28.6%). The majority was unemployed (68.8%). A significant difference was observed between adherence to treatment and family support ($p=0.04$). It was mainly the father or the husband who was taking care of the patient in 50% of cases. The first psychiatric consultation was 2.68 years after having symptoms. Hospitalization was about 4.94 years later. Twenty five percent of them have seen a tradipractor before consulting. About 46.87% of patients had conflicts with a member of her family and 15.62% of them were victims of either domestic or family violence. The main diagnoses were mood disorders (31.4%) and schizophrenia (42.9%) Time between symptoms onset and hospitalisation was significantly associated with socioeconomic status ($p=0.047$) and cultural beliefs ($p=0.026$).

Conclusions: The protection of women's mental health is not only a medical challenge but also a cultural and political one.

Disclosure: No significant relationships.

Keywords: women mental health; Tunisia

EPV1619

Women's Perception and Attitude Towards Using Antidepressants During Pregnancy: A cross sectional study

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Introduction: Depression during pregnancy leads to deterioration of the mothers' and the fetus' health.

Objectives: To explore women's perception and attitude towards using antidepressants during pregnancy and identify the factors that influence decision making regarding antidepressants use.

Methods: A cross-sectional survey of 991 subjects using convenient sampling. All study subjects (PNU affiliates; staff and students) were invited to fill out an electronic questionnaire, KAAUH staff and PNU female associates who were less than 18 years old were excluded. Answers were reported using 5- point Likert scale. The responses were summed up to give a total score for each respondent. The cutoff point is 75%. Respondents who scored above or equal 75% of the total score was considered as positive perception or favorable attitude.

Results: The majority of women had negative perception and favorable attitude towards using antidepressants during pregnancy reaching 64%. While, women with positive perception and favorable attitude represented about 20% of the study subjects. The main factors influencing decision making were, education specialty (health, none-health) and subject history of diagnosis with any psychological disorder. Social stigma, religious believes and fear of addiction were reported by surveyors to be the reason influencing their perception and attitude about antidepressants use (P value <0.005).

Conclusions: This study reveals that although Saudi women reflect a negative perception towards using antidepressants during pregnancy, yet they have a favorable attitude once depression during pregnancy becomes an issue.

Disclosure: No significant relationships.

Keywords: Depression; antidepressant; Pregnancy; Antidepressants

EPV1620

An Evaluation of Mental Health Professionals' Confidence in Performing Perinatal Assessments & The Need for the Development of an Assessment Tool

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Introduction: Clinicians often do not have experience assessing perinatal patients unless they work as part of a perinatal team.

Informal feedback points to a lack of confidence in performing perinatal assessments.

Objectives: The aim of the project was to assess clinicians' confidence in performing perinatal assessments in outpatient and inpatient settings including the Emergency Department. Additionally, we wanted to assess whether access to a perinatal assessment tool was beneficial. We hypothesise that clinicians lack confidence in performing perinatal assessments and would benefit from using a perinatal assessment tool.

Methods: We designed a survey of 10 questions assessing the above. The survey was sent out to psychiatric trainees and nurses at South London & Maudsley NHS Foundation Trust. The participant's confidence in completing perinatal assessments in various settings was assessed using a 5 point Likert scale.

Results: 52 responses were received. 50% of participants felt *not so confident* in performing perinatal assessments in the outpatient setting. 40.38% (n=21) of participants felt *not so confident* in exploring the mother and foetal relationship. 71.15% (n=37) of participants felt that they would benefit from additional teaching with 48.1% of participants citing that they would benefit from access to an assessment tool.

Conclusions: As predicted, the results of the survey show that clinicians lack confidence in performing perinatal assessments. Therefore, we have commenced work on modifying the existing Stafford Interview. This is a structured interview that explores the obstetric and psycho-social background and psychiatric complications of pregnancy. The survey is due to be replicated in other project locations to allow transcultural comparison.

Disclosure: No significant relationships.

Keywords: assessment tool; Stafford Interview; women's mental health; Perinatal psychiatry

EPV1622

The impact of Gender Identity Clinic waiting times on the mental health of transitioning individuals

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Introduction: Waiting times for gender identity services, even before the Covid-19 pandemic, have been a cause of concern. Despite the waiting time standard for planned elective care in the NHS being a maximum of 18 weeks, the average waiting time for a first appointment with a gender identity clinic is 18 months. This study aims to analyse the effect that these timings have on the transgender community, and whether they impact the risk of developing mental health conditions such as depression or anxiety.

Objectives: This study's main aim is to analyse the correlation between waiting times and mental health burden in the transgender community.

Methods: A literature review and analysis on a transgender individual's mental health and waiting times for Gender Identity Clinics; looking at any key themes and conclusions. Research papers were taken from MEDLINE, The International Journal of

Transgender Health, Oxford Academic, SpringerLink and Emerald Insight, with studies publishing date ranging from 2014 – 2021.

Results: The transgender population were found to have higher rates of suicidal ideation, depression and self harm compared to the general population. Longer waiting times were found to contribute to feelings of low mood and suicidal ideation, as well as decreasing overall quality of life.

Conclusions: Longer waiting times can decrease a transgender individual's quality of life and impact their overall mental well-being: especially with the impact of COVID-19 and the rise in referrals.

Disclosure: No significant relationships.

Keywords: gender; Transgender; Waiting times; Transitioning

EPV1625

comparison of ABO blood groups between female patients diagnosed with depressive disorders and bipolar affective disorders

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Introduction: The prevalence of ABO alleles in population is different. Many studies confirmed the correlation between the occurrences of some diseases with different genotypes of ABO blood groups. Studies had shown possible differences between patients with depressive disorder and bipolar affective disorders according to ABO blood groups. There are contradictory results; some studies had shown significant association between blood group O and BAP, other showed relationship between unipolar depression and blood type O. Others showed association between involuntary depression and blood group A and negative association between blood group A and BAP.

Objectives: The purpose of this study was to reassess the potential differences between patients with depressive disorder and bipolar affective disorders according to ABO blood groups.

Methods: A total of 97 adult female psychiatric inpatients participated in this study. 57,7% were diagnosed with depressive disorder and 42,3% were diagnosed with bipolar affective disorder. Type of ABO group were measured from the blood samples taken in the morning after 30 min rest. From whole blood, genomic DNA was isolated on QIAcube device (Qiagen, Germany) using QIAamp DNA Blood mini QIAcube kit (Qiagen, Germany). ABO genotyping on 5 basic ABO alleles was performed using allele-specific PCR.

Results: Comparing ABO blood groups between female patients who are suffering from depressive disorders and bipolar affective disorders, we didn't find any differences. In both examination groups, higher proportion of A blood group was significant.

Conclusions: The results of this study didn't support the hypothesis of differences in ABO blood group between depressive disorders and bipolar affective disorders.

Disclosure: No significant relationships.

Keywords: ABO blood group; depressive disorder; bipolar affective disorder; female