

W0025

Recent Trends in Russian Psychiatry with Particular Emphasis on Training in Women's Mental Health

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There will be two main foci to this presentation.

Firstly, Designing and implementing a new educational program entitled "Women victims of domestic violence: Detection, clinic, help" – that is mainly based on the teaching of several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women. Our program is a follow-on to the one held during the COVID-19 pandemic restrictions, at which interest was expressed in sharing ideas and resources.

Secondly, Informing on the recent trends in Russian perinatal psychiatry. This covers the psychiatric training in the assessment domain, case management, and service evaluation.

We will introduce and review some resources for use in women's mental health practicals, propose innovative pedagogical structures for practical teachings, such as Problem Based Learning, 'Vicarious Learning,' and encourage discussion of how the practical aspects of women's mental health teaching can be supported and enhanced. Teaching modules and training pathways will be delivered ("not too much; not too little and in the right order"), and dimensions of quality in continuing professional development in women's mental health (i.e., Sophistication, Credibility, Timeliness, and Utility) will be outlined. This will be followed by a discussion exploring the different prioritization of the teaching modules across various organizations.

We urge our audience to consider it is time for psychiatric training in women's mental health to move from the margins to the center.

W0023

Women with Lived Experience in the Perinatal Period: What do they want from Their Doctors?

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Introduction: Best practice requires the treating physician to understand the needs and hopes of his/her patient, particularly in relation to pregnancy and childbirth preferences. This is even more necessary for women with Severe Mental Illness (SMI) because of the complicated decisions they face balancing the need to continue medication in pregnancy to prevent relapse against any possible harm to the foetus. Objectives: To explore what women themselves view as most important when discussing pregnancy and childbirth with psychiatrists and what barriers there are to a) having a meaningful conversation and b) achieving optimum outcomes. Qualitative methods were used to

analyse the data from in-depth interviews with 21 women, recruited from a South London NHS organisation (76%) and the UK's national bipolar charity (24%). The views of 25 health professionals, including 19 psychiatrists, were also collected and analysed. Results: Many themes emerged but principally women wanted: information, continuity of care, better training for health professionals, to co-produce a detailed care plan, access to a Mother and Baby Unit, peer support and more research on medications in pregnancy. Conclusions: This study highlighted the importance of understanding women's needs and fears and giving them the necessary information to make the difficult decisions that face them. Such understanding is likely to lead to more positive therapeutic relationships and better long-term outcomes.

Disclosure: No significant relationships.

Keywords: Perinatal; Women with SMI; Optimum care; lived experience

W0024

What should General Adult Psychiatrists know about Reproductive Counselling of Women with Severe Mental Illness?

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A notable part of psychiatry is prevention. Our job, as psychiatrists, is not only to treat mental disorders, but also to prevent them. Treating mothers in postnatal period reducing the negative consequence of depression for child development, for example. General adult psychiatrists face the challenge of having patients, who receive psychiatric health care, while also planning to have a child. Many professionals may find themselves in a situation, when they feel clueless on what to advise regarding pharmacotherapy and realistic expectations on having a child. The presentation will focus on some crucial topics. What should counselling include when planning pregnancy, highlighting differences among first and second or further children. Potentials risks and harms on the fetus / newborn baby will be introduced with emphasis on pharmacological/chemical agents, infectious effects and social, relational and family stressors. What the guidelines are for Covid-19 vaccination and pregnancy. Relative and absolute contraindications of planned pregnancy will be discussed. The crucial question of artificial/therapeutic abortion; are there any psychiatric conditions, when a psychiatrist can/should suggest it? The advantage and knowledge of perinatal mental health guideline papers, bio-ethical aspects will be discussed, along with the consequences of untreated mental illness. Advantage of breastfeeding and an up-to-date view on what should be psychiatrists' aim will be introduced. Why is it inevitable to cooperate with GPs, obstetric- and gynecology colleagues and further medical professionals? The essential aspect and advantages of involving fathers and extended family members in this approach also will be explained.

Disclosure: No significant relationships.

Keywords: risk management; planning pregnancy; consequences of untreated mental illness; interdisciplinary and family members collaboration

W0025

Developing a Systematic Training Programme in Women's Mental Health

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This presentation outlines the development of a post-membership masterclass programme in Perinatal Psychiatry, funded by Health Education England and delivered through the Royal College of Psychiatrists. The masterclass programme ranges from 5-15 days and there are separate programmes for consultants, SAS doctors and senior trainees in psychiatry. The course is delivered by experts in the area and contains a mix of didactic teaching and small group work. The programme was developed to meet the workforce needs of rapidly expanding perinatal mental services throughout England. The programme also helps facilitate the needs of perinatal psychiatrists from Ireland and from the devolved nations of the UK (Scotland, Wales and Northern Ireland).

Disclosure: No significant relationships.**Keywords:** Perinatal psychiatry; post-membership training; consultants; senior trainees**Effortful Control/Cognitive Control: A Transdiagnostic Factor in Psychopathology**

W0026

The role of Effortful Control and the Dual Pathway Model in Childhood ObesityL. Vervoort^{1,2,3*} and T. Naets^{1,4}

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Apart from other well-known psychological determinants of obesity, deficits in neuropsychological processes related to effortful control can be relevant predictors for weight problems and difficulties in weight loss. Deficits in top-down inhibition as well as in other processes such as strong bottom-up reactivity, like external eating, hinder resisting food temptations in an obesogenic environment, thus determining the risk for the development of overweight and obesity. Furthermore, these deficits are associated with less positive outcomes in weight loss interventions for subgroups of children and adolescents with severe obesity. Targeting those effortful control mechanisms underlying childhood obesity via cognitive behavioral techniques can facilitate behavioural change necessary to induce sustainable weight loss and weight control. In this presentation, I will present data on effortful control collected in a large sample of youngsters (n=572 participants, 51% boys, aged 7–19) with moderate to severe

obesity. Results suggest that top-down inhibition and bottom-up external eating play a complex role in weight problems in certain subgroups of youngsters with obesity, stressing the importance of identifying subgroups for tailoring interventions. I will demonstrate a few science-based intervention techniques that have the potential to ameliorate effortful control capacities, and thus optimize treatment outcomes for those youngsters low in effortful control.

Disclosure: No significant relationships.**Keywords:** dual pathway of obesity; demonstration of intervention techniques; Effortful Control: top down regulation and bottom up reactivity; children and adolescents

W0027

The role of Effortful Control in Substance Use DisordersE. Santens^{1*}, G. Dom², E. Dierckx³ and L. Claes^{2,4}

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Background and aim: Temperament and personality traits are important factors underlying the vulnerability for both initiation and continuation of addictive behaviors. In SUDs there is a high comorbidity with mood and anxiety disorders and personality disorders. As there is a growing interest in the possible transdiagnostic role of Effortful Control in both SUDs as in their comorbid disorders the current study therefore investigates the influence of reactive (Behavioral Inhibition System and Behavioral Activation System, BIS/BAS) and regulative (Effortful Control, EC) temperament and their interaction in relation to clinical symptomatology and PDs in adult inpatients with SUD. Methods: The EC, BIS/BAS, SCL-90-R and ADP-IV questionnaires were administered to 841 patients (age between 17 y and 71 y) with a SUD admitted at the treatment unit for addiction of a psychiatric hospital. Results: Hierarchical regression analyses showed that both, clinical symptomatology and PDs were related to low levels of effortful control (EC). Furthermore, cluster C PDs were related to high levels of BIS and low levels of EC; whereas cluster B PDs were related to low levels of EC and high levels of BAS for the narcissistic and histrionic PD. An interaction effect (BIS*EC) was found for the Schizotypal PD, all other interactions (BIS*EC and BAS*EC) were not significant. Discussion: We found that low EC is involved in all clinical symptomatology and PDs in a sample of inpatients with SUDs. Therapeutic interventions aiming at strengthening effortful control can possibly result in better treatment outcomes for both the addiction as the comorbid psychopathology

Disclosure: No significant relationships.**Keywords:** substance use disorders; Effortful Control; clinical symptoms; Personality disorders