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Introduction: The original Profile of Mood States (McNair et al. 1971) is composed of 65 items to measure six affect dimensions. There is a Portuguese shorter version (POMS-27) for the perinatal period (Bos et al. 2013), which reduced the number of items (adjectives) down to 27. Although briefer, it still covers relevant mood states with good psychometric properties, being considered a good alternative to use during this demanding and busy period.

Objectives: To test if PoMS-27, composed of four dimensions (Depression, Anxiety, Vigour, Fatigue) and one second-order factor (Negative Affect, composed by the former two) is valid and reliable to be used with pregnant women from Brazil.

Methods: After confirming the items semantic equivalence and slightly adapt two adjectives from European to Brazilian Portuguese, 350 pregnant women (Mean age: 30.01 ± 5.452 ; Mean gestation weeks = 25.17 ± 6.55), with uncomplicated pregnancies, completed the PoMS-27 and the Brazilian recently validated versions of Perinatal Depression Screening Scale and Perinatal Anxiety Screening Scale (PDSS; PASS; Barros et al. 2021). SPSS and AMOS software were used.

Results: After deleting two items (20 and 22) and some errors were correlated, CFA indicated that the PoMS-25 four-dimensional model presented an acceptable fit ($\chi^2=3.163$; RMSEA=.079, CFI=.868, TLI=.849). The Cronbach alphas of the dimensions were: Depression (.82), Anxiety (.86), Negative Affect (.89), Fatigue (.80) and Vigor (.50).

Conclusions: Within this psychometric study we found useful, valid and reliable measure of negative and positive affect for Brazilian pregnant women. From now on we will denominate it Profile of Mood States-25Br

Keywords: negative affect; Depression; validation; pregnancy

EPP0718

Brazilian version of the postpartum depression screening scale-24

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Introduction: The PDSS-24 is a Portuguese short version of the Postpartum Depression Screening Scale (Beck and Gable, 2002). Items were selected on the basis of exploratory factor analysis (those with loadings $>.60$). The PDSS-24 proved to be superior to the 35-items PDSS in reliability, validity and screening ability (Pereira et al. 2013).

Objectives: To analyze the psychometric properties (construct validity using Confirmatory Factor Analysis, discriminant validity and reliability) of the Brazilian preliminary version of PDSS-24

Methods: After confirming the items semantic equivalence and slightly adapt two adjectives from European to Brazilian Portuguese, 350 pregnant women (Mean age: 30.01 ± 5.452 ; Mean gestation weeks = 25.17 ± 6.55), with uncomplicated pregnancies, completed the PDSS-24 and the Brazilian recently validated versions of Profile of Mood States-25 (PoMS; Barros et al. 2021). SPSS and AMOS software were used.

Results: After some errors were correlated the multidimensional second-order model of PDSS-24 presented an acceptable fit ($\chi^2=3.448$; RMSEA=.099; CFI=.817, TLI=.886, GFI=.886). The PDSS Cronbach's alpha for the total was $\alpha=.90$. Cronbach alpha was .90 for the total and $>.75$ for the dimensions. Applying the Portuguese validated cut-off score for Major Depression/DSM-5 (>42) to this sample 224 (64.0%) participants presented clinical relevant depressive symptoms.

Conclusions: The Brazilian PDSS-24 has acceptable validity and reliability. The percentage of women with high depressive symptomatology is three times higher than the figures reported in Portuguese Studies. This can be partly explained by the fact that data collection was done during the COVID19 pandemic. It is important to determine the PDSS cut-offs to screen for perinatal depression in Brazil.

Keywords: Reliability; Depression; Validity; Scale

EPP0722

History of medical body: Demystifying the continuum of psychiatry and psychoanalysis

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Introduction: The aim of this paper lies in demystifying, historicizing, and de-alienating the relationship between psychiatry and psychoanalysis. Both psychiatry and psychoanalysis inform each other and are informed by each other in various ways which are on one hand similar and on the other hand unique. Medicine can be seen psychoanalytically, and a presenting complaint to a psychoanalytic psychotherapist can be seen in psychiatric terms.

Objectives: This paper theorizes the 'and' between psychiatry and psychoanalysis. What is that bridging telling us? There is already an invisible 'and' which joins psychiatry and psychoanalysis even before this visible 'and' was placed in between them. The effort here is not to undermine the difference. It is to be aware that the thing which separates is also a thing which connects. In other words, each separation is a link. It is to understand how psychiatrists have contributed to the method and practice of psychoanalysis and visa versa. It is about witnessing the continuum that is ever-present between psychiatry, psychology, and psychoanalysis.

Methods: This research used primary sources like books and articles to historicize the psychiatric conceptualization of the medical body.

Results: It shows how psychiatry and psychoanalysis inform each other and are informed by each other. To locate the historical conceptions which are still ever-present in modern psychiatry. How the 18th-century division between normal and abnormal is based on an older division between good and evil.

Conclusions: Good and evil continue to operate in the realm of psychiatry and the confessional becomes a prime source for psychiatry and psychoanalysis.

Keywords: psychiatry; Psychoanalysis; Medical Body

EPP0723

Setting up a clinical psychology service for reception department with consultative care

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Introduction: There is a plenty of literature on providing psychological services for psychiatry inpatients and outpatients. Seeing a psychiatrist for the first time can be stressful.

Objectives: This paper will identify challenges in setting up a clinical psychology service for consultees seen in Reception Department with consultative and primary specialized health care. 'Clinical psychology service' is a project in Moscow Research Institute of Psychiatry providing services within the Reception Department setting. A need to address mental ill health issues (getting a diagnosis and treatment plan) within the broader psychosocial needs of consultees has been identified.

Methods: Clinical psychology established a brief intervention 'service' for consultees. Issues of establishing trust within this population suggested the need to provide a 'named' male or female psychologist. The psychologist accompanied psychiatric consultants' recommendations to familiarize a consultee of the availability of the service. Evaluation of the service, including uptake, client satisfaction, and outcome, is ongoing using quantitative and qualitative methods. Data is presented on key themes identified in providing psychological services to consultees.

Results: Key themes identified included: 1. Service development: establishing trust, ensuring confidentiality, close between consultants working, flexibility, crisis management, safety, establish links with other agencies; 2. Complex psychological and social needs: mental health issues, trauma, substance misuse, domestic and sexual violence.

Conclusions: Consultees present with a range of complex psychosocial needs. While this population may have reservations about accessing 'standard' mental health services, a flexible psychology service working in close liaison with psychiatric consultants may be effective in addressing these needs.

Keywords: Reception Department; Consultees; Brief intervention service; Clinical psychology

EPP0724

Prevalence of adhd in the adult population in the Czech Republic and frequency of medication

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder often diagnosed between the ages of 7 and 10. The estimated prevalence of ADHD in adults is usually 2-5%, which means that in up to half of people this diagnosis persists into adulthood.

Objectives: The aim of this sub-study was to determine whether there are significant differences in ADHD symptomatology between individuals who have taken or are taking prescription drugs and those who have never taken them.

Methods: Data collection was performed by STEM / MARK in January 2019 through the European National Panel. Respondents completed a demographic questionnaire focusing on the history of ADHD and a standardized ADHD Self-Report Scale (ASRS) questionnaire for the symptomatology of ADHD in adulthood.

Results: Of the 1,518 respondents, 3% reported being diagnosed with ADHD / hyperkinetic disorder during their lifetime. According to the ASRS assessment, 119 respondents were classified as suspected ADHD. Overall, men scored higher symptoms of ADHD. The results also show that the group that states that taking medication has a statistically significantly higher average score in ASRS than unmedicated individuals. 6 individuals are taking medication to this day.

Conclusions: The data collected confirm our main hypothesis that ADHD symptomatology has an impact on the daily functioning of individuals in adulthood. Unlike peers with reduced or no ADHD symptoms, these people are far more likely to have time management issues, need to plan their day carefully, and yet often experience problems such as late arrivals due to a lack of anticipation.

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Keywords: adult ADHD prevalence; ASRS; medication

EPP0726

An outpatient clinic for integrative mental health: Patient and treatment characteristics and health outcomes based on patient reported routine outcome monitoring data

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Introduction: There is an increasing interest in integrative (mental) health care and a growth in centers offering such services, but a paucity of research on patient characteristics, diagnosis, treatments offered, the effects of those treatments and patient satisfaction.

Objectives: To examine the course of mental health outcomes in the context of the nature and quality of care of outpatients at a center for integrative psychiatry in the Netherlands, as well as relevant sociodemographic, clinical, and treatment-related moderators of this course.