

and urgent need to increase the recruitment and retention of doctors in psychiatry, starting from their young years.

Objectives: We aimed to study medical students' attitudes and views of psychiatry, and their career choices in psychiatry.

Methods: A systematic random sample of medical from two medical schools anonymously completed a questionnaire, distributed via the internet, covering the mental illness: clinicians' attitudes (MICA) scale, their choice of psychiatry as a career, and the possible associated factors.

Results: A total of 118 medical students participated in the study, with 50% in the second and first years of medical school. The mean age was 21.00 ± 12.2 years. The sex ratio (M/F) was 0.24. We found a personal history of mental health problems in 33.1% of the students.

The mean score of the attitude of health care professionals towards mental illness was 43.61 ± 8.22 out of 96. The results were moderately positive (lowest possible score 25, highest possible score 67) and the female student's attitude was slightly –but not significantly more positive than male students (male 46.4, female 42.4).

Negative attitudes were reported about the interactions with people with mental health problems, fear of disclosure to colleagues or friends about mental health problems, and confidence in the capabilities of assessing mental health problems in general medicine. No correlation was observed between the immersion clerkship of psychiatry and the MICA scores.

Of the 118 respondents to this question, 35 (29.8%) were most interested in surgical specialties, 35 (29.8%) in medical specialties, and 10 participants (8.5%) were most keen on psychiatry.

Conclusions: Stigma against psychiatry is widespread among medical students. The negative attitudes about mental health and mental diseases may be addressed through educational programs.

Disclosure of Interest: None Declared

EPV1098

Personal beliefs versus evidence-based decisions: vaccination behavior and doubts about antidepressants of students of medicine are affected by conspiracy theories

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Introduction: When medical professionals are obliged to adhere to *lege artis* and evidence-based decision-making, they need to interpret available evidence. As a complex cognitive process, however, such interpretation may be affected by socio-cognitive biases and predispositions. For instance, the conspiracy mentality (the general readiness to believe in conspiracy theories) or biological determinism (the belief that human lives are determined biologically) affect attitudes to antidepressant medication and vaccination in the public. Little is known about the effects of these variables on the decision-making of clinicians or students of medicine.

Objectives: The study examines the effects of conspiracy mentality (CM), covid-related conspiracy beliefs (CCBs), and biological determinism (BD) on the doubts students of medicine have about

antidepressants and on their uptake of the booster dose of COVID-19 vaccine.

Methods: CM, CCBs and BD were measured in May 2022 in a sample of 179 students of medicine (115 females), using the Conspiracy Mentality Questionnaire by Bruder et al. (2013), set of items measuring CCBs developed by Imhoff and Laberty (2021), and the Biological Basis scale by Bastian and Haslam (2006), respectively. The doubts about antidepressants were measured by the Antidepressant Conspiracy Scale by Natoli et al. (2021) tapping participants' beliefs that drugs and antidepressants specifically are ineffective and promoted and prescribed for financial gains. Logistic and linear regression models were used to predict respondents' vaccine uptake and doubts about antidepressants.

Results: Booster vaccine uptake was predicted by BD (OR = 1.45; $p < .05$) and CCBs (OR = .73; $p < .05$), together explaining 7% of the variance. Booster vaccine uptake was not predicted by CM.

Doubts about antidepressant medication were predicted by CM ($b = .17$, $p < .001$) but not BD ($p = .89$), together explaining 10% of the variance.

Conclusions: The doubts students of medicine have about antidepressants and their vaccination behavior was predicted by their biological determinism, belief in conspiracy theories and general conspiracy mentality. Although the relationships were weak, they support claims that health-related beliefs and behaviors of students of medicine are related to their implicit beliefs and socio-cognitive predispositions. These personal factors may therefore affect their professional decision-making and should be addressed in medical education.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPV1099

Unit for women with schizophrenia in a community mental health service: Description of current and projected programs and quality evaluation measures.

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Introduction: Women with schizophrenia require health interventions and safe spaces sufficiently different from those of men.

Objectives: To describe units in two mental health outpatient services specialized in the treatment of women with schizophrenia and related disorders.

Methods: Two units in Spain projected to treat women with schizophrenia and related disorders - Community Mental Health Programs (CMHU Rambla, CMHU Sant Cugat) will be described. Recruitment, assessment, intervention, and evaluation and satisfaction measures will be characterized, and the need to build-in safety precautions (policy/structural).

Results: Demographics:(Preliminary 2021 data on the two services).

Patients attending (CMHU): 3,393. Forty-five per cent diagnosed with severe mental illness. Schizophrenia and related disorders: 873 patients. 58% women.

Staffing projected: 2 psychiatrists, 2 nurses, 1 clinical psychologist, 2 social workers.

Physical structure: Safe spaces for women/children.

Programs (offered currently and in planning stages): 1)Therapeutic Drug Monitoring/Adherence, 2)Individual/group patient/family sessions, 3)Perinatal Mental Health (preconception, pregnancy, lactation, postpartum, parent training/support), 4)Collaborative programs (primary care, medical specialties especially obstetrics/gynecology and endocrinology, trauma specialists, addiction experts), 5)prevention/intervention of suicide risk, 6)social services (single mothers, family issues, domestic abuse, sexual exploitation) 7)home-based services, 8)peer support, 9)physical activity, 10)psychoeducation for patients and families.

Planned quality evaluation measures: diagnostic assessment (reliability, long-term validity);regular treatment effectiveness evaluation (individualization of treatment plans, assessment of adverse effects of drugs, screening for metabolic syndrome/ physical health, family intervention, psychoeducation (individual/group) assessment of suicidal ideation and global functioning.

Conclusions: Specific services for women with schizophrenia and related disorders represent an important resource to improve patient well-being and offer clinical care leading to individual recovery.

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EPV1100

The link between Pos-Traumatic Stress Disorder and Childbirth

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Introduction: Childbirth can be experienced as distressing or even traumatic for some women and her partners, which could cause psychological distress, intense fear or helplessness and increases the

risk of anxiety, depression and even post-traumatic stress disorder (PTSD). The reported prevalence of post-traumatic stress disorder after childbirth ranges from 1.5% to 6%.

Objectives: The current study aimed to elaborate a narrative literature review to identify predictors associated development of PTSD in women and the partners.

Methods: PubMed database searched using the terms “post-traumatic stress disorder” and “childbirth” and “trauma”. Only research conducted in the past 20 years was considered for inclusion.

Results: Several variables were associated with risk to development PTSD after childbirth, including negative experiences and severe fear of childbirth, subjective distress, previous abortion, psychological difficulties in pregnancy, previous psychiatric problems, history of PTSD and trauma. Furthermore, obstetric and birth-related factors such as pregnancy complications, type of birth could also contribute to PTSD in women and her partners. Additionally, different environmental factors like poor interaction between provider and mother, low social support during labour and birth are associated with development of PTSD.

Conclusions: Clinicians should be aware that many women and her partners have a risk to development PTSD following childbirth. We need to research risk factors in routine clinical practice and carefully monitored the patients with high risk.

Disclosure of Interest: None Declared

EPV1101

MOTHER-CHILD RELATIONSHIP IN THE CONTEXT OF DOMESTIC VIOLENCE

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Introduction: Mother-child relationship has a major role in a child's cognitive, emotional and behavior shaping. Unfortunately, in the context of domestic violence, this relationship can be negatively impacted becoming strained or distant.

Objectives: To assess the quality of Mother-Child Relationship in the context of domestic violence or intimate partner violence. And to investigate the factors influencing negatively the Mother-Child Relationship.

Methods: This is a descriptive and analytical cross-sectional study, conducted among abused women and their children, recruited from associations combatting violence against women, from Moulay abdellah hospital of Salé, and from consultation at the university psychiatric hospital Arrazi of Salé, through a hetero-questionnaire that includes socio-demographic characteristics and scales measuring the quality of mother-child relationship (IPA, CAM) and psychological distress of the mother and the child (EMMDP).

Results: From the results observed in women and children recruited in our study, we retain that various elements are impacting the mother-child relationship, such as psychological maternal functioning, child's behavior functioning, parenting qualities, insecurity of child's attachment, unhealthy internalized representations...

Conclusions: A better understanding of the factors influencing mother-child relationship, can allow us to offer more tailored