

Objectives: Our aim with this cross-sectional study, was to investigate the attitudes of adult and child psychiatrists in the Netherlands towards people with mental health problems.

Methods: We used the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) to measure the stigmatizing attitudes. Participants filled in this internet-based survey anonymously. The OMS-HC total scores as well as the subscales were used to determine the stigma.

Results: Altogether, N=170 practitioners (n=45 males, n=124 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.057, CFI=0.968, TLI=0.935); however, exploratory factor analysis results indicated the weakness of items 13 and 15. Participants who provide psychotherapy to their patients prefer less social distance towards them (9(7-10) vs 10(7.5-11), $p=0.051$). Also those who have ever been treated medically for their own mental health problems, prefer less social distance (7,5(6-10) vs 9(8-11), $p=0.009$). Rural working psychiatrists are more willing to disclose and seek help for their mental health problems than those working in urban areas (9 (8-10) vs 8 (6.5-9.5), $p=0.024$). Those who are open to (29(26-32.5) vs 32.5(31.25-35), $p=0.009$) or having an opportunity to regularly participate in case discussion groups (29(25.25-32) vs 32(28-35.25), $p=0.012$) have an overall favourable attitude towards people with mental health problems.

Conclusions: This is the first study on the stigmatizing attitude of practicing psychiatrists in the Netherlands from their own perspectives. It will contribute to the gaps of knowledge of the stigmatizing attitude of psychiatrists towards people with mental health problems. Moreover this study will provide new interventions towards less stigmatizing attitude of psychiatrists.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0142

Impact of mother's childhood trauma on development of psychopathological dimensions in patients with peripartum mental disorders

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Introduction: Peripartum mental disorders (PPMD) are characterized by heterogeneous psychopathological symptoms related to specific personality traits, which are only taken into account by a few preventive and therapeutic strategies. Traumatic experiences during childhood could predispose to develop those disorders during adulthood, especially in more stressful conditions, such as pregnancy and postpartum.

Objectives: Our study aims to evaluate the correlation between mother's childhood trauma and the development of certain psychopathological dimensions during peripartum and which of these dimensions could be indicative of mother's childhood trauma.

Methods: The sample included 74 women, recruited from Sant'Andrea Hospital in Rome between 2011 and 2022, diagnosed with a psychiatric disorder during peripartum, according to criteria of DSM-5. All recruited women were administered the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). We performed a linear regression using the total CTQ score as a dependent variable and the MMPI-2 scale's scores as independent variables.

Results: The linear regression used showed two significant models, of which the most inclusive explained 60% of the variance ($R^2 = 0.597$), resulting significant ($F = 31.141$; $p < 0.001$). This model showed that a greater expression of childhood traumatic aspects was associated with greater expression of Pa (paranoia) ($t = 4.04$; $p < 0.001$) and Ma (hypomania) ($t = 3.873$; $p < 0.001$) in the clinical scales of the MMPI-2, which were indicative of childhood trauma.

Conclusions: Our study shows that paranoid and hypomanic symptoms in PPMD, assumed by the MMPI-2 scale, are indicative of previous traumatic dimension. Thus, in the presence of a positive history of trauma, clinicians should pay attention especially to these aspects, in order to optimally set both pharmacological and psychotherapeutic treatment.

Disclosure of Interest: None Declared

EPP0148

Scale for Body Image Concerns During the Perinatal Period – Adaptation and validation

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Introduction: The perinatal period may intensify weight and body image concerns. Due to its specifics, the traditional body image scales are inaccurate in the perinatal period (Fuller-Tyszkiewicz et al. 2013). The Body Image Concerns During Pregnancy (Uçar et al. 2018) was developed to measure this cognitive-emotional variable in pregnancy.

Objectives: To analyze the psychometric properties of the Portuguese adapted (both for pregnancy and postpartum) version of the Body Image Concerns during the Perinatal Period (BICPP), namely its construct validity and the internal consistency.

Methods: A sample of 346 women recruited through social media and Family Health Units, assessed in the second trimester of pregnancy (mean gestational age=28.11±7.67 weeks) and after delivery (baby's age 4.37±2.87 months), completed a survey including the Portuguese BICPP.