

EPV2000

The Rockefeller Foundation and Evidence-based Psychiatry, 1920-1950

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Introduction: By 1920, the Rockefeller Foundation had set out to systematically improve medical education and clinical practice. This wealthy, formidable agent for change initially focused on surveying the state of medical education world-wide and then targeting individual research institutes and universities with funding aimed at improving their facilities.

Objectives: The aim was to increase understanding of how the Foundation's focus on improving medical education and practice changed over time.

Methods: The Rockefeller Foundation archive documents the philanthropic activities of the Foundation. Employing a social-history methodology, the primary sources utilised involved officer diaries, including that of Alan Gregg who directed support for medical research and education globally throughout the 1930s and 1940s. Also examined were contemporary journals such as *The British Medical Journal*, the *New England Journal of Medicine*, and *The Lancet*; contemporary newspapers such as the *New York Times*, *The Illustrated London News*, and the *Times of India*, among others. The evidence from the diaries was compared with that of journals, newspapers, and other primary sources.

Results: Initially the Foundation employed a disease-control model aimed at eradicating hookworm, malaria, and yellow fever. However, over time the Foundation changed its focus and developed a special interest in building the discipline of psychiatry. Gregg came to firmly believe that the funding of mental health research and teaching should be given the same resources as any other branch of medicine. Gregg supported initiatives to include psychiatry in standard medical school curricula and he also directed Foundation funding toward individual researchers in the field of mental health. He eventually came to serve as an advisor to the National Institute of Mental Health and the psychiatry section of the Department of Veterans Affairs.

Conclusions: The focus of the Rockefeller Foundation changed over time. Using meticulous planning, the Foundation moved from a laboratory-based, disease-eradication model to developing a deep commitment to promoting scientific psychiatry internationally.

Disclosure of Interest: None Declared

EPP730

Wellness at Work for Psychiatry Trainees in Ireland: A Pilot Quality Improvement Project

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Introduction: Psychiatry trainees in Ireland are categorised as Non-Consultant Hospital Doctors (NCHD). Research into the

wellbeing of NCHD's has consistently highlighted difficult working conditions with the majority reporting they have been told by others they neglect their own health. The learning outcomes of the College of Psychiatrists of Ireland are majority clinical, professional and academic based with only a small focus on outcomes related to trainee wellbeing. Therefore, local and creative initiatives to support psychiatry trainee health and wellbeing are warranted.

Objectives: To conduct a needs analysis amongst psychiatry trainees in the Sligo/Leitrim Mental Health Service to inform the development of a NCHD Wellness at Work Committee and assess its impact over over a six month period from January 2024 – July 2024.

Methods: Following Clinical Director ethical approval, an anonymous online survey was shared with NCHD's through email to assess their workplace wellbeing needs. Results were collected and analysed using Microsoft Excel leading to the creation and implementation of an action plan. At the end of the period, another anonymous online survey was shared through email to assess the usefulness of the project.

Results: 16 out of 23 local NCHD's responded to the needs analysis. 88% identified 'Physical Health' as the top priority for the committee, while 75% endorsed the 'Psychosocial work Environment' and 'Mental Health and Wellbeing'. The 'Physical Work Environment' and 'Healthy Eating' were chosen by 44%.

In terms of a wellness at work development program, the most frequently requested item was 'Activities to support mental health' (69%), followed by 'Corporate Leisure Centre discounts' at 63%, 'Stress Management' and 'Exercise/physical activity classes' both at 56% and 'Access to healthy food' and 'Sports participation' options both at 50%. 'Not enough time' was identified as the greatest barrier to participation by 69% with equal variations across preferred timing of activities.

The action plan included the improvement of the physical work environment along with the arrangement of a financial planning webinar, Human Resources Coaching, Occupational Health and Health Promotion sessions. Information was shared by email on the Cycle to Work scheme and the Living Well stress reduction program along with social events including a breakfast club, provision of time and facilities pre-trainee teaching for social interaction and a regular social dinner.

An impact assessment survey provided 12 responses from a total requested of 16 with all 12 responding indicating a positive impact. The missing 4 responses were due to trainees moving location.

Conclusions: This is, to our knowledge, the first quality improvement project to date involving the creation of an NCHD Wellness at Work Committee in Ireland.

The results will be used to inform and encourage the development of similar initiatives Deanery wide.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

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Chirps and Sentiments regarding PMS and PMDD: where does X stand?

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