

observed. The level of training influences knowledge background, which, in turn, influences young professionals' perceptions and opinions regarding digital psychiatry and interventions in mental health.

Conclusions: Implementing psychiatry training programs may significantly improve the level of knowledge and use of digital tools in mental healthcare. Moreover, mental health services and infrastructures should be properly adapted to the digital era, considering the overall weak and heterogeneous technical support and equipment, issues of internet connectivity and other administrative related challenges observed in APAC.

Disclosure: No significant relationships.

Keywords: psychiatry training; training in digital psychiatry; digital psychiatry

EPV1614

Taking back control of the Data. Developing an all in one System to monitor training post quality and provide trainer feedback

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Introduction: We will present experience developing a system for monitoring training placements in psychiatry and community paediatrics, and how this was expanded to provide an automated anonymised MSF for trainers for annual appraisal and will identify trainers in need of additional support and other post/training programme issues. The session will be of interest to educators and medical education leads with practical tips and lessons learnt over the last 8 years since the system was first developed.

Objectives: The system was also used to identify trainers in need of additional support and other post/training programme issues.

Methods: We used an electronic system to gain the information as stated in the introduction.

Results: Over the last 8 years we have collected data using this system. the results for our trust will be displayed anonymously but the system is the focus of this presentation.

Conclusions: The advantages of the system are that it runs throughout the year (so covers each post and placement), has high trainee response rates, has no selection bias (compared with some other MSF systems) and the results are embedded within local quality systems and individual consultant appraisals. The data that the system collects can help provide robust evidence when investigating concerns that might only arise periodically (for example through the annual GMC trainee survey in the UK). We believe that this system will be applicable for doctors providing training in other countries and empowers the improvement of psychiatric training for the profession.

Disclosure: No significant relationships.

Keywords: Supervisor; appraisal; education; Multi source feedback

EPV1616

Exploring the Barriers to Discussing Unconscious Racial Bias in Psychiatry Trainees

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Introduction: Racism is present in most aspects of our society, including healthcare. Differences in health outcomes, and in the quality of mental health treatment for people coming from ethnic minority groups have been demonstrated in the literature. Psychiatry trainees are required to understand the impact of structural inequalities and power differences within mental health services, and to be able to deliver clinical care that is equitable for all.

Objectives: To provide psychiatry trainees with a space to reflect on unconscious racial bias in clinical work and to explore potential barriers when talking about such topics.

Methods: A Race and Equality Reflective Group for psychiatry trainees was organised as an opportunity to discuss unconscious racial bias. Due to an insufficient number of registrations, the session was cancelled. An anonymous feedback questionnaire was sent to all trainees to understand reasons behind this, and to explore potential barriers to participation. The results were analysed and were brought back to a regular Balint group for further exploration.

Results: Twelve trainees filled in the questionnaire. The main themes identified included this topic being a sensitive issue (5; 41.7%), discomfort in trainees (5; 41.7%), insufficient time to participate (4; 33%) and timetable clash (3; 25.9%). Barriers to discussing unconscious racial bias and inequality were identified in further exploration with trainees. The tendency for groups to adopt a split position that was observed, mirrors the dynamics seen in institutional racism.

Conclusions: This work has highlighted the need for ongoing focused, facilitated educational spaces where these issues can be openly discussed and reflected upon.

Disclosure: No significant relationships.

Keywords: reflective practice; racial bias; institutional racism; medical education

EPV1617

Burnout among psychiatry residents in tunisia

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Introduction: Psychiatry residency training is a stressful transitional period for young doctors who are faced with challenging patients, increased clinical responsibility coupled with lack of clinical experience, and on-call obligations, leaving them at high risk of burnout.

Objectives: To assess the frequency of burnout among psychiatric trainees, and to identify factors associated with severe burnout.

Methods: A cross-sectional study was conducted through an online survey among psychiatry residents working in Tunisian hospitals.

Participants completed an anonymous self-administered questionnaire and the Maslach Burnout Inventory (MBI) to assess burnout.

Results: Forty residents completed the survey. The average age was 28.08 ± 2.433 . The majority of the participants (87.5%) were females, 27.5% were married and 17.5% had kids. One fifth of the residents were smokers, 22.5 % used alcohol and 5% used cannabis. History of psychiatric disorder was reported by 35% of the participants (depression 15%, anxiety 17.5%, bipolar disorder 2.5%). Half of participants were first year residents and 75% had psychiatry as their first-choice specialty. The majority (72.5%) declared working in poor conditions. Overall, 37.5% of the participants met the criteria for severe burnout. Female gender and poor conditions of the workplace were significantly associated with burnout symptoms ($p=0.007$ and $p=0.014$ respectively).

Conclusions: Attention to burnout during residency is important, given the potential to implement preventive and management strategies on time for physicians' to promote wellness and avoid severe consequences.

Disclosure: No significant relationships.

Keywords: burnout; psychiatry; residents

Women, Gender and Mental Health

EPV1618

Women's access to mental health care in Tunisia

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Introduction: Tunisia is viewed as an advanced country in terms of women's rights in the Arab world. However, women are more exposed than men to many specific risk factors which greatly contribute to threaten their mental health.

Objectives: The main objective of this study was to find out the sociodemographic and clinical profiles of women admitted in Razi psychiatric hospital and their access to mental health services.

Methods: A cross sectional and descriptive survey was conducted between March and April 2021 in the department of psychiatry D of Razi Hospital including 40 female inpatients.

Results: The majority of patients had low (37.1%) to moderate (61.9%) socio economic status, with primary education (40%), secondary education (20%) and higher education (28.6%). The majority was unemployed (68.8%). A significant difference was observed between adherence to treatment and family support ($p=0.04$). It was mainly the father or the husband who was taking care of the patient in 50% of cases. The first psychiatric consultation was 2.68 years after having symptoms. Hospitalization was about 4.94 years later. Twenty five percent of them have seen a practitioner before consulting. About 46.87% of patients had conflicts with a member of her family and 15.62% of them were victims of either domestic or family violence. The main diagnoses were mood disorders (31.4%) and schizophrenia (42.9%) Time between symptoms onset and hospitalisation was significantly associated with socioeconomic status ($p=0.047$) and cultural beliefs ($p=0.026$).

Conclusions: The protection of women's mental health is not only a medical challenge but also a cultural and political one.

Disclosure: No significant relationships.

Keywords: women mental health; Tunisia

EPV1619

Women's Perception and Attitude Towards Using Antidepressants During Pregnancy: A cross sectional study

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Introduction: Depression during pregnancy leads to deterioration of the mothers' and the fetus' health.

Objectives: To explore women's perception and attitude towards using antidepressants during pregnancy and identify the factors that influence decision making regarding antidepressants use.

Methods: A cross-sectional survey of 991 subjects using convenient sampling. All study subjects (PNU affiliates; staff and students) were invited to fill out an electronic questionnaire, KAAUH staff and PNU female associates who were less than 18 years old were excluded. Answers were reported using 5- point Likert scale. The responses were summed up to give a total score for each respondent. The cutoff point is 75%. Respondents who scored above or equal 75% of the total score was considered as positive perception or favorable attitude.

Results: The majority of women had negative perception and favorable attitude towards using antidepressants during pregnancy reaching 64%. While, women with positive perception and favorable attitude represented about 20% of the study subjects. The main factors influencing decision making were, education specialty (health, none-health) and subject history of diagnosis with any psychological disorder. Social stigma, religious believes and fear of addiction were reported by surveyors to be the reason influencing their perception and attitude about antidepressants use (P value <0.005).

Conclusions: This study reveals that although Saudi women reflect a negative perception towards using antidepressants during pregnancy, yet they have a favorable attitude once depression during pregnancy becomes an issue.

Disclosure: No significant relationships.

Keywords: Depression; antidepressant; Pregnancy; Antidepressants

EPV1620

An Evaluation of Mental Health Professionals' Confidence in Performing Perinatal Assessments & The Need for the Development of an Assessment Tool

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Introduction: Clinicians often do not have experience assessing perinatal patients unless they work as part of a perinatal team.