

## W0022

### Recent Trends in Russian Psychiatry with Particular Emphasis on Training in Women's Mental Health

N. Ilina<sup>1\*</sup> and N. Semenova<sup>2</sup>

<sup>1</sup>LLC "Garnet MC", Psychiatry, Moscow, Russian Federation and

<sup>2</sup>V. Serbsky National Medical Center for Psychiatry and Narcology, Clinical Psychology Counseling, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.168

There will be two main foci to this presentation.

Firstly, Designing and implementing a new educational program entitled "Women victims of domestic violence: Detection, clinic, help" – that is mainly based on the teaching of several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women. Our program is a follow-on to the one held during the COVID-19 pandemic restrictions, at which interest was expressed in sharing ideas and resources.

Secondly, Informing on the recent trends in Russian perinatal psychiatry. This covers the psychiatric training in the assessment domain, case management, and service evaluation.

We will introduce and review some resources for use in women's mental health practicals, propose innovative pedagogical structures for practical teachings, such as Problem Based Learning, 'Vicarious Learning,' and encourage discussion of how the practical aspects of women's mental health teaching can be supported and enhanced. Teaching modules and training pathways will be delivered ("not too much; not too little and in the right order"), and dimensions of quality in continuing professional development in women's mental health (i.e., Sophistication, Credibility, Timeliness, and Utility) will be outlined. This will be followed by a discussion exploring the different prioritization of the teaching modules across various organizations.

We urge our audience to consider it is time for psychiatric training in women's mental health to move from the margins to the center.

## W0023

### Women with Lived Experience in the Perinatal Period: What do they want from Their Doctors?

C. Dolman<sup>1\*</sup>, L. Howard<sup>1</sup> and I. Jones<sup>2</sup>

<sup>1</sup>Institute of Psychiatry, Psychology & Neuroscience at King's College London, Health Service And Population Research Department, Womens Mental Health, AF, United Kingdom and <sup>2</sup>University of Cardiff, Wales, Mrc Centre For Neuropsychiatric Genetics And Genomics, Cardiff, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.169

**Introduction:** Best practice requires the treating physician to understand the needs and hopes of his/her patient, particularly in relation to pregnancy and childbirth preferences. This is even more necessary for women with Severe Mental Illness (SMI) because of the complicated decisions they face balancing the need to continue medication in pregnancy to prevent relapse against any possible harm to the foetus. Objectives: To explore what women themselves view as most important when discussing pregnancy and childbirth with psychiatrists and what barriers there are to a) having a meaningful conversation and b) achieving optimum outcomes. Qualitative methods were used to

analyse the data from in-depth interviews with 21 women, recruited from a South London NHS organisation (76%) and the UK's national bipolar charity (24%). The views of 25 health professionals, including 19 psychiatrists, were also collected and analysed. Results: Many themes emerged but principally women wanted: information, continuity of care, better training for health professionals, to co-produce a detailed care plan, access to a Mother and Baby Unit, peer support and more research on medications in pregnancy. Conclusions: This study highlighted the importance of understanding women's needs and fears and giving them the necessary information to make the difficult decisions that face them. Such understanding is likely to lead to more positive therapeutic relationships and better long-term outcomes.

**Disclosure:** No significant relationships.

**Keywords:** Perinatal; Women with SMI; Optimum care; lived experience

## W0024

### What should General Adult Psychiatrists know about Reproductive Counselling of Women with Severe Mental Illness?

T. Kurimay

North Centre Buda New Saint John Hospital and Outpatient Clinic, Buda Family Centre Mh Centre Department Of Psychiatry, Teaching Dep. Of Semmelweis University, Budapest, Hungary

doi: 10.1192/j.eurpsy.2022.170

A notable part of psychiatry is prevention. Our job, as psychiatrists, is not only to treat mental disorders, but also to prevent them. Treating mothers in postnatal period reducing the negative consequence of depression for child development, for example. General adult psychiatrists face the challenge of having patients, who receive psychiatric health care, while also planning to have a child. Many professionals may find themselves in a situation, when they feel clueless on what to advise regarding pharmacotherapy and realistic expectations on having a child. The presentation will focus on some crucial topics. What should counselling include when planning pregnancy, highlighting differences among first and second or further children. Potentials risks and harms on the fetus / newborn baby will be introduced with emphasis on pharmacological/chemical agents, infectious effects and social, relational and family stressors. What the guidelines are for Covid-19 vaccination and pregnancy. Relative and absolute contraindications of planned pregnancy will be discussed. The crucial question of artificial/therapeutic abortion; are there any psychiatric conditions, when a psychiatrist can/should suggest it? The advantage and knowledge of perinatal mental health guideline papers, bio-ethical aspects will be discussed, along with the consequences of untreated mental illness. Advantage of breastfeeding and an up-to-date view on what should be psychiatrists' aim will be introduced. Why is it inevitable to cooperate with GPs, obstetric- and gynecology colleagues and further medical professionals? The essential aspect and advantages of involving fathers and extended family members in this approach also will be explained.

**Disclosure:** No significant relationships.

**Keywords:** risk management; planning pregnancy; consequences of untreated mental illness; interdisciplinary and family members collaboration