

W040

Psychiatric training in perinatal mental health across European countries

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Introduction The aim of postgraduate psychiatric training is to prepare psychiatrists to practice independently. The quality of care provided will depend on the training they received. Pregnancy and childbirth (usually called the perinatal period) are a high-risk period for many women with psychiatric problems. An illness episode at that time can have a devastating effect on women and the whole family, including the child's development.

Objectives To understand how perinatal mental health training is organized within Europe and how it fits in the training curricula.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member country organizations. We have asked respondents if they received training in perinatal psychiatry, whether that was optional or mandatory and what was its duration. Where training in perinatal psychiatry was not available we asked if they felt it should be.

Results Data will be presented from the 35 countries that responded in the 2016 survey. Six countries reported that training in perinatal mental health is available. But it is mandatory in only one, with the others offering a mix of theoretical and practical optional training. Of the 29 countries that do not offer perinatal psychiatry training, the majority reported it should be offered and mandatory.

Conclusion There is a gap in the expectations of psychiatrists treating women in pregnancy and after birth, and a widespread lack of training for them to be able to do so effectively.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.063>

W041

Psychiatric trainees' experience of their training in perinatal mental health

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Introduction Approaching and offering treatment to a patient in perinatal period might be complicated. Often, it is regarded as one of the most difficult aspects in psychiatry. Given the increasing trends in the number of female patients of childbearing age consulting to psychiatric services, it has become an issue that specialists of today and tomorrow need to be well aware of.

Objectives To better understand the impact of perinatal mental health training on psychiatric trainees from different countries in Europe who receive such training.

Methods The European Federation of Psychiatric Trainees conducts annual surveys, directing questions to national trainee representatives, to assess the situation of psychiatric training. EFPT representatives of the countries where perinatal mental health training was reported to be included in psychiatry and/or child and adolescent psychiatry training programmes, namely Germany, France, Malta, Finland and Ireland, were contacted. Qualitative interviews focusing on the confidence (or in confidence) trainees feel when a patient who is planning pregnancy, pregnant or breastfeeding consults to them and the impact of training in perinatal mental health on their attitudes as clinicians were explored.

Results Although theoretical training in perinatal mental health is considered as an important aspect of psychiatry training in general, practical training or rotations are not found as essential. However, being able to benefit to more than one generation was perceived as a source of motivation.

Conclusions Perinatal mental health is appreciated as a critical part of theoretical education by trainees and in countries where a clinical rotation is available, it enhances making more use of resources and consultation possibilities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.064>

W042

Developing a curriculum and standards for psychiatric training in perinatal mental health

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This presentation will inform the audience about the workforce issues in England in relation to Perinatal Psychiatry. The talk will illustrate the methods being utilised within the Royal College of Psychiatrists to develop the skills and competencies of clinicians. Intensive training courses, curriculum development and an innovative bursary scheme for consultant psychiatrists will be described.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.065>

Workshop: Risk factors for psychosis in migrants in Europe: Results from the EUGEI study

w043

Does social disadvantage explain the higher risk of psychosis in immigrants? results from the eugei study in london

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Evidence indicates that migrant and ethnic minority groups have an elevated risk of psychosis in a number of countries. Social disadvantage is one of the hypotheses put forward to explain these findings. The aim of this study is to investigate main effects, association and synergism between social disadvantage and migration on odds of psychotic experiences. We collected information on social disadvantage and migration from 332 patients and from 301 controls recruited from the local population in South London. Two indicators of social disadvantage in childhood and six indicators of social disadvantage in adulthood were analyzed. We found evidence that the odds of reporting psychotic experience were higher in those who experienced social disadvantage in childhood (OR= 2.88, 95% CI 2.03–4.06), social disadvantage in adulthood (OR= 9.06, 95% CI 5.21–15.74) and migration (OR= 1.46, 95% CI 1.05–2.02). When both social disadvantage and migration were considered together, the association with psychosis was slightly higher for social disadvantage in childhood and migration (OR 3.46, 95% CI 2.12–5.62) and social disadvantage in adulthood and migration (OR 9.10, 95% CI 4.63–17.86). Migrant cases were not more likely than non-migrant cases to report social disadvantage ($p=0.71$) and no evidence of an additive interaction between migration and social disadvantage was found (ICR 0.32 95% CI –4.04–4.69). Preliminary results support the hypothesis that the association between social disadvantage and psychosis is independent of migration status.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.066>

w044

Trauma and migration in first episode psychosis

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Introduction Researches show that the period of migration, or the migration process itself, may confer an increased risk for psychosis. Some studies have addressed whether the high rates of psychosis found in migrants could be due to higher genetic or environmental risk factors. Facing severe or chronic stress such as trauma, social isolation, low socio-economic status, late-life social adversity may result in long term, sometimes permanent, alterations of the biological stress response system, leading to the onset of psychosis.

Objectives This study aims to examine, in a large sample of first episode psychosis patients, whether negative social experiences like stressful life events and difficulties, trauma and isolation have significantly higher frequencies in migrants with respect to natives.

Methods The present study is conducted within the framework of the EUGEI (European Network of National Schizophrenia Networks Studying Gene Environment Interactions) study, a Europe-wide

incidence and case-control study of psychosis conducted in 12 centers chosen to include areas with large first and subsequent generation migrant populations.

Data about age, gender, migration history, trauma, life events, ethnicity, social class and family history of mental disorders have been collected.

Results Preliminary data on the relationship between trauma and migration in first episode psychosis will be presented.

Conclusions Since migration is an important stressful life event, and difficulties in integration in host countries may remain chronic, it is important to identify in each context the most vulnerable minority groups in order to implement targeted prevention interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.067>

W045

The social defeat hypothesis of schizophrenia: an update

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Research provides strong evidence of an elevated risk for developing psychotic symptoms and psychotic disorder among various ethnic and other minority groups. Furthermore, ethnicity may modify the risk for autism-spectrum disorder, but the evidence of this is still thin. Misdiagnosis, selective migration and other methodological artefacts are implausible explanations for the findings on psychotic disorder. Instead, we propose that 'social defeat', defined as the chronic experience of being excluded from the majority group, may increase the risk for psychotic disorder by sensitizing the mesolimbic dopamine system. Future challenges lie in connecting the underlying biological mechanisms to behavioral expression in socially excluded groups, as well as in bridging the gap with the clinical field and the wider society by stimulating the implementation of strategies that strengthen the position of minority populations.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.068>

W046

Migration history and the onset of psychotic disorders

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Introduction Research has established that there are high rates of first episode psychosis (FEP) in immigrant populations. These findings could indicate that socio-environmental risk factors, such as individual social class, social capital, early trauma, life events, neighborhood deprivation could be relevant in explaining the differences in incidence rates observed between migrants and natives, following the socio-developmental model of Morgan et al. (2010). Some preliminary results also indicate that migration history itself versus ethnicity could implicate higher risk of the onset of psychotic disorders.