

**Conclusions:** Notwithstanding comparable accuracies, we cautiously consider the RF model outperforming primarily due to its better discriminability. As the baseline conditions of the patients with SSD could indicate the 3-year mSI level, customized amount and types of resources and interventions can be designed to improve the level of multidimensional social inclusion of all SSD patients.

**Disclosure of Interest:** None Declared

### EPP0335

#### Nutritional Markers and Perinatal Maternal Mental Health: A Network Analysis

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doi: 10.1192/j.eurpsy.2023.652

**Introduction:** Perinatal maternal depression and anxiety are associated with adverse maternal outcomes, and nutrition may play an important role in their emergence. Previous research shows that certain micro and macronutrients found in different dietary patterns may influence perinatal mood disorders.

**Objectives:** This study aims to explore relationships between nutrition during pregnancy and perinatal maternal depression and anxiety symptoms using network analyses.

**Methods:** Using data from the French EDEN mother-child cohort, the sample consisted of 1438 women with available perinatal mental health outcomes (CES-D, STAI and EPDS) and nutritional markers collected from food frequency questionnaires. Four networks were constructed to explore the relationships between prenatal nutrient status, dietary patterns, and perinatal mental health, while accounting for important confounders.

**Results:** The Healthy dietary pattern was associated with the presence of vital micronutrients, while the Western dietary pattern was consistently associated with poorer intake of vital micronutrients and contained an excess of certain macronutrients. Western dietary pattern and symptoms of postnatal depression were connected by a positive edge in both the macronutrient and micronutrient networks. Lower education levels were associated with higher Western dietary pattern scores, from which a positive edge linked to postnatal depression symptoms in both models.

**Conclusions:** A Western dietary pattern was associated with increased symptoms of postnatal depression in our adjusted network models; The Healthy dietary pattern was associated with essential micronutrients but not with symptoms of depression or anxiety. Perinatal mental health might be impacted by specific dietary patterns in the context of psychosocial and physical stress associated with pregnancy.

**Disclosure of Interest:** None Declared

### EPP0336

#### Measuring the professional social capital of psychiatrists: adaptation and validation of the Resource Generator for Psychiatrists (RG-Psy)

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doi: 10.1192/j.eurpsy.2023.653

**Introduction:** Psychiatrists need access to professional resources to care for their patients. In mental health settings, clinical innovations such as a new therapeutic approach, clinical guidelines or new drugs can diffuse more or less, depending on the social capital of these clinicians. The Resource Generator developed by Snijders & Van Der Gaag (2004) measures access to resources within a social network for the general population. It may therefore not capture access to social capital in the professional field of psychiatry.

**Objectives:** We aimed to develop and validate the Resource Generator for Psychiatrists and to detect factors influencing the social capital of clinicians.

**Methods:** The development of the final 11-item questionnaire followed multiple steps. First, the items were selected and adapted by an expert in the sociology of mental health to match the sector of psychiatry. Content validity and detection of important issues or misunderstandings were ensured by cognitive interviews with a panel of 6 clinicians. Each item has a 6-point response scale, rated from 0 to 6. Answers were coded "0" when the respondent did not need a certain resource or it was not applicable to their situation, while answering the closest resource was coded "6". The online self-completion questionnaire was administered through a link sent by email to all adult psychiatrists and psychiatric residents licensed to work in Belgium. Additional warm contacts were performed for psychiatrists working in ambulatory care. An exploratory factor analysis was conducted. Internal consistency was ensured with Pearson's correlation, item-total correlation and Cronbach's alpha. Test-retest reliability was also measured. Multivariable linear regression analysis assessed the association between psychiatrist demographics and the RG-Psy total score.

**Results:** The Resource Generator for Psychiatrists questionnaire completed by 152 psychiatrists showed a normal distribution with a mean of 32.5 (SD=12), good test-retest reliability (ICC=0.81), and good total Cronbach's alpha (0.74). Exploratory factor analysis revealed two main subtypes in psychiatrists' social capital: "attention and access to advice" and "practical assistance, knowledge and expertise", with Cronbach's alpha of 0.62 and 0.7 respectively. Clinicians attending institutional seminars ( $\beta=5.5221$ ,  $p=0.013$ ) and working in multidisciplinary settings such as hospitals ( $\beta=4.7448$ ,  $p=0.023$ ) or a mobile team ( $\beta=8.7475$ ,  $p=0.014$ ) were more likely to have higher social capital.

**Conclusions:** Psychiatrists' access to professional resources can be reliably measured by a 11-item questionnaire and can be used to test the influence of their professional social capital on different outcomes.

**Disclosure of Interest:** None Declared

### EPP0337

#### Subjective Triggering Conditions of Affective Episodes in Adolescents and Young Adults from the General Population

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doi: 10.1192/j.eurpsy.2023.654

**Introduction:** Affective episodes often emerge in adolescence and young adulthood. Identification of factors subjectively associated with their onset may improve aetiological models and targeted intervention.

**Objectives:** To examine precipitating conditions of (hypo-)manic and depressive episodes in adolescents and young adults from the general population.

**Methods:** A random sample of 14-21 year-olds was drawn from the population registry of Dresden, Germany, and N=1180 were assessed in 2015/2016 (response rate: 21.7%). Lifetime depressive and (hypo-)manic symptoms as well as full-threshold depressive and (hypo-)manic episodes (DSM-5) were identified using standardized interview. Participants reporting depressive or (hypo-)manic symptoms were asked whether and which events or conditions they associate with episode onset. Besides responses on a list providing potential triggering conditions a free answer was possible. Qualitative content analysis preceded quantitative logistic regression analyses (significance level  $p < .05$ ). Considered categories were: negative life events (further divided for depression into loss/danger events, burdensome life conditions, and interpersonal factors), events requiring adaptation, positive life events, internal factors, and other factors.

**Results:** The vast majority of participants reporting depressive (n=682) respectively (hypo-)manic (n=200) symptoms also reported a precipitating condition (94.7%, 83.1%). There was no significant association between any triggering condition and the occurrence of a full-threshold depressive (n=206) or (hypo-)manic (n=25) episode. However, the number of reported categories of precipitating conditions was associated with full-threshold depressive and (hypo-)manic episodes. Among those with depressive or (hypo-)manic symptoms and at least one reported precipitating condition, multiple regression models including all condition categories showed that in particular internal factors, interpersonal problems and other factors were associated with the occurrence of a full-threshold depressive episode (n=199) and positive life events as well as internal factors were associated with the occurrence of a full-threshold (hypo-)manic episode (n=21).

**Conclusions:** Adolescents and young adults from the general population usually associate the onset of phases with affective symptoms with precipitating conditions but these do not necessarily signal the emergence of a diagnostically relevant episode. Nevertheless, a greater number of and the presence of particular precipitating conditions may indicate the emergence of full-blown depressive or (hypo-)manic episodes. Thus, asking for subjective triggers appears relevant and may guide early identification and intervention.

**Disclosure of Interest:** None Declared

### EPP0338

#### Follow-up Study Tracking Children's Development from Preschool till Middle School

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doi: 10.1192/j.eurpsy.2023.655

**Introduction:** Screening for early detection of health issues and support are provided to children needing developmental support. In Japan, a significant percentage of infants requiring support are identified during health checkups. Sometimes, however, problems are first observed when children are of school age. It is, therefore, important to identify the age at which children need early support.

**Objectives:** Of the children born in 2005 in Kanie-cho, in Japan, 106 participated in the survey at all time points: age 5, first grade, fifth grade, and eighth grade.

**Methods:** The medical checkup results of the participants at age 5 were used to determine who among them needed support After entering school, the participants who scored less than 70 points on the Children's Global Assessment Scale, where their adjustment was assessed based on the interview with the homeroom teacher, were considered maladjusted.

**Results:** The results are presented in Table 1.

Thirty participants needed supports at age 5; of these, 20 (66.7%) were maladjusted at any point in their school years—19 (95%) in the first grade, 14 (70%) till the fifth grade, and five (25%) till the eighth grade.

Of the 76 participants who did not need support in early childhood, 24 (31.6%) were maladjusted at some point in their school years—nine (37.5%) experienced maladjustment in the first grade, but none of them continued to be maladjusted till the fifth grade, and 14 (58.3%) who were not maladjusted in the first grade experienced it in the fifth or eighth grade (adolescents).

Thus, the participants maladjusted in their school years were categorized as follows:

1. The developmental disorders group (experiencing maladjustment throughout since early childhood): 19
2. The "first grade problem" group (experiencing transient problems only in the first grade): 9
3. The adolescent group (experiencing problems during adolescence): 14