

unit, where a medical professional presented the opportunity to take part. All participants were screened using the Edinburgh Postnatal Depression Scale (EPDS), with the cut-off score of  $\geq 10$  showing increased of postpartum depression.

Education data was collected via self-reported questionnaires. Binary logistic regression was employed to calculate the odds ratio (OR) with 95% confidence intervals (CI) to assess the relationship between educational attainment and postpartum depression risk, with sociodemographic and health-related characteristics being stepwise adjusted.

**Results:** Our study consisted of 3,739 postpartum respondents (mean age of 31 years). The prevalence of increased postpartum depression ( $\geq 10$  EPDS points) was 22.7%. Compared to individuals with higher education (reference category), those with basic education had a higher risk of postpartum depression (OR 1.67; 95% CI 1.26–2.23;  $p < 0.001$ ), even after adjusting for all covariates (OR 1.55; 95% CI 1.08–2.22;  $p = 0.017$ ). Basic education was found to have the strongest association with an increased risk of postpartum depression, even when adjusted for covariates. The association between education and postpartum depression was explained by the covariates.

**Conclusions:** Having only basic education is a significant risk factor for postpartum depression. Interventions to reduce the burden of postpartum depression ought to focus on individuals with low levels of education.

**Disclosure of Interest:** None Declared

## EPV1111

### An educational program, «Women victims of domestic violence: Detection, clinic, help»: Working with the complexity of teaching and interpreting practice through research

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**Introduction:** Firstly, we will speak on the violence against women from a Russian perspective. The selected reports from regional psychiatric services and police department reports of domestic violence cases will be presented.

**Objectives:** Secondly, we will draw upon our work developing and providing a new educational program, «Women victims of domestic violence: Detection, clinic, help,» mainly based on teaching several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women.

**Methods:** In this present paper, we examine evidence-based practice from the starting points of research as illumination and psychiatry as a discipline with hermeneutic potential, to consider relationships between research and practice and the opportunities

available within the current research agenda for psychiatrists and clinical psychologists working in clinical settings.

**Results:** We contend that the quality of women's mental health services will only improve when they can acknowledge the considerable impact that intimate partner violence and sexual violence, as well as social inequalities, especially those based on gender, have on women's mental health. We do not underestimate the difficulty of providing practical help to women whose mental health has been profoundly affected by the violence, damage that is often further compounded by years of mistreatment and revictimization in services.

**Conclusions:** The paper provides commentaries and reflections on the steps that must be taken to create opportunities to foster dialogue, discussing and exchanging ideas on a diverse range of topics relevant to the advancement of the program in the broader context.

**Disclosure of Interest:** None Declared

## EPV1112

### Differences in the perception of stigma in schizophrenia between men and women: a brief qualitative approach

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**Introduction:** Men and women with psychosis have different courses and presentations of symptoms. Men with psychosis have an earlier onset of illness, more negative symptoms, and worse premorbid functioning. Women, on the other hand, have better social functioning and less substance abuse. Despite these evident differences, there are few studies that delve into these distinctions, especially from a subjective perspective.

**Objectives:** The aim of this study is to understand the differences in the perception of psychosis between men and women.

**Methods:** Five women and five men diagnosed with schizophrenia participated in the study. They were matched so that the age difference between them was no more than 5 years, with ages ranging from 40 to 56 years. Participants had not experienced acute decompensation of their underlying illness and had not required admission to an Acute Care Unit in the 6 months prior to inclusion in the study. Data collection was conducted through the Spanish translation of the Indiana Psychiatric Illness Interview, consisting of five parts: a narrative about their life, a narrative about the illness, questions related to how the illness has changed their life and what has not changed, the overall influence of the illness on their life, and lastly, expectations for the future.