

($b=.005$, $p=.835$); however, higher BIQ scores were related to higher levels of Hostile Parenting in girls ($b=.067$, $p<.001$).

Conclusions: Our results suggest that parental responses to their preschool child's Behavioural Inhibition may vary as a function of child's gender. This may lead to gender differences in developmental pathways to anxiety disorders.

Disclosure: No significant relationships.

Keywords: gender; anxiety disorder; Behavioral inhibition; parental behavior

EPV1634

Is the disparity in perinatal mental health services dependent on race? A narrative review. "A race to access"

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Introduction: Today the maternal death of black women is four times than the maternal death of white women. A lot has been written about the physical health of black women during pregnancy and childbirth however the perinatal mental health of this group of women is less well researched. I wanted to investigate if black and ethnic minority women in the UK had the same access to perinatal mental health services.

Objectives: To explore how the access to perinatal mental health services vary between white British and non-white British women.

Methods: A literature review was conducted. Papers were selected based on their focus on perinatal mental health service access and differences in access based on ethnicities. Most research focused on the perinatal mental health service access of white British and non-white British groups of women.

Results: The literature review revealed that black African, Asian and minority white women had significantly lower access to community perinatal mental health services when compared to white British women. It was also found that that black African, Asian and minority White women had a higher percentage of involuntary admissions to psychiatric hospitals when compared to white British women.

Conclusions: The literature would suggest that there is less access to perinatal mental health for non-white British women. This suggested that the disparities that exist within perinatal physical health extend into perinatal maternal health.

Disclosure: No significant relationships.

Keywords: perinatal mental health; Ethnicities; disparity; maternal health

EPV1636

"It's not only the bad side" - Experiences reported by health professionals working with women victims of sexual violence in a Brazilian university specialized outpatient service: A qualitative study

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Introduction: Health Psychology is a scientific branch that studies interpersonal relationships in the field of emotions and behavior in clinical settings. Violence against women is a gender-based action that alarmingly affects the population, with sexual violence (SV) being one of its main phenomena. The complexity of the care offered to SV patients by clinical professionals impacts themselves, affecting their personal lives and the quality of their work.

Objectives: To explore symbolic emotional meanings attributed by health professionals to care and follow-up of women victims of SV in state service of reference of the Unified Health System.

Methods: Clinical-Qualitative design was used to guide semi-directed interviews with open-ended questions in-depth. Clinical-Qualitative Content Analysis was employed to treat data. Five participants make up the multi-professional team at the Hospital of the Woman of the State University of Campinas. Theoretical framework chosen to interpret categories was Balintian Medical Psychology.

Results: Three categories were selected for this presentation: The human anguishes as the main challenge and handling of working with sexual violence; "To see things progressing": to the patient and together with the team, a facilitator of the work; and "I try to leave it on the three's leaves": the difficult attempt to separate work from personal life.

Conclusions: Taking care of SV is a very emotionally demanding task. Working with the team and see expected outcomes help clinical professionals deal with negative feelings, avoiding, for example, compensatory traumas. New research about social-cultural impacts of working with SV is important to develop institutional approaches of coping for health teams.

Disclosure: No significant relationships.

Keywords: mental health care; health professionals; Qualitative research; sexual violence

EPV1637

Risk of suicide during pregnancy and postpartum period

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Introduction: Pregnancy and the postpartum are generally characterized by positive feelings and expectations but they may also disguise maternal stress and difficulties. These are typical periods for the onset or relapse of psychiatric symptoms and disorders. Even though suicide during pregnancy and postpartum is rare, it is among the leading causes of maternal perinatal mortality.

Objectives: To provide an overview on the risk of suicide during pregnancy and postpartum.

Methods: PubMed database was searched using combinations of the terms "suicide", combined with "pregnancy" and "depression".

Results: The major risk factors for suicidal ideation are previous suicide attempts, self-harm, current or past history of psychiatric disorder, young maternal age, being unmarried, an unplanned pregnancy, substance use disorders, lack effective psychosocial support and discontinuation of psychotropic drugs. Pregnant