

Objectives: Our aim with this cross-sectional study, was to investigate the attitudes of adult and child psychiatrists in the Netherlands towards people with mental health problems.

Methods: We used the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) to measure the stigmatizing attitudes. Participants filled in this internet-based survey anonymously. The OMS-HC total scores as well as the subscales were used to determine the stigma.

Results: Altogether, N=170 practitioners (n=45 males, n=124 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.057, CFI=0.968, TLI=0.935); however, exploratory factor analysis results indicated the weakness of items 13 and 15. Participants who provide psychotherapy to their patients prefer less social distance towards them (9(7-10) vs 10(7.5-11), $p=0.051$). Also those who have ever been treated medically for their own mental health problems, prefer less social distance (7,5(6-10) vs 9(8-11), $p=0.009$). Rural working psychiatrists are more willing to disclose and seek help for their mental health problems than those working in urban areas (9 (8-10) vs 8 (6.5-9.5), $p = 0.024$). Those who are open to (29(26-32.5) vs 32.5(31.25-35), $p=0.009$) or having an opportunity to regularly participate in case discussion groups (29(25.25-32) vs 32(28-35.25), $p=0.012$) have an overall favourable attitude towards people with mental health problems.

Conclusions: This is the first study on the stigmatizing attitude of practicing psychiatrists in the Netherlands from their own perspectives. It will contribute to the gaps of knowledge of the stigmatizing attitude of psychiatrists towards people with mental health problems. Moreover this study will provide new interventions towards less stigmatizing attitude of psychiatrists.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP0142

Impact of mother's childhood trauma on development of psychopathological dimensions in patients with peripartum mental disorders

A. Bassi de Toni^{1*}, G. Culicchia¹, A. Del Casale², M. Tinè¹, A. V. Vallerga¹, L. Cutillo¹, S. Bernardi¹, I. Bilotta¹, A. Fattorini¹, R. D'Alessio¹, D. De Felici¹, M. Pompili² and G. Angeletti²

¹Psychiatry Residency Training Program, Faculty of Medicine and Psychology and ²Department of Neurosciences, Mental Health and Sensory Organs, Faculty of Medicine and Psychology, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.354

Introduction: Peripartum mental disorders (PPMD) are characterized by heterogeneous psychopathological symptoms related to specific personality traits, which are only taken into account by a few preventive and therapeutic strategies. Traumatic experiences during childhood could predispose to develop those disorders during adulthood, especially in more stressful conditions, such as pregnancy and postpartum.

Objectives: Our study aims to evaluate the correlation between mother's childhood trauma and the development of certain psychopathological dimensions during peripartum and which of these dimensions could be indicative of mother's childhood trauma.

Methods: The sample included 74 women, recruited from Sant'Andrea Hospital in Rome between 2011 and 2022, diagnosed with a psychiatric disorder during peripartum, according to criteria of DSM-5. All recruited women were administered the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). We performed a linear regression using the total CTQ score as a dependent variable and the MMPI-2 scale's scores as independent variables.

Results: The linear regression used showed two significant models, of which the most inclusive explained 60% of the variance ($R^2 = 0.597$), resulting significant ($F = 31.141$; $p < 0.001$). This model showed that a greater expression of childhood traumatic aspects was associated with greater expression of Pa (paranoia) ($t = 4.04$; $p < 0.001$) and Ma (hypomania) ($t = 3.873$; $p < 0.001$) in the clinical scales of the MMPI-2, which were indicative of childhood trauma.

Conclusions: Our study shows that paranoiac and hypomanic symptoms in PPMD, assumed by the MMPI-2 scale, are indicative of previous traumatic dimension. Thus, in the presence of a positive history of trauma, clinicians should pay attention especially to these aspects, in order to optimally set both pharmacological and psychotherapeutic treatment.

Disclosure of Interest: None Declared

EPP0148

Scale for Body Image Concerns During the Perinatal Period – Adaptation and validation

A. T. Pereira¹, B. Barbosa², R. Lima², A. I. Araújo¹, C. Marques¹, D. Pereira¹, A. Macedo¹ and C. Pinto Gouveia^{1*}

¹Institute of Psychological Medicine and ²Faculty of Medicine, University of Coimbra, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.355

Introduction: The perinatal period may intensify weight and body image concerns. Due to its specifics, the traditional body image scales are inaccurate in the perinatal period (Fuller-Tyszkiewicz et al. 2013). The Body Image Concerns During Pregnancy (Uçar et al. 2018) was developed to measure this cognitive-emotional variable in pregnancy.

Objectives: To analyze the psychometric properties of the Portuguese adapted (both for pregnancy and postpartum) version of the Body Image Concerns during the Perinatal Period (BICPP), namely its construct validity and the internal consistency.

Methods: A sample of 346 women recruited through social media and Family Health Units, assessed in the second trimester of pregnancy (mean gestational age=28.11±7.67 weeks) and after delivery (baby's age 4.37±2.87 months), completed a survey including the Portuguese BICPP.

The total sample was randomly divided into two sub-samples: sample A (n=173) was used to perform an exploratory factor analysis/EFA; sample B (n=173) to perform a confirmatory factor analysis/CFA.

Results: EFA resulted in four components. CFA revealed that the second-order model with four factors presented good fit indexes (X²/df=2.4141; CFI=.9195; GFI=.948; TLI=.9028; GFI=.8181; RMSEA=.0807). BICPP Cronbach alphas was $\alpha=.936$; for F1 Concern about future weight and image, F2 Concern with the new body image, F3 Social avoidance and concern and F4 Concern with appearance were .922, .930, .809, .807, respectively.

Conclusions: This psychometric study provides evidence for the validity and reliability of the Portuguese version of BIC-Perinatal Period, which will be used in an ongoing research project on the relationship between eating, depressive and anxiety disorders in the perinatal period.

Disclosure of Interest: None Declared

Others

EPP0150

Screen for Cognitive Impairment in Psychiatry (SCIP): Adaptation and validation for Portuguese Version

B. Couto^{1*}, R. Ortiga¹, A. S. Gonçalves¹, F. Monteleone¹, S. Oliveira¹, J. B. Fonseca¹ and R. Rodrigues¹

¹Psychiatry, Hospital Senhora da Oliveira Guimarães, Guimarães, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.356

Introduction: Cognitive dysfunction has been reported in acute psychiatric patients for a long time and has profound implications for the management of severe mental disorders. The Screen for Cognitive Impairment in Psychiatry (SCIP) is a scale developed for screening cognitive deficits. This tool is simple and easy to administer.

Objectives: To translate and to validate to Portuguese the SCIP.

Methods: The accepted back-translation method is employed for translating from English into Portuguese. One-hundred individuals in good health were characterized using demographic questionnaires and a neuropsychological battery. Subsequently, the new version of the scale was administered on two distinct occasions with a minimum one-week gap between them.

Results: High internal consistencies as well as strong correlations with comparable neuropsychological tests were obtained.

Conclusions: The results obtained from the Portuguese version of SCIP are in line with those from the English version. Effectively, SCIP serves as a key instrument for the initial assessment of cognitive function. Its characteristics, particularly its conciseness and independence from a technological platform, allow it to be integrated into clinical practice. Our aim is to use this version and apply it to different pathologies, comparing patients with controls. This will allow us to study different patients and apply it to our population.

Disclosure of Interest: None Declared

EPP0151

Neuroatypical “Moving Mirrors”: exploring the impact of camera movements on individuals with Autism Spectrum Disorders without intellectual disabilities.

B. Demartini^{1,2}, V. Nistico^{2,3,4}, R. Del Giudice¹, F. Serio³, G. Boido^{3*}, G. Ingrosso³, F. Lombardi³, C. Sanguineti³, V. Casula³, A. Baccara³, E. Chiudinelli³, F. Vairano³, F. M. Panzeri³, M. Giori⁵, P. M. Inghilleri di Villadauro⁵, R. Faggioli¹, O. Gambini^{1,2,3} and T. Subini⁵

¹UO Psichiatria 51 e 52, ASST Santi Paolo e Carlo, Presidio San Paolo;

²Aldo Ravelli Research Center for Neurotechnology and Experimental Brain Therapeutics;

³Health Science Department, University of Milan;

⁴Department of Psychology, University of Milan Bicocca and

⁵Dipartimento di Beni Culturali e Ambientali, University of Milan, Milan, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.357

Introduction: Neurofilmology is a young and evolving research field, at the intersection between neuroscience and movie experiences, that explores how the brain processes and responds to visual storytelling. It involves examining the cognitive and emotional effects of movies on viewers, including social cognition and perspective-taking aspects. However, up to date, these studies have focused only on the neurotypical population, hence constituting a considerable gap in the literature with respect to individuals with neuroatypical functioning.

Objectives: Aim of this study was to investigate the experience of film viewing and its correlates in individuals with a diagnosis of Autism Spectrum Disorders (ASD).

Methods: 30 neurotypical individuals and 30 individuals with ASD without intellectual disabilities were asked to observe 12 short video clips of 3 seconds length, showing an agent grasping an object from a table, and filmed with three different camera techniques: Still, Steadycam, Zoom; for each clip, they were asked to respond to six question on a Visual Analogue Scale (0-100) designed to investigate participants' potential feeling of involvement with the observed scene, their comfort with the different filming conditions, and their estimation of the ecological plausibility of the different types of camera movements.

Results: Participants felt more involved watching videos filmed with a Steadycam, with respect to the Zoom and Still condition. Within the neurotypical group participants felt more comfortable when the camera was in motion (both Steadycam and Zoom condition) compared to the Still condition; no differences were found between conditions in the ASD group, as if they felt equally comfortable in every condition administered, regardless the filming technique.

Conclusions: First, our results reinforce prior findings regarding the influence of different camera techniques on neurotypical individuals. Second, they add to the existing literature suggesting that individuals with ASD may exhibit differences in their subjective experiences related to empathizing with characters and immersing themselves as actors when the camera replicates naturalistic movements, resulting in a diminished overall fulfillment in the movie-watching process.

Disclosure of Interest: None Declared