

monitoring of publication trends and gender distribution by researchers and academic journals needs to identify and counteract the areas of underrepresentation of women.

Hart, K. L., Frangou, S., & Perlis, R. H. (2019). Gender Trends in Authorship in Psychiatry Journals From 2008 to 2018. *Biological psychiatry*, 86(8), 639–646.; Gmeiner A, Trimmel M, Gaglia-Essletzbichler A, Schrank B, Süßenbacher-Kessler S, Amering M, (2022). Diversity in high-impact psychiatric publishing: gender parity within reach? *Archives of women's mental health*, 25(2), 327–333.

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## S0023

### How to fix the leaky pipeline in Academic Psychiatry

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**Abstract:** The leaky pipeline is a visual metaphor for the underrepresentation of women in leadership positions in Academic Psychiatry despite their over-representation in medical schools, residency programs, and junior academic positions. The presentation focuses on the key obstacles that pertain to personal and societal attitudes and institutional barriers and proposes empirically tested and pragmatic solutions.

**Disclosure of Interest:** None Declared

## S0024

### 2. Case scenarios 1: Trauma based approach: from instability to stability

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**Abstract:** This presentation is titled "Case scenarios 1: Trauma based approach: from instability to stability". You will be given a case based oriented insight into the relationship between substance use disorder and forced displacement and treatment options that are based upon the trauma some has been experienced. A focus will be on factors that contribute on psychological stability in extreme situations. Thus you will be presented preliminary results of our ongoing study funded by the Heidelberg Academy of Sciences and Humanities that dedicated to the question of how mental stability and health-related quality of life of individuals change over time.

**Disclosure of Interest:** None Declared

## S0025

### Mentoring for improving gender equality in academic psychiatry

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**Abstract:** Although in many countries in the meantime more women than men choose medicine and later psychiatry for their training, key positions in hospitals and research are still mainly held by men. The professional career of women is impeded not only by institutional, but also by psychological barriers such as gender role behavior and gender role stereotypes. Mentoring can help young women to overcome these barriers.

But usually mentoring starts too late. As studies have shown, important decisions about future career steps are taken already towards the end of medical studies. Therefore, gender sensitive teaching and mentoring should start already at university and should not only address young women, but also young men as potential partners and future colleagues - especially regarding their gender role behavior and stereotypes. Mentoring programs considering gender-specific needs should be implemented in the regular teaching during medical studies and in psychiatric training.

Furthermore, women should be coached during their further career steps since there is not only a "glass ceiling" that excludes young women from achieving leadership roles. When they finally have achieved such a role, women often face further difficulties stemming from gender stereotypes and traditional gender roles.

University teachers and employers should be addressed, as well as politicians. Otherwise, psychiatry not only loses a great potential of talents, but might also miss the chance of reforms towards a more gender-sensitive psychiatry and psychotherapy.

**Disclosure of Interest:** None Declared

## S0026

### Framing substance use disorders among forcibly displaced people through a syndemics lens.

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**Abstract:** Syndemics are synergistically interacting epidemics (for example, the epidemics of substance use disorders and forced displacement) in a particular context with shared drivers such as pre-existing political, structural, social and health conditions. Policymakers may ask what the risks of and needs are for forcibly displaced people with regards to substance use disorder (SUD). Working from a syndemics framework, we would argue that multiple risk and resiliency factors relating to both forced displacement and SUD work synergistically, and impact more significantly upon some populations than others. These risk factors include structural inequality and racism, social deprivation, violence, homelessness, trauma, childhood adversity, and co-morbid physical and mental