

Informal feedback points to a lack of confidence in performing perinatal assessments.

Objectives: The aim of the project was to assess clinicians' confidence in performing perinatal assessments in outpatient and inpatient settings including the Emergency Department. Additionally, we wanted to assess whether access to a perinatal assessment tool was beneficial. We hypothesise that clinicians lack confidence in performing perinatal assessments and would benefit from using a perinatal assessment tool.

Methods: We designed a survey of 10 questions assessing the above. The survey was sent out to psychiatric trainees and nurses at South London & Maudsley NHS Foundation Trust. The participant's confidence in completing perinatal assessments in various settings was assessed using a 5 point Likert scale.

Results: 52 responses were received. 50% of participants felt *not so confident* in performing perinatal assessments in the outpatient setting. 40.38% (n=21) of participants felt *not so confident* in exploring the mother and foetal relationship. 71.15% (n=37) of participants felt that they would benefit from additional teaching with 48.1% of participants citing that they would benefit from access to an assessment tool.

Conclusions: As predicted, the results of the survey show that clinicians lack confidence in performing perinatal assessments. Therefore, we have commenced work on modifying the existing Stafford Interview. This is a structured interview that explores the obstetric and psycho-social background and psychiatric complications of pregnancy. The survey is due to be replicated in other project locations to allow transcultural comparison.

Disclosure: No significant relationships.

Keywords: assessment tool; Stafford Interview; women's mental health; Perinatal psychiatry

EPV1622

The impact of Gender Identity Clinic waiting times on the mental health of transitioning individuals

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Introduction: Waiting times for gender identity services, even before the Covid-19 pandemic, have been a cause of concern. Despite the waiting time standard for planned elective care in the NHS being a maximum of 18 weeks, the average waiting time for a first appointment with a gender identity clinic is 18 months. This study aims to analyse the effect that these timings have on the transgender community, and whether they impact the risk of developing mental health conditions such as depression or anxiety.

Objectives: This study's main aim is to analyse the correlation between waiting times and mental health burden in the transgender community.

Methods: A literature review and analysis on a transgender individual's mental health and waiting times for Gender Identity Clinics; looking at any key themes and conclusions. Research papers were taken from MEDLINE, The International Journal of

Transgender Health, Oxford Academic, SpringerLink and Emerald Insight, with studies publishing date ranging from 2014 – 2021.

Results: The transgender population were found to have higher rates of suicidal ideation, depression and self harm compared to the general population. Longer waiting times were found to contribute to feelings of low mood and suicidal ideation, as well as decreasing overall quality of life.

Conclusions: Longer waiting times can decrease a transgender individual's quality of life and impact their overall mental well-being: especially with the impact of COVID-19 and the rise in referrals.

Disclosure: No significant relationships.

Keywords: gender; Transgender; Waiting times; Transitioning

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comparison of ABO blood groups between female patients diagnosed with depressive disorders and bipolar affective disorders

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Introduction: The prevalence of ABO alleles in population is different. Many studies confirmed the correlation between the occurrences of some diseases with different genotypes of ABO blood groups. Studies had shown possible differences between patients with depressive disorder and bipolar affective disorders according to ABO blood groups. There are contradictory results; some studies had shown significant association between blood group O and BAP, other showed relationship between unipolar depression and blood type O. Others showed association between involuntary depression and blood group A and negative association between blood group A and BAP.

Objectives: The purpose of this study was to reassess the potential differences between patients with depressive disorder and bipolar affective disorders according to ABO blood groups.

Methods: A total of 97 adult female psychiatric inpatients participated in this study. 57,7% were diagnosed with depressive disorder and 42,3% were diagnosed with bipolar affective disorder. Type of ABO group were measured from the blood samples taken in the morning after 30 min rest. From whole blood, genomic DNA was isolated on QIAcube device (Qiagen, Germany) using QIAamp DNA Blood mini QIAcube kit (Qiagen, Germany). ABO genotyping on 5 basic ABO alleles was performed using allele-specific PCR.

Results: Comparing ABO blood groups between female patients who are suffering from depressive disorders and bipolar affective disorders, we didn't find any differences. In both examination groups, higher proportion of A blood group was significant.

Conclusions: The results of this study didn't support the hypothesis of differences in ABO blood group between depressive disorders and bipolar affective disorders.

Disclosure: No significant relationships.

Keywords: ABO blood group; depressive disorder; bipolar affective disorder; female