

Results: On successful completion of the course, trainees are expected to have achieved competencies to: Screen for and identify mental health problems in adults and children, and understand factors influencing them; Understand management options; Conduct interview-based functional developmental assessment for intellectual deficits; Conduct first-level brief psychosocial interventions; Make appropriate referrals to Mental Health Professionals and other health professionals.

Conclusions: This digitally-driven online course is a viable option for development of human resources on a large scale, in a resource-scarce (i.e. of mental health specialists) country such as India.

Disclosure: No significant relationships.

Keywords: community mental health; Psychologists; online training; mental health treatment gap

EPV0716

Should we despecialize the training? Postgraduate training in psychiatry in the time of the COVID-19 outbreak in Poland: Challenges & solutions

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Introduction: The outbreak of the SARS-CoV-2 epidemic forced a change in the functioning of health care systems across the globe, requiring rapid adaptation to new conditions for the safe provision of services within all medical fields. General disruption has also affected the traditional program of a postgraduate training, which has been so far fixed with temporary solutions, but not given a proper evaluation in the times of big expectations and pressures from both patients and healthcare workers.

Objectives: Outbreak of the COVID-19 put psychiatry trainees and Early Career Psychiatrists in an unprecedented position of responsibility for treatment of a variety of comorbidities they had no prior experience with due to closure of specialized hospital departments and limited access to regular diagnostic tools. In addition to changes in clinical practice and deployment to unfamiliar ground, rescheduling of different components of regular training, transferring most of the educational activities to distance learning, limiting professional growth by canceling most courses and conferences only strengthened the feeling of uncertainty caused by constant adjustments of the final examinations' conditions.

Methods: The Speciality Training Section of the Polish Psychiatric Association decided to review changes forced by the COVID-19 outbreak in a traditional postgraduate training program in psychiatry.

Results: Identified shortcomings pose questions about the necessity of a solid revision of the training in order to cope with more demanding working conditions.

Conclusions: Presented recommendations may be the starting point for a discussion on the programs' evaluation across the entire region.

Disclosure: No significant relationships.

Keywords: Postgraduate training; COVID-19; Medical Education

Women, gender and mental health

EPV0718

“It is natural so it must be safe!”: Cannabis use during pregnancy, an update

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Introduction: Rates of cannabis use among pregnant women have been increasing. Psychiatrists may be required to provide counseling regarding marijuana use in pregnancy for their patients.

Objectives: To produce an up-to-date review of cannabis effects on pregnancy and the offspring.

Methods: We performed a non-systematic review of the literature apropos a clinical case.

Results: A 31-years-old, 22-weeks pregnant woman presented with severe anxiety, panic attacks and insomnia which she managed solely with cannabis. She had been previously treated with antidepressants and benzodiazepines with symptom remission but had suspended before her pregnancy without medical advice. She believed medication was more harmful to the baby than her cannabis use. There is little perception of risk concerning cannabis use in pregnant woman. Information on cannabis use is less likely to be obtained from healthcare providers than from anecdotal experiences, Internet searching and advice from friends and family. Prenatal use of cannabis has been associated with anaemia in the mother, whereas in the offspring it is associated with reduction in birth weight and greater likelihood of placement in intensive care units. There is insufficient evidence to support an association between marijuana use and any specific congenital abnormality, but also to demonstrate its safety.

Conclusions: It is essential for psychiatrists to have up-to-date knowledge of the effects of cannabis on the pregnancy and the offspring to properly counsel their patients. However, the effects of cannabis on maternal and foetal outcomes remain generally unknown. With rising numbers of female users, there is urgent need for further research.

Disclosure: No significant relationships.

Keywords: Cannabis; pregnancy

EPV0719

Disenfranchised grief and early pregnancy loss – apropos a clinical case

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Introduction: Perinatal death includes losses such as ectopic pregnancies, miscarriages, stillbirths and neonatal deaths. Perinatal loss has well documented negative effects on the health of the bereaved parents. Early pregnancy loss (EPL) is the spontaneous death of a fetus within the first 20 weeks of gestation.

Objectives: To describe a clinical case of disenfranchised grief following EPL and to review the literature.

Methods: We reviewed the clinical file of a patient presenting to the psychiatry outpatient clinic with disenfranchised grief. We conducted a non-systematic review on PubMed and Google Scholar.

Results: A 29-years-old female patient presents to the outpatient clinic with depressive symptoms and thoughts of death. The symptoms had begun 4 months earlier, following the loss of pregnancy at 14 weeks. She felt her grief was not accepted by her family and social network. Progressively, her relationships deteriorated, and she felt more and more isolated. She experienced marked difficulty in caring for her older child. Compared to other types of mourning, the loss of a child is associated with grief experience that is particularly severe and complicated. Despite the high prevalence of EPL, many women suffer in silence due to the common belief these losses are insignificant and may develop complicated grief.

Conclusions: Perinatal loss of an infant has the potential to have a large impact on the mental health of the bereaved parents. Literature on the efficacy of different interventions is still scarce. Further studies are necessary on prevention strategies and interventions for parents already suffering from complicated grief or depressive disorders.

Disclosure: No significant relationships.

Keywords: Grief; early pregnancy loss

EPV0720

Completed suicide and gender equality: Sex and age specific five-year data from Turkey

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Introduction: Suicide is a public health problem which has biopsychosocial aspects. These three compartments function differently for women and men in terms of biology and gender inequality.

Objectives: This study aims to investigate completed suicide rates in Turkey for women and men separately considering age ranges for each, and their relationship with gender equality.

Methods: Sex and age specific data between 2015-2019 was derived from Turkish Statistical Institute. Utilizing Bağdatlı Kalkan's study (2018) and Turkey's Gender Equality Ratings (2019), 81 cities were separated into two clusters (Table 1). Mann Whitney U and Independent Samples T Test were applied.

Results: Young women's (<30 years old) crude completed suicide rates were higher, when crude completed suicide rates for men over the age of 30 were fewer in the cities which equality index is low (Table 2). Regardless of age ranges, in better gender equality cluster, female suicide rates were fewer, male suicide rates were higher. The number of deaths by suicide in 1000 deaths didn't differ for men, while the rate decreases for women in better gender equality cluster (Table 3).

Variable	Cluster 1	Cluster 2	Statistics
Total number of provinces	43	38	
Total population	610854.34 ± 528656.91	1437850.76 ± 2504921.01	t=-4.464 p<0.001
Gross national product per capita (\$)	6064.82 ± 1325.31	9775.08 ± 2588.97	t=-17.800 p<0.001
Province specific Turkish Gender Equality Index (2019)	0.452 ± 0.03	0.492 ± 0.03	t=-6.462 p<0.001

Sex	Age range	Mean ± standart deviation		Statistics
		Median (Q1- Q3)	Cluster 2	
Female	10-19	3.80 ± 0.75	1.72 ± 0.43	U<0.001 p=0.009
		4.09 (3.18- 4.26)	1.98 (1.28- 2.04)	
	20-29	3.53 ± 0.88	2.38 ± 0.17	U=1.000 p=0.016
		3.59 (2.74- 4.30)	2.39 (2.23- 2.53)	
	30-39	2.06 ± 0.34	2.23 ± 0.27	U=8.000 p=0.347
		2.06 (1.77- 2.36)	2.36 (1.96- 2.44)	
	40-49	2.01 ± 0.45	1.84 ± 0.23	U=10.000 p=0.602
		2.02 (1.58-2.43)	1.79 (1.64- 2.07)	
	50-59	1.84 ± 0.44	1.89 ± 0.22	U=11.000 p=0.754
		1.94 (1.41- 2.22)	1.96 (1.72- 2.03)	
60-69	1.49 ± 0.51	1.90 ± 0.29	U=7.000 p=0.251	
	1.71 (1.07- 1.79)	1.82 (1.67- 2.18)		
70+	2.29 ± 0.61	2.75 ± 0.49	U=8.000 p=0.347	
	2.20 (1.73- 2.89)	2.61 (2.44- 3.14)		
Male	10-19	3.96 ± 1.09	2.55 ± 0.70	U=4.000 p=0.076
		4.38 (2.99- 4.71)	2.87 (1.96- 2.97)	
	20-29	8.93 ± 0.92	8.70 ± 0.41	U=10.000 p=0.602
		9.37 (7.94- 9.69)	8.44 (8.42- 9.11)	
	30-39	6.51 ± 0.59	7.87 ± 0.41	U<0.001 p=0.009
		6.33 (5.99- 7.13)	7.84 (7.56- 8.20)	
	40-49	7.19 ± 0.47	8.18 ± 0.54	U=3.000 p=0.047
		7.09 (6.79- 7.63)	7.90 (7.76- 8.75)	
	50-59	6.84 ± 1.33	8.42 ± 0.63	U<0.001 p=0.009
		7.30 (5.87- 7.58)	8.04 (7.95- 9.07)	
60-69	7.01 ± 1.05	8.22 ± 0.70	U=2.000 p=0.028	
	7.31 (6.17- 7.69)	8.20 (7.54- 8.92)		
70+	8.69 ± 1.46	11.15 ± 0.68	U=1.000 p=0.016	
	8.03 (7.45- 10.26)	11.01 (10.59- 11.77)		

		Cluster 1	Cluster 2	Statistics
		n=215	n=190	
Crude completed suicide ratio	Female	2.29 ± 1.20	1.92 ± 0.96	t=3.381 p=0.001
	Male	5.87 ± 2.48	7.20 ± 2.72	
Completed suicide number per 1000 deaths	Female	5.39 ± 3.89	3.35 ± 1.72	t=6.939 p<0.001
	Male	10.76 ± 4.64	10.30 ± 3.86	

Conclusions: Gender inequality may negatively effect young women's mental health in more patriarchal cities in Turkey from the point of completed suicide.

Disclosure: No significant relationships.

Keywords: completed suicide; Turkey; gender equity; gender equality

EPV0721

Long-acting injectable antipsychotics during pregnancy: An update

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