

Abstract

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Clinical/Therapeutic

Perinatal psychiatry: Is it all about the mother?

ECP0001

Risk of severe postpartum episodes

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Abstract Body: The risk of mothers to develop a severe mental illness is dramatically increased in the first three months after giving birth. Childbirth has the strongest relationship with postpartum affective psychosis, a condition that is characterized by an acute onset of florid symptoms, usually within 2 weeks of delivery, and atypical features, such as rapidly fluctuating psychotic symptoms, florid motor symptoms, perplexity and high risks to the mother and her baby. Follow up data of women with a first episode suggest that some women only become ill in the context of childbirth whereas in others it is an expression of a lifelong bipolar disorder. Whether this reflects two distinct forms of the disorder or different degrees of vulnerability requires future study. The profound hormonal and metabolic as well as psychosocial changes in the perinatal period give rise to a number of hypotheses that seek to explain the pathogenesis of postpartum psychosis. Current research findings on biological and psychosocial risk factors will be discussed as well as what is currently known about responses to treatment.

Disclosure: No significant relationships.

ECP0002

Joint care of parents and infants in perinatal psychiatry

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Abstract Body: In the perinatal period, about 15-20 % of women will present a mental health disorder. These disorders, as with all sources of psychological and physical stress in early childhood, especially the poor quality of parent-child relationships, are widely involved in predicting poor mental health in adulthood. The economic cost of perinatal mental health, corollary of this human cost, evaluated in 2014 would amount to £GBP 8.1 billion per annual birth cohort according to a UK report. This report highlights another fundamental element: 3/4 of the costs are associated with the deleterious consequences of parental psychological disorders on child development. The mechanisms involved in the relationship between parental psychiatric disorders and child development are complex. On the other hand, the influence of parental characteristics on the future of children can vary depending on social determinants such as familial income level. During the perinatal period, parental mental health represents one of the keys to the infant development. Perinatal psychiatry allows a dual approach essential to deal with the complexity of perinatal psychiatry care, combining a curative aim (care of the parent) and a preventive one (preventing the risk of dysfunction in the process of becoming parents, in parent-child relationships and of impaired child development). This intervention will discuss how this interactive circle must be supported by perinatal mental health policies, of which the joint care of parents and infants (from parent-child psychotherapy to joint mother-baby hospitalisation) in perinatal psychiatry is a pivotal element.

Disclosure: No significant relationships.

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ECP0003

The role of perinatal care in early life trauma prevention

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Abstract Body: Mental health support for parents, infants and children as an interdisciplinary, cross-sectoral task has existed for decades in many European countries. A highlighted goal of integrated services (medical, social and educational) is to support competent parenting and the positive parent-child relationship, for the optimal development including mental health of infants and children. In clinical practice, the role of psychiatrists is often linked to healing and rehabilitation, even though we also have an important role in prevention. The mental support, treatment and prevention of psychiatric disorders during the pre-, peri- and postnatal period are often not considered being preventive measures. The perinatal period is the most sensitive and at the same time one of the most important stages of our lives. The traumas suffered during this period affect both the mother and the newborn, in fact it affects the family as a whole. Models for the prevention of early trauma appear at the level of social community and, inter alia, health and social care. Traumas are closely linked to social determinants of health. Gene environment interactions also allow for the transgenerational transmission of trauma. The presentation introduces individual and family levels of interdisciplinary care, good practices and programs the knowledge of which may be important to psychiatrists. How the practicing psychiatrist can contribute to trauma prevention and how to understand the development of resilience. The presenter will detail good practices, and highlight the possibilities for all clinicians on ways to work in their respective field with a trauma preventive approach.

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Treatment against your will: Views from the stakeholders

ECP0005

Inpatient forensic psychiatric care: Legal provision in European countries

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Abstract Body: Forensic psychiatry is a specialty of psychiatry primarily concerned with individuals who have either offended or present a risk of doing so, and who also suffer from a psychiatric condition. These mentally disordered offenders (MDOs) are often

cared for in secure psychiatric environments or prisons. However, the organisation of these services differs greatly between countries due to different traditions and legal frameworks. Some countries, e. g., require absent or reduced criminal responsibility (at the time of the index offence) in order to enter forensic services while others determine access on the basis of current need for treatment. Numbers detained in forensic services also vary significantly as does length of stay, raising significant economic and ethical challenges. This talk will present different legal concepts determining admission to forensic-psychiatric services, data on length of stay as well as approaches to risk assessment and treatment in Europe.

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Mental Health Policy

ECP0006

Use of compulsory treatment by early career psychiatrists: Findings from an international survey

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Abstract Body:

Introduction: Early Career Psychiatrists (ECPs) are routinely at the front line of clinical practice worldwide, including the use of compulsory measures in psychiatry. However, ECPs practice in this aspect is understudied.

Objectives: The aims of the study were (i) to clarify whether ECPs experience any difficulties in the process of compulsory psychiatric care; and (ii) to find out how ECPs consider compulsory measures in psychiatry.

Methods: An online anonymous survey of ECPs around the world was conducted in July-August 2019. The final sample had 142 psychiatrists (53% female; mean age 32.3±3.1) from 43 countries. Results. 96% of the Early Career Psychiatrists who responded to this survey agree with the continued use of the current legal framework for compulsory psychiatric treatment in their country, either with or without amendments. More than half of the respondents (57%) reported difficulties in providing compulsory psychiatric care due to either challenging interactions with the courts, documentation issues or moral concerns. Over half of the participants (53%) were keen to reform the legal procedures for compulsory psychiatric care in their countries.

Conclusions: The study has shown that there is an agreement among ECPs around the world that legal compulsory psychiatric care procedures are relevant and useful in clinical practice under certain circumstances. As stakeholders, ECPs could be encouraged and involved in adding their own experience and opinions to the debate on the employment of coercion in psychiatry as an ethical and legal issue.

Disclosure: No significant relationships.