psychopathology and attachment theory. This narrative review includes both quantitative and qualitative studies, clinical trials, and observational research that examine how maternal mental health conditions during pregnancy and the postpartum period affect attachment processes. Key themes and findings were extracted to provide a holistic view of the current state of knowledge on this subject.

Results: The findings align with existing research on the impact of maternal mental health on early attachment, reinforcing the role of maternal sensitivity as a mediator between psychopathology and attachment security. Psychiatric conditions impair the mother's ability to engage in synchronous interactions with her infant, disrupting the child's ability to develop a secure base. Moreover, the presence of comorbid psychiatric conditions and chronicity of symptoms were identified as risk factors for more severe attachment disruptions. Pharmacological treatment and psychotherapy were shown to mitigate these effects, highlighting the need for integrated perinatal mental health services.

Conclusions: Perinatal depression, PTSD, and psychosis significantly compromise maternal-infant attachment, increasing the risk of insecure or disorganized attachment styles. Timely psychiatric interventions can enhance maternal mental health and promote healthier attachment outcomes. This review underscores the importance of integrating maternal mental health treatment into perinatal care to prevent long-term developmental issues in children and foster secure attachment relationships.

Disclosure of Interest: None Declared

EPV1254

Applied Improvisation to Improve Mental Health Training

J. D. Fekete[1]*, M. Hainselin[2], K. Eklicsné Lepenye[1], P. L. Kanizsai[3] and M. Jouin[2]

[1]Department of Languages for Biomedical Purposes and Communication, University of Pécs, School of Medicine, Pécs, Hungary; [2]Université de Picardie Jules Verne, Amiens, France and [3]Department of Emergency Medicine, University of Pécs, School of Medicine, Pécs, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1827

Introduction: Medical improvisation, or HPTI (Health Professional Training Improv), enhances critical skills in healthcare professionals. These skills include communication, empathy, time pressure management, and creative problem-solving. Our presentation aims to showcase a practical application of HPTI, demonstrating its relevance and effectiveness in mental health training.

Objectives: In this presentation, we will demonstrate our training method, including a short session with exercises adapted to healthcare professions. The session is divided into four parts. Each part is designed to maximize engagement and learning, with debriefing sessions to clarify teaching objectives and foster reflective practice.

Methods: Warm-Up Exercises: Physical and vocal exercises to optimize communication and awareness. Improvisation Techniques: Exercises focused on mastering emotions and various forms of communication, allowing participants to explore their strengths and limitations. Medical Scenario Applications: Short clinical scenarios to emphasize the cognitive and affective dimensions of empathy. Review of Existing Workshops and Research: Presentation of current workshops and research to encourage further exploration and application in training. Each part includes a debriefing session to clarify teaching objectives, develop a reflective approach, and identify areas for improvement.

For our ongoing comparative study we have implemented the following questionnaires for our training participants: IUS (uncertainty intolerance scale) and Acceptance and Action Questionnaire-II (AAQII). A total of 50 students participated in our research in both countries.

Results: Hungarian training participants included medical school students in Hungary and fourth-year speech therapy students in France and included professional scenarios based on stress and emotion management, interdisciplinary collaboration and collaboration with the patient, and communication, with debriefing on their performance. The data is currently being collected.

Conclusions: Applied improvisation through HPTI offers a valuable approach to improving mental health training. By enhancing communication, empathy, and problem-solving skills, healthcare professionals can provide better patient care and navigate their roles more effectively. Our presentation demonstrates these techniques and encourages their integration into regular training programs.

Disclosure of Interest: None Declared

EPV1258

Observational study of referrals to mental health from primary care

A. Izquierdo De La Puente[1]*, R. Fernandez Fernandez[2], P. Del Sol Calderon[1] and M. García Moreno[1]

[1]Psiquiatria, Hospital Universitario Puerta de Hierro de Majadahonda and [2]Psiquiatria, Hospital Universitario Infanta Cristina, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1828

Introduction: Following the COVID pandemic, there has been an increase in mental health consultations in recent years, often referred to as a 'fourth wave'. However, what has been observed in mental health centres is that these consultations are not so much about serious mental disorders, but rather occasional disorders due to social and work-related factors.

Objectives: The aim of this study is to analyse the data collected from referrals to psychology in a mental health centre.

Methods: Referrals to psychology from primary care at the Majadahonda Mental Health Centre were analysed for the period from October 2022 to April 2024 in a specific weekly consultation for the psychology waiting list.

The data collected are the diagnoses of these patients, whether or not they attend the assessment consultation and whether or not they are discharged after the first consultation.

Results: A total of 115 patients were seen between October 2022 and April 2024. These patients were all notified of the appointment one week in advance.

Of the total number of patients who attended, 29 consulted for depressive-anxiety-adaptive disorder, 22 were referred for work-related reasons (burn out), 12 for marital problems, 7 for parenting problems, 12 had no clinical reason for referral to Mental Health and 25 did not attend the consultation.

Those who were discharged at the first consultation were 33.