**Conclusions:** Notwithstanding comparable accuracies, we cautiously consider the RF model outperforming primarily due to its better discriminability. As the baseline conditions of the patients with SSD could indicate the 3-year mSI level, customized amount and types of resources and interventions can be designed to improve the level of multidimensional social inclusion of all SSD patients.

Disclosure of Interest: None Declared

## **EPP0335**

## **Nutritional Markers and Perinatal Maternal Mental Health: A Network Analysis**

J. van der Waerden  $^{1,2\star}$ , B. Knox  $^{1,2}$ , C. Galéra  $^{3,4,5}$ , A.-L. Sutter-Dallay  $^{3,4,5}$ , B. Heude  $^6$  and B. de Lauzon-Guillain  $^6$ 

<sup>1</sup>INSERM U1136-IPLESP/ERES; <sup>2</sup>Sorbonne Université, Paris; <sup>3</sup>University of Bordeaux; <sup>4</sup>INSERM, Bordeaux Population Health Center, UMR1219; <sup>5</sup>Centre Hospitalier Perrens, Bordeaux and

<sup>6</sup>Université de Paris, CRESS, INSERM, INRAE, Paris, France

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.652

**Introduction:** Perinatal maternal depression and anxiety are associated with adverse maternal outcomes, and nutrition may play an important role in their emergence. Previous research shows that certain micro and macronutrients found in different dietary patterns may influence perinatal mood disorders.

**Objectives:** This study aims to explore relationships between nutrition during pregnancy and perinatal maternal depression and anxiety symptoms using network analyses.

**Methods:** Using data from the French EDEN mother-child cohort, the sample consisted of 1438 women with available perinatal mental health outcomes (CES-D, STAI and EPDS) and nutritional markers collected from food frequency questionnaires. Four networks were constructed to explore the relationships between prenatal nutrient status, dietary patterns, and perinatal mental health, while accounting for important confounders.

**Results:** The Healthy dietary pattern was associated with the presence of vital micronutrients, while the Western dietary pattern was consistently associated with poorer intake of vital micronutrients and contained an excess of certain macronutrients. Western dietary pattern and symptoms of postnatal depression were connected by a positive edge in both the macronutrient and micronutrient networks. Lower education levels were associated with higher Western dietary pattern scores, from which a positive edge linked to postnatal depression symptoms in both models.

**Conclusions:** A Western dietary pattern was associated with increased symptoms of postnatal depression in our adjusted network models; The Healthy dietary pattern was associated with essential micronutrients but not with symptoms of depression or anxiety. Perinatal mental health might be impacted by specific dietary patterns in the context of psychosocial and physical stress associated with pregnancy.

Disclosure of Interest: None Declared

## **EPP0336**

Measuring the professional social capital of psychiatrists: adaptation and validation of the Resource Generator for Psychiatrists (RG-Psy)

J. Lagreula<sup>1</sup>\*, V. Lorant<sup>2</sup> and O. Dalleur<sup>3</sup>

<sup>1</sup>Clinical Pharmacy research group (CLIP), Louvain Drug Research Institute (LDRI); <sup>2</sup>Institut de Recherche Santé et Société (IRSS) and <sup>3</sup>Clinical Pharmacy research group (CLIP)/Louvain Drug Research Institute (LDRI), UCLouvain, Bruxelles, Belgium

\*Corresponding author. doi: 10.1192/j.eurpsy.2023.653

**Introduction:** Psychiatrists need access to professional resources to care for their patients. In mental health settings, clinical innovations such as a new therapeutic approach, clinical guidelines or new drugs can diffuse more or less, depending on the social capital of these clinicians. The Resource Generator developed by Snijders & Van Der Gaag (2004) measures access to resources within a social network for the general population. It may therefore not capture access to social capital in the professional field of psychiatry.

**Objectives:** We aimed to develop and validate the Resource Generator for Psychiatrists and to detect factors influencing the social capital of clinicians.

Methods: The development of the final 11-item questionnaire followed multiple steps. First, the items were selected and adapted by an expert in the sociology of mental health to match the sector of psychiatry. Content validity and detection of important issues or misunderstandings were ensured by cognitive interviews with a panel of 6 clinicians. Each item has a 6-point response scale, rated from 0 to 6. Answers were coded "0" when the respondent did not need a certain resource or it was not applicable to their situation, while answering the closest resource was coded "6". The online self-completion questionnaire was administered through a link sent by email to all adult psychiatrists and psychiatric residents licensed to work in Belgium. Additional warm contacts were performed for psychiatrists working in ambulatory care. An exploratory factor analysis was conducted. Internal consistency was ensured with Pearson's correlation, item-total correlation and Cronbach's alpha. Test-retest reliability was also measured. Multivariable linear regression analysis assessed the association between psychiatrist demographics and the RG-Psy total score.

Results: The Resource Generator for Psychiatrists questionnaire completed by 152 psychiatrists showed a normal distribution with a mean of 32.5 (SD=12), good test-retest reliability (ICC=0.81), and good total Cronbach's alpha (0.74). Exploratory factor analysis revealed two main subtypes in psychiatrists' social capital: "attention and access to advice" and "practical assistance, knowledge and expertise", with Cronbach's alpha of 0.62 and 0.7 respectively. Clinicians attending institutional seminars ( $\beta$ =5.5221, p=0.013) and working in multidisciplinary settings such as hospitals ( $\beta$ =4.7448, p=0.023) or a mobile team ( $\beta$ =8.7475, p=0.014) were more likely to have higher social capital.