ECP011

The emotional toll – personal and professional consequences of burnout in early career psychiatrists

E. Chumakov

Department of Psychiatry and Addiction, Saint-Petersburg State University, Saint-Petersburg, Russian Federation
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Abstract: Burnout among early career psychiatrists represents a critical and often overlooked crisis that threatens the future of mental healthcare delivery. This presentation examines personal and professional consequences of occupational stress in early career psychiatrists who navigate the challenging transition from training to independent practice. The paradox of our profession is that those entrusted with safeguarding mental health frequently neglect their own psychological well-being, with early career practitioners being particularly vulnerable due to idealistic expectations, inadequate preparation for emotional demands, and the pervasive stigma surrounding help-seeking within medical culture. Personally, burnout manifests through emotional exhaustion, depersonalization toward patients, and a diminished sense of personal accomplishment, with alarming rates of anxiety, depression, and suicidal ideation reported among this population. The shame and fear of professional repercussions often prevent early career psychiatrists from seeking the very support they provide to others, creating a dangerous cycle of silent suffering. Professionally, the consequences extend beyond individual practitioners to directly compromise patient care: burnout correlates with reduced empathy, increased diagnostic errors, poorer therapeutic alliances, and higher rates of suboptimal treatment decisions. At the systemic level, burnout drives premature attrition from the field, contributing to workforce shortages precisely when demand for mental health services is escalating globally. This presentation argues for urgent, multi-level interventions including mandatory supervision and mentorship programs, institutional normalization of help-seeking behaviors, curriculum reforms addressing emotional preparedness, and the destigmatization of vulnerability within psychiatric training. Protecting the psychological health of early career psychiatrists is not merely an occupational health issue but a fundamental patient safety imperative. We cannot effectively heal others when we ourselves are wounded and silenced.

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ECP012

Effective strategies for preventing and managing workplace's burnout

S. Medved

University Clinical Hospital Zagreb, Zagreb, Croatia
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Abstract: Stress and interpersonal relationships in the clinical setting greatly impact the well-being of early-career psychiatrists (ECP). Key sources of stress are often related to patient care and suffering, organizational and system-level inefficiencies, workload, unpredictable schedules, and financial strain. Research highlights systemic stressors such as staffing shortages, administrative burden and obstacles, and a lack of resources, as well as individual stressors related to competence, career stagnation, work-life balance, and personal difficulties. Therefore, strategies for reducing burnout include both individual and structural approaches. We will provide an overview of the most common sources of stress, their impact on ECPs' well-being and propose viable solutions.

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ECP013

Building resilience from the start: integrating wellbeing and coping skills into psychiatric training

S. M. M. Toparlak

CAMHS, Oxford Health NHS FT, Oxford, United Kingdom
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Abstract: Burnout among early-career psychiatrists is increasingly recognised as a significant threat to workforce sustainability, patient safety, and professional fulfilment. Long working hours, emotional intensity, and systemic pressures often converge during training, before clinicians have developed structured coping strategies. While institutional reform is essential, resilience-building within training programmes offers a powerful complementary approach.

This talk explores how wellbeing and coping skills can be proactively integrated into psychiatric training from the outset, rather than introduced reactively once distress emerges. Drawing on evidence from medical education, occupational psychology, and reflective practice initiatives including insights from the Bucks Movie Club article, which highlighted the value of narrative, shared reflection, and creative spaces in supporting clinician wellbeing-the session will examine practical strategies that can be embedded within training curricula.

Key areas include emotional regulation skills, structured reflective practice, peer-support forums, psychologically safe supervision models, and boundary-setting within high-demand clinical environments. The role of mentorship and facilitated debriefing following challenging clinical encounters will also be discussed. In addition, cognitive-behavioural principles, mindfulness-based approaches, and values-driven career planning will be considered as tools to strengthen professional identity and reduce vulnerability to burnout.

Resilience will be framed not as individual toughness, but as a dynamic process shaped by organisational culture, leadership, and team cohesion. The session will highlight how institutions can foster environments that normalise help-seeking, encourage creative and reflective engagement such as film-based discussion groups and equip trainees with sustainable coping tools early in their careers.

By shifting the focus from crisis response to early prevention, psychiatric training programmes can cultivate clinicians who are not only clinically competent but psychologically equipped to thrive. Integrating structured wellbeing education into training is not an optional enhancement, it is an investment in the future of the profession.

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