Based on the experiences of the European Federation of Psychiatric Trainees (EFPT) we will have a look into what has changed in the lives of trainee psychiatrists globally since the start of the pandemic, the difficulties that have occured and the lessons that have been learned. Examples of ways of dealing with the above mentioned challenges and opportunities for the future will be discussed.

Disclosure: No significant relationships.

ECP0018

Starting a career as a psychiatrist

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Abstract Body: There are several sets of skills first set of skills which psychiatrists should acquire before or as early as possible after starting their career. THe first of those are communication skills – including those of listening, speaking clearly and convincingly, negotiating and writing scientific and other types of documents. A second set of skills are those that will enable psychiatrists to understand and use legal documents and materials. The third set of skills that is likely to be useful are skills necessary to function as a physician. These sets of skills combined with the knowledge of the subject of psychiatry should help in building a career in any of the areas open to psychiatrists.. Yet, more important than any of the skills or bits of knowledge that a candidate psychiatrist should have to build a career and be happy with it are the motivation to do psychiatry and the acceptance of a style of work marked by empathy, willing acceptance of ethical principles of medicine and if at all possible infectious optimism. The above array of skills, knowledge style of work are not easily developed and those educating future psychiatrists should be careful in their selection of trainees and resourceful in the provision of training that will create psychiatrists who can advance the health of their patients as well as their discipline and will have a chance to live a rewarding life.

Disclosure: No significant relationships.

ECP0020

Innovative mental health policies, plans and interventions: How to manage consequences of economic crisis?

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Abstract Body: Available evidence shows that countries may shield their population's exposure and vulnerability to mental health risks during and after an economic recession by strengthening their policies and reorienting their budgets. Populations' mental health protection during economic crises can only be achieved by the policies of different sectors. Social protection, social programmes and social safety nets proved to be fundamental buffers against inequalities in mental health. Several actions have proven to be effective in this area, including measures to improve social protection, reduce income inequalities, and mitigate the impacts of unemployment. To address the negative consequences of unemployment, active labour market programmes, including special programmes for unemployed young people and families, programmes to promote the employment of people with disabilities, and debt relief programmes should be implemented. The response of the health system is critical. During and after economic recessions, it is fundamental to ensure the responsiveness and effectiveness of the mental health system. To attain this goal, mental health services that are closer to the populations and that facilitate the early identification of mental health problems and the implementation of integrated interventions should be strengthened. The latter is a crucial approach to tackle the mental health problems that more often worsen in periods of economic instability, such as depression, suicidal behaviour and heavy drinking. A special attention should also be dedicated to strengthening the network of community-based mental health services, promoting the integration of mental health in primary care, and enhancing the coordination between mental health services and social care.

Disclosure: No significant relationships.

Mental Health Policy

Mental health care has radically changed with the pandemic

ECP0022

PRO perspective

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Abstract Body: The COVID-19 pandemic has had a detrimental impact not only on the ordinary lives of people worldwide, but also on the access to mental health care system. In particular, in the first months of the global health emergency, a drastic reduction in the number of access to healthcare system has been recorded. In the "Phase 1" of the emergency, the fear for the contagion, the strict containment measures and the lack of adequate information regarding the virus have been listed as possible factors contributing to this phenomenon. In the "Phase 2", mental health care has been completely reorganized in order to compile with requirements for physical distancing and reducing overcrowding. The visits in outpatients' units have been rescheduled, healthcare professionals have received information regarding the adequate use of protective personal equipment and patients have learnt how to protect themselves. Furthermore, telemental health approaches have been fostered worldwide, although several obstacles still persist such as the lack of adequate training for healthcare professionals for using telemental health instruments, the uncertainties regarding the legal implications of telemental health and the difficulties for older patients to access those systems. During this critical period, mental healthcare systems have been proven to be resilient. The pandemic has speed up the process of transformation of mental health care

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system and we are learning how to further improve the system in order to sustain these changes in the long-term.

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ECP0023

CON perspective

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Abstract Body: Psychiatry is facing major challenges during times of a pandemic as illustrated by the current COVID-19 pandemic. The challenges involve its actual and perceived role within the medical system, in particular how psychiatric hospitals can maintain their core mission of attending to the mentally ill while at the same time providing relief to general medicine. Although psychiatric disorders are the top leading causes of global burden of disease, we can witness mental health care being de-emphasized in the wake of the massive onslaught of the pandemic: psychiatric wards are being downsized, clinics closed, psychiatric support systems discontinued etc. in order to make room for emergency care. While nobody can deny the need to act decisively and swiftly and ramp up intensive care readiness, we believe that there is no need to do this at the expense of psychiatric care. Using the pandemic COVID-19 contingency plan developed at the Department of Psychiatry and Psychotherapy of the University Hospital of LMU Munich as a case in point, we demonstrate how a psychiatric hospital can share in the acute care of a health care system facing an acute and highly infectious pandemic like COVID-19 and at the same time provide for the mentally ill, with or without a COVID-19 infection, and develop mid and long-term plans for coping with the aftermath of the pandemic.

Disclosure: No significant relationships.

Research

Personalised psychiatry: Hype or hope?

ECP0024

Precision medicine in psychosis: Translating findings from research into clinical practice

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Abstract Body: Precision medicine is "an emerging approach for treatment and prevention that takes into account each person's variability in genes, environment, and lifestyle" [1]. The terminology is increasingly used in psychiatry, and especially in research relevant to the prediction of psychosis onset, response to treatment and functional outcome. While this is an important step-forward for the discipline, at this stage it is very important to promote the translation of research findings into clinical practice, as much as possible. Nowadays the availability of machine learning and artificial intelligence tools, together with advances in data storage and data security, enable the integration of neuroimaging, biological, clinical and cognitive data. By overcoming current limitations in multiple domain data analysis these tools may lead to the identification of reliable diagnostic, prognostic and therapeutic markers in routine clinical care, as well as to the prediction of clinically meaningful outcomes (e.g., psychosis onset, symptomatic and functional outcome, and treatment response). Precision medicine in psychiatry is a developing science, deserving further large-scale research, translational approaches and refinement that, hopefully, will soon be an integral part of every-day clinical practice. However, challenges in pursuing this strategy should not be underestimated, and efforts should be made to constantly advocate for more investments in human and financial resources in psychiatry, and to concentrate on the use of widely available and not too expensive and time-consuming methods.[1] Toward Precision Medicine. Building a Knowledge Network for Biomedical Research and a New Taxonomy of Disease. Washington, DC: National Academies Press; 2011.

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ECP0025

Genome-wide association studies in psychiatry: Current perspectives

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Abstract Body: Genome-wide Association Studies in Psychiatry - Current Perspectives Last decade was exciting time for human genetic studies. Genome-wide association studies (GWASs), used to examine the association of genotyped variants across the entire genome and common complex phenotype(s), have led to many findings. Currently, GWAS Catalogue has collected 4,809 publications and 227,262 associated variants. In recent years, psychiatric genetics has enjoyed some success in discoveries of associated variants. This mostly happened because researchers were able to unite and generate large sample sets of patients and healthy controls in big consortia. As a result of large sample sizes becoming available for meta-GWASs, some of the first genome-wide significant loci in psychiatric and related neurodevelopmental traits were detected. However, most of the large-scale genetic studies are done primarily on European population and GWASs have huge diversity problem. Performing trans-ethnic GWASs on psychiatric traits can help us discover more associated variants. Another advantage of bringing many datasets together into large-scale meta-analyses is the ability to conduct cross-disorder studies. This is possible to be done on psychiatric traits since many of them share genetic liability. However, little research has been conducted on the genetic differences between related psychiatric traits. Identifying disorder-specific variants remain important open question. In

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