conventional approach and the AI-assisted approach will allow for the evaluation of the potential of these technologies in the synthesis of scientific evidence and their future applicability in clinical and academic settings.
Conclusions: This study is pioneering in applying generative AI to systematic reviews. It also addresses an urgent child and adolescent mental health issue related to behavioral addictions.

Disclosure of Interest: None Declared

EPP497

Building the Field with Harmonized and Context-Sensitive Measurement in Mental Health

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Introduction: Progress in mental health is held back by shortcomings in data consistency and interpretability. At the policy level, only 31% of WHO member states reported mental-health-specific data in 2020. In research, more than 4,200 outcome measures are in use. Fewer than half of depression studies report outcomes that can be aggregated. Such fragmentation limits the comparability of trials or epidemiological surveys and causes research waste. To address this, major funders and journals launched the Common Measures in Mental Health Science (CMMHS) Initiative, which recommends four instruments to assess common symptoms and functional impairment (PHQ-9, GAD-7, RCADS-25, WHODAS 2.0).
Objectives: Today, there is no perfect measure, and no measure represents a biological or diagnostic gold standard. To make common measures useful and ethical, we need to understand how well they perform across populations and contexts, and ensure that their psychometric evidence is synthesized and regularly updated. The Wellcome Trust, as a CMMHS funding member, has commissioned a project to deliver living systematic reviews of the four measures and a free, interactive platform providing up-to-date evidence on validity, reliability, and acceptability. This session will outline the project.
Methods: Reviews will follow established methodological and reporting standards (COSMIN, Cochrane). Platform design will be informed by mixed-methods research with target users to promote uptake. Experts with lived experience will be integrated on advisory boards, in the co-production of review protocols, and in reflections on the impacts of measurement. The platform architecture will embed tools for literature search, screening, and data extraction as part of the backend infrastructure, ensuring these processes can be repeated efficiently to sustain the living mode.
Results: The project will produce regularly updated evidence syntheses of the psychometric properties of the PHQ-9, GAD-7, RCADS-25, and WHODAS 2.0. These will be made available on an open-access platform that enables tailored queries by target use context, population, or setting. The platform will also share knowledge on the wider impacts of outcome measurement, including how instruments are experienced by those with lived experience.
Conclusions: This project is guided by four principles: inclusivity, scientific excellence, user-centred design, and modular, scalable technology. The project seeks to build shared ownership across people with lived experience and professionals, including those from low- and middle-income countries. The four recommended measures should be seen as a pragmatic starting point, chosen not to privilege particular scales but to ensure researchers begin from a shared set of outcomes. The aim is to encourage uptake while also promoting *wise use*, defined as an application that is transparent about both the strengths and limitations of each measure in specific contexts.

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Training in Psychiatry

EPP498

Empathy Through Immersion: Exploring Staff Perceptions of Patient Experience Using Virtual Reality in Psychiatry

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Introduction: Virtual Reality (VR) technologies are emerging as powerful tools in healthcare education, as they offer immersive, controlled environments for experiential learning. Within forensic psychiatry, VR presents unique opportunities to cultivate empathy by allowing staff and trainees to experience scenarios from the perspective of patients, especially those in highly restrictive settings such as seclusion rooms and prison segregation.
Objectives: This study examines healthcare professionals' and students' perceptions of two immersive VR scenarios, **Seclusion Suite** and **Prison Segregation**, designed to simulate the emotional and psychological challenges faced by individuals subjected to isolation as part of forensic psychiatric or correctional care.
Methods: The study employs a descriptive qualitative design using semi-structured interviews with staff from St. Joseph' Hospital, including nurses, physicians, and trainees. Each participant engages with one of the two VR scenarios before being interviewed. The **seclusion suite** scenario places users in the role of a patient undergoing involuntary seclusion, and highlights issues such as restricted autonomy, loss of dignity, and the critical importance of compassionate communication. The **prison segregation** scenario simulates the extreme isolation experienced by individuals in segregation, emphasizing the cumulative impact on mental health and the deprivation of basic human contact and environmental stimulation.
Results: It is expected that findings will indicate these VR experiences significantly enhance participants' empathic understanding and insight into the psychological toll of these interventions. It is hoped that participants express a deeper appreciation for patient

vulnerability, the ethical complexities of isolation practices, and the emotional weight carried by patients in these environments. VR can provide a unique "first-person lens" that traditional training could not replicate. Themes emerging from the interviews may include increased sensitivity to trauma-informed care, awareness of power dynamics, and a renewed focus on dignity-preserving practices.
Conclusions: By enabling perspective-taking and emotional engagement, VR training can enhance empathy, encourage reflection, and support ethically informed practice among healthcare professionals. The expected outcomes can have critical implications for staff training, policy development, and the broader goal of humanizing care in high-security and high-stress psychiatric environments. Future work will focus on scaling and refining these VR modules based on user feedback, as well as exploring measurable outcomes such as changes in staff behavior, communication style, and patient satisfaction.

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EPP499

Multi-disciplinary simulation training improves confidence in managing physical health emergencies on the psychiatric inpatient ward

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Introduction: We have developed a multi-disciplinary simulation training programme to improve management of physical health emergencies on the inpatient psychiatric wards at Eastbourne Department of Psychiatry. We ran a series of 5 scenarios, covering: cardiac arrest, ligature, lacerations, anaphylaxis, and sepsis, and involved a diverse team of nurses, support workers and doctors. They were required to make an initial assessment, provide emergency treatment, and escalate as appropriate. Afterwards we led a debrief of the scenario, and identified key learning points for the group.
Most simulation training is delivered in non-clinical settings or a standardised clinical environment, which is effective for learning processes, but can be challenging when clinicians manage emergencies in the unique environment of the psychiatric hospital. Our training took place in different locations within the hospital, and a key element was requiring staff to make optimal use of the ward environment, and identifying the most effective means of gathering emergency equipment and medical support, all of which vary between sites.
Objectives: We aimed to improve response to physical health emergencies in the psychiatric hospital. This was a high-fidelity simulation using the real ward environment, full body mannequin, props for injuries, and equipment identical to that found on the wards: crash-bag, oxygen cylinders, anaphylaxis kit.
Methods: Scenarios were chosen based on those emergencies which the staff had least confidence in managing in the ward setting, and they were written in consultation with the local resuscitation leaders.
We gathered data on knowledge of the location of emergency equipment, how to summon an emergency medical response, and self-reported confidence in managing different scenarios before and after the training, on a 5 point Likert scale (1=high confidence, 5=low confidence), and free text feedback.
Results: With n=11 and Wilcoxon Signed-Rank test, average reported confidence in managing lacerations improved from 3.7 to 2.7 (p=0.006); in anaphylaxis improved from 4.0 to 2.3 (p=0.005); in sepsis from 3.2 to 2.1 (p=0.018); and in cardiac arrest from 3.1 to 2.0 (p=0.02).
There was already full awareness of where to locate the crash bag and how to summon the emergency medical team.
Written feedback expressed a desire for regular sim training to consolidate the learning and improve confidence, and a wider set of emergency scenarios. A key theme in debrief was difficulty providing treatment in a cramped environment, positioning of the team and patient, and identifying a clear team leader.
Conclusions: We found an improvement in confidence across all scenarios, and the debrief was widely identified as helpful to consolidate learning. Further work would involve repeating the training to see if the improvement was maintained, and expanding to different sites across the trust.

Disclosure of Interest: None Declared

EPP500

Mentalization and training in psychiatry: protective factors against burnout. Evidence from a multicenter controlled longitudinal study

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Introduction: According to mentalization theory, personal and interpersonal skills can be shaped by early adverse experiences and coping strategies, thus playing a key role in mitigating burnout during training. In this study, the interaction between these variables was tested in a multicenter longitudinal survey involving various Italian academic institutions.
Objectives: The primary objective was to investigate protective and risk factors for the development of burnout in psychiatry trainees. Secondary objectives included comparing burnout trajectories among psychiatry residents and those in other medical disciplines, identifying psychiatry -specific factors versus general training longitudinal trajectories, and analyzing the dynamic development of personal/interpersonal skills during psychiatry training.
Methods: A cohort of 1,803 medical residents (including 1,131 psychiatry residents) was assessed for emotional regulation, interpersonal skills, coping strategies, and burnout dimensions using the Difficulties in Emotion Regulation Scale (DERS); the Interpersonal Competence Questionnaire (ICQ); the Maslach Burnout Inventory (MBI). The assessment was repeated after one year of follow-up to examine longitudinal trends. Longitudinal mixed models and bivariate latent change models were used to examine burnout trajectories and related factors.
Results: An increase in burnout was observed in the first two years of specialization. This increase in burnout over the years was lower among psychiatry residents than among other medical residents. Psychiatry residents had a lower increase in burnout over time thanks to greater development of interpersonal skills and coping