

health issues in psychiatric research. User involvement in research goes beyond being merely instrumental and is deeply intertwined with ethical and political considerations. Shifting from traditional research paradigms to collaborative partnerships with users is seen as a crucial step in ensuring that research is more relevant, meaningful, and respectful of the diverse perspectives within the mental health community. While there is a growing interest and responsibility regarding this matter, there is still a need to better understand the differences between participation, engagement, and user-led research alongside a respectful integration of user perspectives. In this presentation, the state-of-the-art regarding user involvement in psychiatric research will be reviewed and possible ways to practically implement such practice will be discussed.

Disclosure of Interest: None Declared

ECP0007

How can clinical trials expedite the process of answering treatment-related questions and reduce the number of participants needed?

R. Emsley

Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

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Abstract: Patients and the research community need better and more cost-effective randomised trials. These are the ‘gold standard’ way of seeing if a new treatment works or not, and take years of effort involving lots of patients and funding. However, around half of trials fail to show that the new treatment is better than what it is being compared with. In cancer, this problem has been recognised. They use trial designs which test multiple treatments, and find out quicker answers to more questions. These ‘efficient trials’ are able to involve patients at a faster rate and to improve the chances of patients receiving a treatment that works. In mental health, the whole toolbox of trial designs is not being used. Sometimes there are valid reasons for this, but sometimes it is simply that researchers do not know about them – this talk will expand on the concept of ‘efficient trials’ in mental health, and present the opportunities and challenges to using these.

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ECP0008

Can Ecological Momentary assessments be used to investigate the person-environment interactions in people with psychosis?

I. Myin Germeys

Dept of Neurosciences, KU Leuven, Leuven, Belgium

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Abstract: Psychotic experiences show a dynamic pattern over time, often in interaction with the environment. In my talk, I will discuss how Ecological Momentary Assessment (EMA) or Experience Sam-

pling Methodology can be used to assess psychotic symptoms in the flow of daily life. I will focus on the assessment of both positive and negative symptoms, where I will discuss both how we can measure such symptoms as well as what the dynamic patterns look like in everyday life. Furthermore, I will also focus on how ESM can be used to transfer psychological treatment to daily life using an app. I will discuss the INTERACT trial, a trial in people at the early stages of psychosis, where we investigated the effect of Acceptance And Commitment Therapy in Daily Life, compared to Treatment As Usual.

Disclosure of Interest: None Declared

ECP0009

How can electronic health records serve as a tool for clinical trials?

R. Stewart^{1,2*}

¹Department of Psychological Medicine, King’s College London and ²PMOA, South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Corresponding author.

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Abstract: Increasing volumes of information are being collected via electronic health records and there is growing multi-site expertise in utilising these for research. This emerging field of healthcare data science is not only concerned with the technical challenges associated with complex data, but also with the need for effective security and governance in the use of sensitive information with robust structures for stakeholder input and guidance. To date, most of the focus has been on supporting observational cohort studies nested within clinical records data - particularly investigating research questions around treatment response and course/prognosis. It is likely that electronic health records will become increasingly integrated with clinical trials, providing opportunities for pre-study feasibility scoping, targeted recruitment, and enhanced and extended follow-up. In addition, there is interest in emulated trials using routine data. For mental health data science, key challenges lie in the quality and quantity of data made accessible, with a particular need for natural language processing to derive structured data from extensive clinical text. Many of the challenges have been addressed for observational research, creating exciting prospects for a transformed trials landscape.

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ECP0010

Virtual Insanity: Perspectives from a Political Digital Ethnographer of Young Adults Using Social Media for Mental Health

A. Bailie

Politics and International Relations, University of York, York, United Kingdom

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Abstract: To contribute to this debate I offer perspectives from my PhD research which critically examines the contemporary U.K politics of mental health and illness amongst young adults via social media. My work examines the way in which social media, like Instagram and Tiktok allows young adults to explore, express and share their selfhood and identity around ideas of mental health and illness through videos, posts and online interactions. Through this work I have engaged with digital services, psychologists and medical professionals on the subject of using technology for the treatment, engagement of and knowledge of mental health and illness. I have additionally engaged with some work on the role of the Metaverse for treating mental illness, and how this could work, but also the limitations of virtual spaces. Exploring debates in digital sociology adds evidence to these arguments and can support the understanding of the political ramifications of using technologies in the clinical space. Arguing that these new developments in language and social practices around mental health and illness via social media need to be further explored, acknowledged and addressed in social science and this can be supported by work in the field of psychiatry. Overall, my contribution to the debate will be to offer political and digital social perspectives on the use of technology and highlight some of the biases and drawbacks of utilising AI to treat mental health and illness.

Disclosure of Interest: None Declared

ECP0011

Pro to AI/metaverse implementation: a review on the potential of metaverse in psychiatry

L. F. Fontenelle

Department of Psychiatry and Legal Medicine, Federal University of Rio de Janeiro (UFRJ) and D'Or Institute for Research and Education (IDOR), Rio de Janeiro, Brazil
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Abstract: The metaverse, a term first employed in Neal Stephenson's 1992 novel "Snow Crash", is a digital environment delivered via artificial intelligence in which multiple users can use avatars to engage in social, economic and cultural activities. Broadly speaking, metaverse encompasses technologies as diverse as augmented reality (AR), "lifelogging" (smart watches, smart phones and other wearables), "mirror" worlds (e.g. Google Earth, Waze, ...) and virtual reality (VR). There is a pressing need to understand the potential of metaverse for medicine in general and psychiatry in particular. The therapeutic use of VR technologies is already a reality in clinical practice, particularly in terms of online treatments and exposure and response prevention for anxiety disorders, obsessive-compulsive and related disorders, and trauma-related disorders. Avatar integrated therapies may increase treatment seeking via anonymity, decrease in physical and communication barriers, and facilitation of expression. In terms of research, the metaverse allows manipulation of the therapeutic environment in order to answer specific questions.

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ECP0012

Challenges that early career psychiatrists can face on compulsory treatment

E. Chumakov

Department of Psychiatry and Addiction, St Petersburg State University, St Petersburg, Russian Federation
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Abstract: The delivery of mental health care worldwide often involves compulsory treatment, a practice encountered by early career psychiatrists from the outset of their training. Despite its prevalence, little research has explored the challenges faced by trainees and early career psychiatrists when compelled to administer treatment without patient's consent. This presentation will synthesize research data and offer personal reflections on the author's experiences.

Challenges that early career psychiatrists can face regarding compulsory treatment can be categorized into personal, professional, and institutional. Personal challenges encompass the emotional stress associated with applying coercive measures, coping with negative emotions, and managing service users' attitudes toward treatment without consent. There is also concern that compulsory treatment may elevate the risk of emotional burnout. Professional challenges involve the administrative burden associated with organizing compulsory treatment, often exacerbated by the formalization of the process as a bureaucratic procedure in many European countries. Additionally, dealing with legal processes, including interactions with lawyers and courts, can pose significant difficulties, even though it is clearly done to protect the rights of the persons receiving care. Institutional challenges encompass the overall policy of providing compulsory psychiatric care in the psychiatrist's home country and the specific practices of coercive measures in a given treatment facility. Furthermore, the lack of dedicated time for ethics of coercion during training is a common issue.

In the current landscape of mental health care, early career psychiatrists must undergo training to handle coercive measures. While these measures are sometimes unavoidable, ethical principles must guide their administration. Additionally, access to supervision/mentoring is crucial for early career professionals facing challenging cases.

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ECP0013

Experiences and attitudes of early career psychiatrists towards ECT – an international study

C. Tapoi^{1,2*}

¹Department of Psychiatry, Prof. Dr. Dimitrie Gerota Emergency Hospital and ²Department of Psychiatry, Prof. Dr. Alexandru Obregia Clinical Psychiatry Hospital, Bucharest, Romania

*Corresponding author.

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