they enjoyed the activity and felt more connected to their peers afterwards.

Disclosure of Interest: None Declared

EPV1084

Psychiatry training in Hungary, difficulties and advantages

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Introduction: While in theory our training program is quite satisfactory, in practise it often falls short. The first two years give a more general knowledge, including spending time at internal, ICU and neurological wards as well as attending a month-long course about communication, palliative care and basic legal principals important in healthcare. The second three years provide the opportunity to engage in profession-related rotations, like psychotherapy, psychiatric rehabilitation and addictology.

Objectives: The design in itself is clear, but the supervision for its enactment is insufficient. This leads to regional differences between the four faculties of our country, not everyone is able to partake in the supposedly mandatory rotations (mostly because of shortcomings in staff) and the organization of our theoretical education varies greatly in each region to the point of non-existence in one area, since the COVID-19 pandemic started. The personal supervision of each psychiatry trainee also leaves much to be desired both on professional and – in psychiatry very important – mental levels. Competence and responsibility limits are often vague, and, especially in country hospitals, to much is expected of the resident (i.e. doing a nightshift alone, without direct supervision).

Methods: It is a positive thing that in theory there are standards in place, the problem is that they are more viewed as guidelines, than demands to be met. Nevertheless, some of the faculties provide well-organized education (even subdivided per year of training) and/or take rotations outside of the 'home ward' seriously. The opportunity to gain a basic knowledge in psychotherapy is also beneficial and a good aspect of our training. Easily accessible or even obligatory participation in psychotherapy for ourselves during our training however, is lacking.

Results: The decreasing number of psychiatry trainees sadly is a worldwide trend and Hungary is no exception. This poses more difficulties, i.e. making it harder to let a resident go on 'outside' rotations, especially from wards already struggling with staff shortages. Because of the latter, there is also little time to teach the trainees appropriately and pay them the attention they need.

Conclusions: All in all, there is much potential in our training program and its standards, also leaving room for substantial improvement in realizing the practical aspects. The decline in numbers of psychiatry trainees is worrisome and calls for more general intervention on a European or even global level.

Disclosure of Interest: None Declared

EPV1085

Experiences and attitudes of UK early career psychiatrists towards electroconvulsive therapy

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Introduction: Electroconvulsive therapy (ECT) is effective in treating severe major depressive disorder, manic episodes, and catatonia. Despite this, it is a controversial treatment amongst patients, carers, and even some psychiatrists in the UK.

Objectives: To determine the experiences and perceptions of UK psychiatric trainees and early-career psychiatrists regarding the use of ECT in clinical practice.

Methods: An anonymous survey was distributed online to UK psychiatric trainees and early-career psychiatrists across the country. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

Results: So far, 44 trainees and early-career psychiatrists have responded. The vast majority had witnessed ECT administration during training and had administered ECT under supervision. Most respondents agreed or strongly agreed that ECT was a safe and effective treatment, and most respondents disagreed or strongly disagreed that ECT is cruel or outdated. There were more varied views regarding perceptions of side effects and contraindications: a minority of respondents were unsure about whether ECT had long-term side effects, and whilst most respondents disagreed or strongly disagreed that ECT has many risks and contraindications, just under half were unsure or agreed.

Conclusions: Most UK psychiatric trainees and early-career psychiatrists have experience of ECT during training and believe ECT is a safe and effective treatment. Respondents had a mixed view regarding the side-effect profile and risks/contraindications of ECT, which may be an important area for further education and training.

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EPV1086

Psychiatry Trainees' Perspectives on Psychotherapy Training in Residencies Worldwide

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Introduction: Incorporating psychotherapy into the curricula of psychiatry residency programs has been proven difficult, even in countries where psychotherapy training is a requirement for psychiatry residents to become psychiatrists. There is a risk that future psychiatrists lacking psychotherapy skills will be restricted in managing the wide scope of disorders and personalities they will face in clinical practice. It is important to assess what psychiatry trainees

around the globe have to say about psychotherapy training as part of their residency curricula.

Objectives: The primary purpose of the article was to assess psychiatry trainees' perspectives on psychotherapy training in residency programs worldwide.

Methods: The authors performed a narrative review, resulting 19 original research studies, published between 2001 and 2021, evaluating psychiatry residents' perspectives by the application of a questionnaire.

Results: Nineteen articles were included in this review. Most of the studies were developed across European countries (47.4%) and in the USA (36.8%). Psychiatry residents are interested in and value psychotherapy training, and some consider it should be an obligatory competency for psychiatrists, as it already occurs in some countries worldwide. Even though, most psychiatry trainees feel dissatisfaction with the existing training in residency curricula, pointing out concerns related to the quality of resources such as courses of psychotherapy and supervision of cases, time within the residency period, and financial constraints. In terms of personal psychotherapy, we found contrasting views of its importance in psychotherapy training for psychiatry residents. A crucial finding was that psychiatry residents tend to lose interest in psychotherapy during the years of the residency, and dissatisfaction with the quality of the psychotherapy curricula, lack of support, and low self-perceived competence in psychotherapy by trainees were factors associated with reduced interest in psychotherapy training.

Conclusions: At a time when psychotherapy is increasingly becoming acknowledged to play a central role in the treatment of most psychiatric disorders, current training is failing to provide these competencies to psychiatry trainees. Serious reflection must be given to both the extent of the guidelines and the practical opportunities for psychotherapy training so future psychiatrists can be qualified to provide an accurate biopsychosocial model of psychiatric care. The authors postulate that maintaining residents' interest in psychotherapy requires improvements in the residency curricula and departmental leadership must support trainees' goals of becoming comprehensively trained psychiatrists.

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EPV1088

Psychedelic-assisted Therapy Training: Firsthand Experience of Non-Ordinary States of Consciousness in the Development of Competence

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Introduction: This review explores the benefits of incorporating personal experience(s) with non-ordinary states of consciousness as a core component of Psychedelic-Assisted Therapy (PaT) training. The program incorporates an optional experiential training component. We collaborate with professionals affiliated with a Canadian non-profit organization specializing in PaT experiential training. As do other stakeholders in this field– including program developers, educators, and researchers–we navigate a rapidly

evolving and often ambiguous landscape, where infrastructure and regulations are lagging scientific data and best practices. Given the potential for differing perspectives, the authors acknowledge that their personal experiences could be a potential source of bias, influencing objectivity.

Objectives: Conversely, these lived experiences could be seen as valuable contributions, enriching perspectives on the role of experiential training. In that context, our intention is to provide a comprehensive review, presenting arguments both in favour of and against the integration of experiential training in PaT.

Methods: There is an urgent need for establishing legal training and practice options, bridging the underground with best practices, with all practitioners operating within a regulated and ethically accountable framework. Such a proactive strategy would mitigate the risks associated with unregulated training in a field with relatively few guidelines on how to develop competency.

Results: An in-training PaT experience supports personal comfort, self-assuredness, and confidence supporting others in nonordinary states of consciousness, with contemporary researchers/ experts highlighting the specific challenges among therapists who lack lived experience. These might include holding unrealistic expectations, being unaware of the impacts of set and setting, and misunderstanding

Conclusions: Whether or not therapists engage in experiential training - serving a dual in one's own healing process, it is imperative that they maintain their own wellness practices. This proactive/ primary prevention strategy would improve well-being and resilience, reducing secondary mental health consequences for patients and providers. Cultivating a culture of self-care within the mental health field should be an overarching priority for training programs and professional organizations, without which we are left with broken people in support of broken people. Current rates of burnout, absenteeism and early retirement suggest that we are already on that trajectory and should serve as a call to action.

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EPV1089

"Where are we headed?" To better understand the career paths and barriers psychiatrists, psychologists, and psychotherapists face in Hungary. An outline of a quantitative and qualitative study

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