

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 occurred 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.

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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.

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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.

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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 comply with requirements for physical distancing and reducing overcrowding. The visits in out-patients' 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