

Abstract Body: The COVID-19 pandemic with the related containment measures is having a negative impact on the mental health of the general population worldwide. This event has been described as a new form of trauma, which is influencing not only physical and mental health, but also the society as a whole. Among Western countries, Italy has been one of the first severely hit by the pandemic in terms of number of cases and mortality rates. In March, 2020, strictly restrictive measures has been issued in order to contain the spread of the disease. This period has been known as “Phase one” of the national health emergency, where all not necessary activities were closed, almost 30,000 people died and almost 100,000 people were home-isolated. In this context, the COvid Mental hEalth Trial (COMET) network, including ten university Italian sites and the National Institute of Health, has been established in order to promote a national online survey for assessing the impact of lockdown measures on the mental health of the Italian general population. In the COMET survey, it has been included a specific focus on young people, which are expected to be the most vulnerable to the consequences of the pandemic and of the strict containment measures. Findings from this study can be useful to inform national and international associations on the importance to provide adequate support to the mental health of the young people.

Disclosure: No significant relationships.

ECP0015

Building resilience to early life trauma in belarus and Ukraine

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doi: 10.1192/j.eurpsy.2021.211

Abstract Body: Early life trauma (ELT) refers to various types of adversity that occur during the early years (usually defined as the first 5 years) of a person’s life. It is a key determinant of mental health and well-being throughout the life course. A series of three workshops on early life trauma and mental health care were conducted in Belarus and Ukraine in 2018-2019 to support stakeholders and service providers to better understand and respond to ELT, and to support the development of a network of ELT specialists dedicated to finding common goals, pooling cross-disciplinary data and sharing experiences and good practice across countries. The workshops found that different attitudes, expectations and experiences amongst stakeholders and service providers could hinder the development of consistent, effective and empowering care in Belarus and Ukraine. However, opportunities for more protective and health-enhancing responses were also identified, including the need for: evidence-based education and training; clear roles and communication pathways across sectors; and inter-sectoral partnerships and networks to leverage resources, mitigate practitioner burnout, and build a continuum of support within communities. Findings have been disseminated through a directory of resources in Belarus, a project webpage (www.earlylifetrauma.info) and a report on ELT in Belarus and Ukraine published by WHO Europe.

Disclosure: No significant relationships.

ECP0016

Improving health care response to domestic violence

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doi: 10.1192/j.eurpsy.2021.212

Abstract Body: 1 in 4 women in Europe will experience domestic violence and abuse (DVA) in their lifetime. Abuse can take many forms, including, psychological, physical, sexual, financial, and emotional abuse. There is growing recognition of the health consequences of DVA in public policy and academic research across Europe and the globe. These include but are not limited to: a negative impact on mental health; increased substance misuse; increased presentation in emergency departments; increased rates of abortion or miscarriage; and increased presence of any sexual health problem. International and national policy guidance indicates that healthcare professionals have important roles in responding to patients experiencing DVA, usually with regard to identifying abuse and referring for specialist support. Barriers to engaging in DVA relate to lack of confidence in recognising abuse or initiating conversations about it, stigma surrounding DVA, fears of exacerbating violence, limited awareness of the resources available to support patients, and limited training in providing trauma-informed medical care. This session will give insight into efforts to improve the healthcare response to DVA. It will draw together examples of healthcare DVA programmes from across the globe and bring together lessons learnt about what works and what does not work in addressing DVA in clinical settings, with specific insights for professionals working in mental health services.

Disclosure: No significant relationships.

Educational

What should early career psychiatrists know?

ECP0017

Training as a psychiatrist during a pandemic

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doi: 10.1192/j.eurpsy.2021.213

Abstract Body: Training is a crucial time in any psychiatrist’s career. It’s a time when you are faced with new responsibilities and challenges, both professionally and personally, and senior and peer support are indispensable. The Covid-19 pandemic has had an impact on all the essential needs of trainees: supervision, theoretical training, clinical care and contact with both patients and colleagues have been put under pressure and are no longer the self-evident part of training that they were before. Trainees are facing an unprecedented balancing act between their duties as physicians, their training needs and their dedication to the often vulnerable patients under their care, all whilst dealing with the personal consequences of the pandemic and the restrictions that have been put in place.

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.

Disclosure: No significant relationships.

ECP0018

Starting a career as a psychiatrist

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doi: 10.1192/j.eurpsy.2021.214

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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doi: 10.1192/j.eurpsy.2021.215

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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doi: 10.1192/j.eurpsy.2021.216

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