

and quality of life such as sleep difficulties, fatigue and cognitive dysfunction; 4. Screening for and managing physical, psychiatric, substance misuse and iatrogenic comorbidities; 5. Optimisation of long-term treatment; 6. Using self-management techniques to empower patients; 7. Using integrated health services to help provide a sense of containment and ensure wide consideration of treatment options; and 8. Establishing regular reviews of the patient's diagnosis and treatment. Examples of each of these elements will be provided.

Disclosure: In the last 5 years, R. Hamish McAllister-Williams has received fees from American Center for Psychiatry & Neurology United Arab Emirates, British Association for Psychopharmacology, European College of Neuropsychopharmacology, International Society for A

Keywords: Treatment Resistant Depression; Difficult to treat depression; Depression

S0152

Is treatment resistant depression a different subtype of depression?

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doi: 10.1192/j.eurpsy.2021.137

Major depression is a serious, disabling, often chronic or recurrent mental disorder affecting over 350 million people worldwide. Treatment of major depression is now conceptualized as proceeding through three phases: the acute phase, the continuation phase, and the remission phase. Patients not achieving remission after several treatment trials are defined treatment-resistant, but a debate is ongoing regarding how many trials must fail before a patient can be defined as "treatment-resistant". It must be acknowledged that depression is a heterogeneous disease, and several personal, socio-cultural and clinical factors should be taken into account in order to develop a personalized management plan for patients with major depression. A new concept of "difficult to treat depression" has been recently proposed. According to this concept, when a complete control of the disorder is not feasible, the treatment should aim at minimizing the impact of symptoms and the side effects of treatments on patients' daily lives. Moreover, the concept of difficult to treat depression includes the presence of co-occurring problems/ behaviours/ disorders/ situations, which can worsen the course or management of depression. The management of patients with treatment resistant depression includes the optimization of disease management, in terms of symptom control, improvement of daily functioning and of quality of life. However, an approach aiming to personalize treatment of patients with major depressive disorder and focused on the specific clinical features of each patient can be valuable for optimizing the treatment of patients with resistant depression.

Disclosure: No significant relationships.

Keywords: Depression; Therapy; personalization; Suicide

Psychiatric education during the COVID-19 pandemic: Challenges and opportunities

S0157

COVID-19 and psychiatric training: Results from the efpt country surveys

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doi: 10.1192/j.eurpsy.2021.138

Introduction: Several studies link COVID-19 and the associated lockdown and social-distancing measures to adverse mental health outcomes. In order to address this increase in mental health problems, adequate training of mental health care professionals is of the utmost importance.

Objectives: To measure the impact of the COVID-19 pandemic on psychiatric training in Europe and beyond.

Methods: The European Federation of Psychiatric Trainees (EFPT) represents more than 20 000 trainees from over 30 European countries. Every year, country representatives, complete the 'Country Report', which contains detailed information on psychiatric training in every (member) country.

Results: In July 2020, representatives of 34 European and 9 non-European countries completed the survey. In 73% of countries, psychiatric trainees were assigned to COVID-19 wards, in 43% to emergency wards. In 25% of countries, trainees did not receive any training on COVID-19 prior to their assignment. Compared to before the COVID-19 pandemic, trainees reported a decrease in clinical supervision in 65% of countries. In 51% of countries, (parts of) formal psychiatric training was cancelled. Psychotherapy training was cancelled in 25% of countries. In the majority of countries both formal and psychotherapy training were given online, however in 56% trainees experienced difficulties to attend.

Conclusions: The COVID-19 pandemic has had an extensive impact on psychiatric training in Europe and beyond. The EFPT calls upon policy makers and supervisors to minimize the impact of COVID-19 on psychiatric training in order to provide psychiatric trainees with adequate skills to deal with the mental health consequences of the COVID-19 pandemic.

Disclosure: No significant relationships.

Keywords: online training; Education; psychotherapy; pandemic