

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.

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

S0152

Is treatment resistant depression a different subtype of depression?

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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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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

S0158

Early career psychiatrists in Europe during COVID-19 outbreak: Results of the EPA ECPC-EFPT cross-sectional survey

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The COVID-19 outbreak has left its mark on the work of mental health care staff. Many professionals had to radically change their working conditions or were delegated to work in different facilities, in many cases taking on different responsibilities with little time for training. Many psychiatrists overnight had to partially or fully start working within telemedicine. Due to the lockdown, psychiatric trainees in many countries were not able to complete their training as planned. The measures taken by the governments to limit the impact of the pandemic also affected the capacity to conduct research studies and directions of new research initiatives. Dr. Gondek will present the results of the EPA ECPC-EFPT Cross-sectional survey on the effects of the outbreak on work and wellbeing of Early Career Psychiatrists in Europe.

Disclosure: No significant relationships.

Keywords: education in psychiatry; COVID-19; telemedicine; Early career psychiatrists

S0159

COVID-19 and cap: What changed in training and practice for early career child/adolescent psychiatrists?

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The Covid-19 pandemic has transformed the world since the beginning of 2020 and many aspects of health care provision has changed dramatically. Despite not being regarded as a frontline field at first look, Child and Adolescent Psychiatry (CAP) has been highly impacted by the pandemic as a fundamentally biopsychosocial branch. CAP specialty training has also become a different experience due to the reprioritization of health care services along with the restricting rules of the 'new normal'. In this symposium presentation, we will discuss the effects of the Covid-19 pandemic on the training and practice of CAP specialty trainees and early career specialists through the results of the 'Early Career Psychiatrists in Europe during COVID-19 outbreak' survey study, organized by the EPA and EFPT. The survey covers different areas including reorganization of training/practice during the pandemic, personal experiences with Covid-19 and adoption of Telepsychiatry practices. This pan-European study is expected to shed light on the emerging issues for young doctors in CAP to plan necessary improvements on a European scale.

Disclosure: No significant relationships.

Keywords: child and adolescent psychiatry training; child psychiatry pandemic; early career child and adolescent psychiatry; child psychiatry and COVID-19

S0160

COVID-19 and psychiatric education: From postgraduate to continuous medical education

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COVID-19 has impacted psychiatric education at many levels from postgraduate training to Continuous Medical Education (CME). We invited participants at the European Union of Medical Specialists (UEMS) who are national representatives to share how COVID-19 has impacted postgraduate training and Continuous Professional Development (CPD) in their countries. They were asked to report the challenges but also the opportunities created by the pandemic and their answers were analysed. Several themes emerged. Challenges in postgraduate training have been absences caused by COVID, redeployment, reduced interactions and postponement of assessments. The mental health of trainees was affected, including burnout. Interestingly in some places, like Denmark, training was less impacted as psychiatry was designated as 'critical' and therefore no redeployment. Exams have moved online and there have been concerns about cheating in the new format. In countries where it is obligatory to be up to date with CME/CPD to maintain medical registration, the usual requirements were waived. Conferences and live events have moved online and webinars became popular and widely accepted. Some positive developments included rapid adoption of technology, for consultations and training, increased relevance of CPD/CME, emphasis on team cohesion and recognition of the need for self-care and team support. The pandemic also fostered international collaboration, e.g. sharing guidelines for new ways of working. Some of the innovations described, mainly related to the adoption of technology and remote working will likely be taken in the future. However, the sentiment remains that live exchanges are valuable and should be resumed as soon as it is safe.

Disclosure: No significant relationships.

Keywords: Continuous Medical Education; COVID-19; postgraduate psychiatry training; psychiatric education

Severe mental illness in the perinatal period: Recognising and managing risks

S0163

Should we monitor psychotropic drug levels in pregnancy and the postpartum period to reduce risks of recurrence?

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Pregnancy is associated with profound changes in pharmacokinetic processes. This is an important - and until recently neglected - area of research since the majority of women take drugs during pregnancy in addition to vitamin and dietary supplements. Recent