

mental disorders are admitted to a psychiatric unit against their own will to receive treatment. In Europe, as public attitudes and practices shifted, compulsory admission procedures were reformed to ensure patient rights and safety. Differences however exist for compulsory admission procedures between countries. In 2018, a survey was created and disseminated by the European Psychiatric Association Ethics Committee to National Psychiatric Associations within 40 European countries to learn more about the legislation, key actors involved, and reasons for admission. Results showed that approximately half of the responding countries required an independent medical expert, typically a psychiatrist, to be involved in the procedure. Most countries by law required the involvement of a court-appointed judge in making the decision about compulsory admission and to review the case after a certain period of time. All but one country have time limits on legal decisions for compulsory admission. Further, patients have the right to obtain legal counsel to assist them through the process of appeal or the decision in most countries. The primary reasons for admission were the patient being a danger to themselves or others. Despite continued efforts, stigma still surrounds mental health disorders. Public awareness and increased knowledge are needed to improve the perception of compulsory admissions. Moving forward, it is necessary to create educational courses, as well as written guidelines for key actors, to stimulate good practice and promote voluntary treatment (Wasserman et al. 2020; <https://doi.org/10.1192/j.eurpsy.2020.79>).

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## European

### The Role of Stigma for Early Career Psychiatrists

#### ECP0007

#### Could Computational Approaches Challenge How we Understand and Tackle Mental Disorders Stigma?

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Most psychiatric disorders (between 50% and 90%) remain untreated although effective treatments exist (Kohn et al., 2004). Stigma is frequent toward patients and mental health professionals (Rüsch et al., 2005). It impairs access to care especially during the early signs, amplifying the treatment gap, mainly due to a shortage of resources. How the brain makes prior internal models of the world could explain why we all stigmatize. The Bayesian brain hypothesis describes the optimal combination of priors, coming from our evolution, our memory and our perceptions, to make decisions (Parr et al., 2018). This can be intuitively understood by visual illusions, but also medical categorical diagnostic reasoning (Medow, 2011). These priors allow to simplify the world and categorize people (Sherman et al., 1998). Beyond cognitive modeling, Computational approaches also led to the development of several electronic devices, from apps to social robots, (Gargot et al., 2021). Patients reported that it was easier to self-disclose toward an avatar, that cannot judge, than toward a therapist (Hang and Gratch, 2010). These technologies could improve early, scalable

as well as efficient access to care (Andersson et al., 2019). Empathy is the best strategy to tackle stigma. What is it exactly? Good therapist-patient synchronization of brains (Czeszumski et al., 2020) and bodies (Ramseyer et Tschacher, 2011) could foster better communication and thus empathy. There is an urgent need to promote research in empathy (Belzung, 2017), non-specific factors in psychotherapy mechanisms (Miller et Moyers, 2021) and psychotherapy online training resources (Gargot et al., 2020).

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## Educational

### How to Thrive Early in your Career?

#### ECP0008

#### Do Women have More Barriers for Professional Development?

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Women consistently fare worse than men in different professional metrics in terms of salary, promotions, grant money, and scholarly publishing. In clinical and management leadership roles, a similar trend of underrepresentation for women exists. It has been shown in academic publishing that women progressed to senior author positions at a slower pace, resulting in their ongoing underrepresentation as senior writers. Previous literature has shown that one of the most effective strategies for promoting women to leadership positions is the collaboration with men to identify attitudinal and institutional barriers, since gender equality is not only a “women’s concern.” To address this, a cross-sectional, multinational survey was disseminated in English (SurveyMonkey) to psychiatric trainees and psychiatrists across Europe. This study aims to explore the perspectives of female and male psychiatrists on the obstacles they face in their careers. The survey covered items on self-promotion, current institutional environment, and networking along with contextual information- age, gender, professional degree, current field, and years of professional experience in the current field. We hope that the presentation of these findings will serve as a springboard for future educational activities to address concerns connected to the gender gap. The speaker will present the comparison of female and male psychiatrists’ barriers and challenges they face during their professional development. This talk is hoped to elicit discussion in preparation for future action and inform a roadmap for addressing issues related to the gender gap with subsequent educational events.

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**ECP0009****What Not To Do to Thrive in your Career?**

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**What not to do to thrive in your career** The presentation will examine options that are usually available to psychiatrists during their training and early in their career and propose criteria which should be used to select or discard them. Among the criteria proposed – in addition to personal interest - should be the amount of time that engaging in a particular pursuit might take, the potential gain of the engagement later on in one's career, the likelihood of expanding the circle of friends and acquaintances and several others.

**Disclosure:** No significant relationships.

**Research****How Did the COVID-19 Pandemic Impact Early Career Psychiatrists?****ECP0010****Research in Mental Health During the Pandemic**

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**Abstract Body:** All healthcare had to rapidly adjust to covid-19; remote options were implemented at pace and unnecessary face to face contact minimised, with infection prevention and control taking primacy. Many research projects were suspended and some clinical researchers moved to frontline care. For psychiatric academic trainees, covid-19 affected recruitment, and risked delaying work on research degrees such as PhDs, potentially beyond the timeframe of a grant, leading to funding uncertainties. Those valuable casual conversations with senior colleagues in the café stopped and with many schools closed, parents had extra pressures on their time at home. In the UK the government prioritised “Urgent Public Health” (UPH) studies and took a co-ordinated approach to research approvals and recruitment strategies, contributing to the success of covid-19 platform trials such as RECOVERY. While initially only a minority of UPH studies were open to people with serious mental illnesses, now the effect of the pandemic on mental health has become a research priority. In parallel, service planners recognised the value of emergent research in informing decision-making creating de facto learning health systems. While covid-19 interrupted research as we knew it, it necessitated new ways of working, some of which will persist. These included an increase in remote data collection, allowing greater access to research opportunities for potential participants, along with more efficient research approval and evidence dissemination pathways.

**Disclosure:** No significant relationships.

**ECP0011****Early Career Psychiatrists in Europe During COVID-19 Outbreak: Results of The EPA ECPC-EFPT Cross-Sectional Survey**

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**Abstract Body:** The COVID-19 pandemic has affected the lives and work of Early Career Psychiatrists (ECPs). Some had to revamp their professional life, start using telepsychiatry without prior training, change their workplace during the pandemic, or were quarantined. Others were not able to complete their training or take obligatory courses as planned. The aim of the study was to understand the impact of the pandemic on education and professional development, working conditions and wellbeing of ECPs, as well as their attitude to telepsychiatry. The anonymous, 24-question cross-sectional survey was conducted by the European Psychiatric Association Early Career Psychiatrists Committee (EPA ECPC) and the Task Force on Meetings and Associations with the collaboration and support of the European Federation of Psychiatric Trainees (EFPT). 517 participants from 39 different countries (member states of the Council of Europe) have been included in the analysis. Statistical analyses have been performed. Final results will be presented during the symposium. Identifying the impact of the COVID-19 pandemic on ECPs will help us better prepare for similar events in the future, equip them with the necessary skills and provide them with the right support.

**Disclosure:** No significant relationships.

**ECP0012****COVID-19 and CAP: What Changed in Training and Practice for Early Career Child/Adolescent Psychiatrists?**

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Covid-19 pandemic has affected early career psychiatrists (ECP) and psychiatric trainees significantly. Child and Adolescent Psychiatry (CAP) specialists and trainees have a particular position in the pandemic as redeployments to adult units are possibly more disorientating for these psychiatrists normally working in paediatric settings. Redeployments and abrupt but potentially permanent changes to the delivery of service and training are explored via the Covid-19 and Early Career Psychiatrists survey which was prepared and disseminated by the EPA ECP Committee and the European Federation of Psychiatric Trainees (EFPT). The CAP related data from the survey will be discussed in this presentation and the implications on the future of CAP will be considered with particular emphasis on training.

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