

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.

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ECP0015

Building resilience to early life trauma in belarus and Ukraine

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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.

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ECP0016

Improving health care response to domestic violence

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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.

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Educational

What should early career psychiatrists know?

ECP0017

Training as a psychiatrist during a pandemic

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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.