

EECP010**Neurodevelopment disorders in adolescence and transition into adulthood**

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The transitional period from adolescence into adulthood is an important developmental stage, known to be a risk factor for mental health problems. Neuropsychiatric disorders are the main cause of disability for young people aged 10–24 years and they seem to precede mental health disorders in adults. Since persistence of an adolescent episode is a strong predictor of outcome, giving proper care during critical stages might prevent later life psychiatric morbidity arising from adolescent-onset disorders. Mental health services for adolescents have evolved from non-specific secondary treatment to more extensive treatment goals, where prevention and early diagnosis take place; at the same time, specific therapeutic tools for adolescents are increasing and put into practice. In Europe, both child and adolescent psychiatrists (CAP) and adult psychiatrists treat adolescents, and for a few countries, the specialty of adolescent psychiatry exists. In this symposium, we propose to address new strategies to treat adolescents with defying pathologies that often pose problems; we will do it through the scope of CAP and adult psychiatry.

Disclosure of interest The author has not supplied his declaration of competing interest.

EECP symposium: Transcultural adaptation after migration: Challenges and advantages for a young psychiatrist**EECP011****Discrimination on immigrant trainees**S. Tomori^{1,*}, M. Pinto da Costa^{2,3}¹ *University Hospital Center “Mother Teresa”, Pediatric Service, Tirana, Albania*² *Hospital de Magalhaes Lemos, University of Porto, Porto, Portugal*³ *Unit for Social and Community Psychiatry Queen Mary University of London, London, United Kingdom** *Corresponding author.*

Introduction Migration and its effects in the life of skilled health workforce immigrants are a concern. However, the perceived challenges and advantages of being an immigrant trainee and their views on having access to local opportunities have not been studied so far. This can potentially play an important role in trainees' future decisions to migrate.

Objectives This work has focused in exploring the perceptions of immigrant psychiatry trainees in several European countries about feeling discriminated, the circumstances they felt discriminated and how this perception affected their future migratory plans.

Methods A semi-structured questionnaire was circulated to psychiatry trainees in Europe between 2013 and 2014.

Results More than one in ten trainees across Europe were immigrants already. Top host countries were UK, Switzerland and Sweden. Approximately one in twenty trainees across Europe had the perception of feeling discriminated or not having the same opportunities as the native trainees, especially concerning the work and academic conditions and the social and financial conditions. On the other hand, nearly one in ten trainees felt they had the same opportunities. The country with the highest level of satisfaction was the UK and with the lowest was Ireland. Almost half of the psychi-

atry trainees who felt discriminated in their previous migratory experience want to migrate again.

Conclusions A high number of immigrant psychiatry trainees feels that they do not have the same opportunities as local trainees and they are considering migrating again. Further research on feeling discriminated by immigrant workforce is necessary to clarify this differences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EECP012**What makes UK, Switzerland and Sweden attractive to trainees?**T. Mogren^{1,*}, K. Holmes², E. Biskup³, M. Pinto da Costa^{4,5}¹ *Allmänpsykiatriska Kliniken Falun/Säter, Psychiatry, Säter, Sweden*² *Locum UK, Psychiatry, Bristol, United Kingdom*³ *University Hospital of Basel, Department of Internal Medicine, Basel, Switzerland*⁴ *Hospital de Magalhaes Lemos, Department of Psychiatry of Porto, Porto, Portugal*⁵ *Queen Mary University of London, Unit for Social and Community Psychiatry, London, United Kingdom** *Corresponding author.*

Introduction Migration of medical professionals has a global impact on healthcare and services, including on mental health. Exploring the reasons for migration and why psychiatric trainees consider to migrate to certain countries is therefore crucial to understand the decision-making process related to migration of psychiatric trainees as well as of future specialists.

Objectives The aims of this Brain Drain Survey, was to research which countries most trainees in Europe migrate to (host countries) and for which reasons trainees choose to migrate to these countries (“pull factors”).

Methods In a multicenter, cross-sectional study, data was collected in 33 countries. As part of the survey, all participants responded to a questionnaire exploring trainees' experiences and attitudes towards migration.

Results Our results showed that Sweden, Switzerland and the UK were all significant net hosts. The percentage of immigrants varied between these countries. One of the main contributors as a “pull” factor was unsurprisingly, salary. It is notable that all three-host countries were within the highest wage brackets within our survey.

Conclusions Psychiatric trainees tend to migrate to countries with higher income.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EECP013**Does Europe need foreign psychiatrists? Recruitment trend in Europe**H. Ryland^{1,*}, T. Gomez Alemany², Z. Azvee³, F. Baessler⁴, M. Casanova Dias⁵, A. Kanellopoulos⁶, M. Pinto da Costa⁷, E. Sonmez⁸¹ *South West London and St. George's Mental Health NHS Trust, London, United Kingdom*² *Complex Assistencial Salut Mental, Germanes Hospitalaries Benito Menni, Sant Boi de Llobregat/Granollers, Barcelona, Spain*³ *Neuropsychiatry Registrar, Beaumont Hospital, Dublin, Republic of Ireland*

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Introduction Recruitment in to psychiatry is a long-standing concern in many countries, with low proportions of medical graduates choosing it as a specialty and ongoing stigma from within the medical profession. In other countries, the reverse problem is the case, with too many doctors wishing to enter psychiatry and insufficient training places available.

Objectives To understand the current situation within Europe with regards to recruitment in to psychiatry and to identify existing initiatives designed to boost recruitment.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member organizations. This is purposive sampling via an online, semi-structured survey, which is completed by country representatives. The survey asks respondents to identify if their country has a problem with recruitment and if so whether there were too many or too few applicants for training places. Those countries identifying recruitment initiatives were asked to provide further details.

Results Data will be presented from the past three years (2014–2016). Around half of all countries have stated that recruitment is a concern in the EFPT country survey. Many report that the number of new psychiatrists is too low and vacancies are not being filled. A small number reported that the number of new psychiatrists is too high and there are not enough vacancies. Of those countries reporting problems with recruitment around half describe initiatives to improve recruitment, which include financial incentives, careers fairs, mentoring schemes and a whole host of other projects.

Conclusions Recruitment in to psychiatry remains a serious problem in many European countries, but there are a wide range of initiatives, which aim to combat this shortfall.

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EECP014

Transcultural adaptation after migration

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International medical graduates (IMGs) by definition move from the country in which they received their training to another country in order to train and settle down in. The reasons for migration by IMGs can be political, educational or economic. Each reason brings with it a series of difficulties, both for the individual and for the society to which they move (as well as to the society they leave behind). Acculturation and settling down will raise specific issues in the functioning of the IMGs and to their response to the new country. Certain factors may cause stress and others may contribute to the successful adjustment by the IMGs. Suggestions on how to

support international medical graduates and how to help reduce their stress will be highlighted.

Disclosure of interest The author has not supplied his declaration of competing interest.

EECP Training workshop: starting your private practice: Risks and benefits?

EECP015

Getting started: Toolbox for a successful private practice

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Starting a private practice can be on one hand the most exciting step you will take in your career, on the other hand it can be at the same time the most intimidating one. First of all, take the time to really think through what you want your work schedule and surroundings to be like and then set up your office the way it will work best for you. You may not get every item on your wish list right away, but do not be afraid to try to set it up just the way you want. Build a healthy network of collaborative clinicians around your practice. Your colleagues can be a great source of referrals to your practice. And without referrals, it is difficult to maintain sufficient patient turnout. That is also why a big part of private practice is marketing. If you want to establish and develop a successful business, you must sell yourself and your practice. Beside your role as a clinician, you will also be running a business. If you seek out some private-practice coaching, you might save a lot of time. Private practice can be wonderful, it is not for everyone. Some therapists find being in a solo private practice very tiring and lonely. For some psychiatrists, the ideal is actually a group practice that has therapists, counsellors, social workers and psychologists so that supervision can be done from a multidisciplinary perspective.

Disclosure of interest The author has not supplied his declaration of competing interest.

EECP016

Going private: Selling your soul to the devil or freedom at last?

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Going private, whether by choice or by circumstance, may offer a lot of opportunities or benefits, but at the same time create certain difficulties. In this presentation, we are taking a closer look to what it means to be an early career medical doctor, specifically a psychiatrist, and have your own private practice. Does it feel like “freedom at last”? Or does it mean “selling your soul to the devil”? Or both?

Disclosure of interest The author has not supplied his declaration of competing interest.