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From mentee to mentor: Becoming an early career professor in psychiatry

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In the last years several social, economic and scientific changes have occurred, which have had a significant impact on psychiatric clinical practice, research and training. Some traditional syndromes seem to be disappeared, while new forms of mental health problems are coming to psychiatric consultation. The psychosocial distress caused by the current ongoing crisis due to the COVID-19 or the maladaptive use of the new technologies among the younger generation, are some good examples of psychosocial factors causing new mental health disturbances. Psychiatrists and mental health professionals are not yet well-equipped for managing these, which represent major unmet needs in modern clinical practice. Furthermore, in this evolving social context, the societal role of psychiatrists is completely changed, moving from being "alienist" working in asylums to "mental health care providers" working in the communities. The role of psychiatrists is to improve global mental health and to promote well-being in the general population according to a life-span perspective. Nowadays, early career psychiatrists report several unmet needs that we are not able to manage. In this symposium, I will describe my personal experience of moving from my role of mentee to mentor.

Disclosure: No significant relationships.**Keywords:** early career psychiatrist; mentor; Future of psychiatry

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The way forward: Insights and suggestions from an early career psychiatrist

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People with psychosis are commonly socially isolated, both due to their condition, and the stigma towards them. Remote volunteering over smart-phone can be a way to overcome social isolation and physical distance, promoting social inclusion. This talk will present the qualitative findings from a feasibility study – the Phone Pal – which connected in the United Kingdom patients with psychosis with community volunteers, to communicate with each other for up to 12 weeks via smart-phone (through texts, WhatsApp messages, e-mails, audio or video calls). Participants described at the end of the study their experiences of communicating with their match over the smart-phone in terms of frequency, duration and timing of communication, their communication method, content and style, and the changes of communication over time. Several participants reported a positive impact of being connected with someone, meeting a new person, feeling supported and feeling better, and a few described challenges, such as disappointment, guilt and burden. These

interview findings show that some matches were able to develop a positive and friendly relationship, and were willing to continue to be in contact with each other beyond the study duration. It is hoped that this talk will generate a lively discussion, gathering further understanding about the potential benefits and challenges of remote volunteering over smart-phone for patients and volunteers, and its potential usefulness in the current pandemic times.

Disclosure: No significant relationships.**Keywords:** Interviews; Volunteering; Technology; psychosis**Integrating real world evidence and mobile technology to reduce treatment gaps in mental healthcare: Lessons from COVID-19**

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Insights from electronic health record data to improve mental health service delivery during the COVID-19 pandemicR. Patel^{1*}, J. Irving¹, A. Brinn¹, M. Broadbent², H. Shetty², M. Pritchard², J. Downs³, R. Stewart³ and R. Harland²

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Background: Remote consultation technology has been rapidly adopted due to the COVID-19 pandemic. However, some healthcare settings have faced barriers in implementation. We present a study to investigate changes in rates of remote consultation during the pandemic using a large electronic health record (EHR) dataset.

Methods: The Clinical Record Interactive Search tool (CRIS) was used to examine de-identified EHR data of people receiving mental healthcare in South London, UK. Data from around 37,500 patients were analysed for each week from 7th January 2019 and 20th September 2020 using linear regression and locally estimated scatterplot smoothing (LOESS) to investigate changes in the number of clinical contacts (in-person, remote or non-attended) with mental healthcare professionals and prescribing of antipsychotics and mood stabilisers. The data are presented in an interactive dashboard: <http://rpatel.co.uk/TelepsychiatryDashboard>.

Results: The frequency of in-person contacts was substantially reduced following the onset of the pandemic (β coefficient: -5829.6 contacts, 95% CI -6919.5 to -4739.6, $p < 0.001$), while the frequency of remote contacts increased significantly (β coefficient: 3338.5 contacts, 95% CI 3074.4 to 3602.7, $p < 0.001$). Rates of remote consultation were lower in older adults than in working age adults, children and adolescents. Despite the increase in remote contact, antipsychotic and mood stabiliser prescribing remained at similar levels.