

Abstract: To contribute to this debate I offer perspectives from my PhD research which critically examines the contemporary U.K. politics of mental health and illness amongst young adults via social media. My work examines the way in which social media, like Instagram and Tiktok allows young adults to explore, express and share their selfhood and identity around ideas of mental health and illness through videos, posts and online interactions. Through this work I have engaged with digital services, psychologists and medical professionals on the subject of using technology for the treatment, engagement of and knowledge of mental health and illness. I have additionally engaged with some work on the role of the Metaverse for treating mental illness, and how this could work, but also the limitations of virtual spaces. Exploring debates in digital sociology adds evidence to these arguments and can support the understanding of the political ramifications of using technologies in the clinical space. Arguing that these new developments in language and social practices around mental health and illness via social media need to be further explored, acknowledged and addressed in social science and this can be supported by work in the field of psychiatry. Overall, my contribution to the debate will be to offer political and digital social perspectives on the use of technology and highlight some of the biases and drawbacks of utilising AI to treat mental health and illness.

Disclosure of Interest: None Declared

ECP0011

Pro to AI/metaverse implementation: a review on the potential of metaverse in psychiatry

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Abstract: The metaverse, a term first employed in Neal Stephenson's 1992 novel "Snow Crash", is a digital environment delivered via artificial intelligence in which multiple users can use avatars to engage in social, economic and cultural activities. Broadly speaking, metaverse encompasses technologies as diverse as augmented reality (AR), "lifelogging" (smart watches, smart phones and other wearables), "mirror" worlds (e.g. Google Earth, Waze, ...) and virtual reality (VR). There is a pressing need to understand the potential of metaverse for medicine in general and psychiatry in particular. The therapeutic use of VR technologies is already a reality in clinical practice, particularly in terms of online treatments and exposure and response prevention for anxiety disorders, obsessive-compulsive and related disorders, and trauma-related disorders. Avatar integrated therapies may increase treatment seeking via anonymity, decrease in physical and communication barriers, and facilitation of expression. In terms of research, the metaverse allows manipulation of the therapeutic environment in order to answer specific questions.

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ECP0012

Challenges that early career psychiatrists can face on compulsory treatment

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Abstract: The delivery of mental health care worldwide often involves compulsory treatment, a practice encountered by early career psychiatrists from the outset of their training. Despite its prevalence, little research has explored the challenges faced by trainees and early career psychiatrists when compelled to administer treatment without patient's consent. This presentation will synthesize research data and offer personal reflections on the author's experiences.

Challenges that early career psychiatrists can face regarding compulsory treatment can be categorized into personal, professional, and institutional. Personal challenges encompass the emotional stress associated with applying coercive measures, coping with negative emotions, and managing service users' attitudes toward treatment without consent. There is also concern that compulsory treatment may elevate the risk of emotional burnout. Professional challenges involve the administrative burden associated with organizing compulsory treatment, often exacerbated by the formalization of the process as a bureaucratic procedure in many European countries. Additionally, dealing with legal processes, including interactions with lawyers and courts, can pose significant difficulties, even though it is clearly done to protect the rights of the persons receiving care. Institutional challenges encompass the overall policy of providing compulsory psychiatric care in the psychiatrist's home country and the specific practices of coercive measures in a given treatment facility. Furthermore, the lack of dedicated time for ethics of coercion during training is a common issue.

In the current landscape of mental health care, early career psychiatrists must undergo training to handle coercive measures. While these measures are sometimes unavoidable, ethical principles must guide their administration. Additionally, access to supervision/mentoring is crucial for early career professionals facing challenging cases.

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ECP0013

Experiences and attitudes of early career psychiatrists towards ECT – an international study

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