

therapy on negative symptoms, we were able successfully switch therapy form several different antipsychotic combinations to monotherapy and gain clinical benefits (Rancans et al, 2020).

**Disclosure:** No significant relationships.

**Keywords:** Treatment; Antipsychotics; schizophrénia

## Update on the mental health consequences of the COVID-19 pandemic

### S0131

#### Self-reported mental health among individuals with mental disorders during the COVID-19 pandemic

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**Background:** Individuals with mental illness may be particularly vulnerable to the negative impact that the coronavirus disease 2019 (COVID-19) pandemic seems to have on mental health. Most prior studies on this topic are however limited by non-random sampling, lack of information on non-respondents, and self-reported diagnoses. Here, we aimed at overcoming these limitations by means of random sampling in a population of clinically diagnosed patients, acquisition of clinical and socio-demographic data on non-respondents, and weighting of results informed by attrition.

**Methods:** We conducted a cross-sectional questionnaire-based online survey inviting six-thousand randomly drawn patients from the psychiatric services of the Central Denmark Region. They survey data were merged with sociodemographic- and clinical data from medical records on all invitees, which enabled analysis of attrition and weighting of results. The questionnaire included the 18-item Brief Symptom Inventory (BSI-18), the 5-item World Health Organization Well-Being Index (WHO-5), and 14 questions evaluating the perceived severity of symptoms during the four-week nationwide lockdown of Denmark in March/April 2020 – using the pre-pandemic period as reference. Reasons for worsening or improvement in mental health during lockdown were also reported.

**Results:** The preliminary results are as follows: The response rate was ≈20%. Approximately half the respondents reported that their mental health had deteriorated during lockdown, while the other half reported either no change (≈33%) or improvement (≈16%). The most commonly reported reasons for deterioration in mental health were disruption of routines and loneliness.

**Conclusion:** The final results will be shown at the conference.

**Disclosure:** No significant relationships.

**Keywords:** COVID-19; psychopathology; pandemic; mental health

## The four views of the future of psychiatry

### S0133

#### The future of psychiatry: The perspectives from a senior psychiatrist

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The future of psychiatry as a discipline (and as the main source of knowledge in the construction and functioning of mental health services) can best be grasped on the basis of an examination of the development of psychiatry over the past century in the light of current options for its functioning. Such an examination demonstrates that psychiatrists will have to expand their field of work to include the management of comorbidity of mental and physical disorders and public health approaches to the primary prevention of mental and other brain disorders. Their engagement in research will have to become restricted to psychopathology and participation in the formulation of hypotheses which will be tested in laboratory and field work; and their involvement in teaching about mental health and illness will have to undergo a fundamental change in terms of content, methods and evaluation of effects of education which they will organize. The presentation will focus on the future tasks of psychiatrists in these areas

**Disclosure:** No significant relationships.

**Keywords:** Future of psychiatry

### S0134

#### From mid-career professor to chairperson: What remains similar what is different?

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For a Mid-career Professor in Germany, there are defined clinical and teaching responsibilities. One can focus either on one's research or on clinical work and teaching. When tasks are becoming more demanding or significant overarching decisions need to be taken, there is always a chairperson to be asked or to help delegate tasks. As chairperson, one is mostly independent from other persons except for the dean of the medical faculty. One is however, at least in Germany, the chairpersons fully responsible for keeping up teaching, patient care, research as well as running the department. The Chairperson is measured by the achievements of these four tasks. It need special attention to keep up a balanced time schedule to cover clinical care, research, teaching and departmental management. A good chairs means working together with your staff on long-term goals, developing the department fruitfully and trying to fulfil these goals.

**Disclosure:** No significant relationships.

**Keywords:** Mid-career; Professor; Chairperson; Responsibilities