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**A WORLD AT RISK FROM
POOR MENTAL HEALTH**

**WHAT DO
WE KNOW
AND WHAT
CAN WE DO?**



ABSTRACT BOOK

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Abstract Book

MENTAL HEALTHCARE IN 2021: CHALLENGES AND OPPORTUNITIES

Silvana Galderisi

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The awareness of the key role of mental health in the attainment of better quality and quantity of life has increased among all stakeholders, but has not yet translated into effective actions.

In several countries, a shift from long-term institutional mental health care to community-based services has occurred, and programs for prevention of mental disorders and promotion of mental health have been implemented. However, at the present time, mental healthcare is facing a number of challenges, that may widen the gap between goals and achievements.

As a result of the economic crisis started in the past decade, many mental health services went through a severe shortage of human and financial resources and couldn't guarantee adequate prevention, treatment and rehabilitation plans any longer. They also largely failed to incorporate new societal developments, such as cultural diversities, humanitarian emergencies and other factors linked to mass displacement or new addictions, in the organization of mental health services.

Gaps increased during the COVID-19 pandemic that, however, also opened new opportunities to improve mental health services. The success of these opportunities will heavily depend on the ability to mainstream mental health in all national and international policies; improve access to (mental) health services and prevention programs, also exploiting innovative digital solutions; promote early recognition of mental disorders; disseminate and adapt to different contexts evidence-based models of integrated and person-centred treatments; include users and their relatives in planning and implementing research projects and care pathways, and promote human rights at all levels of care and society at large, without undermining the trust between mental health professionals, users and carers.

WHO QUALITY RIGHTS: PROMOTING HUMAN RIGHTS IN MENTAL HEALTH

Michelle Funk

Department of Mental Health and Substance Use World Health Organization, Geneva, Switzerland

Numerous publications and reports from countries, the UN, NGOs and the media in recent years have highlighted the extensive and wide-ranging violations and discrimination that are experienced by people with mental health conditions and psychosocial disabilities experience around the world. The WHO QualityRights initiative was born out of an urgent need to address these violations and discrimination so entrenched in the area of mental health and to push forward recovery and human rights-based approach in mental health in countries everywhere. This presentation will highlight the different areas of action being undertaken by the initiative to support countries, describe the materials and tools that we have developed as part of this work and discuss efforts currently underway in

countries to promote human rights in mental health through the implementation of QualityRights.

SUPPORTED EMPLOYMENT – JUST ANOTHER PSYCHOSOCIAL INTERVENTION?

Wulf Rössler

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During deinstitutionalization the main focus of psychiatric reforms lied on the discharge of long-term patients from the large state mental hospital into the communities.

Most of these patients ended up in a protected living and work environment in the community, being equally separated from the community life as before. Today their aspirations go far behind this: they want to participate in community life, they want to live independently and take work positions on the first labor market. An intervention aiming at bringing people in the first labor market is Supported Employment, which turns the current philosophy of occupational training from "first train then place" to "first place then train", i.e. providing at first a position on the first labor market accompanied by an intensive training on the job. Empirical evidence for the effectiveness of this approach is worldwide available. This and the prospects of Supported Employment as integral part of modern community psychiatry will be presented.

COMMUNITY BASED INITIATIVES AND INNOVATIONS FROM INDIA

LEVERAGING DIGITAL TECHNOLOGY FOR MENTAL HEALTH CAPACITY BUILDING IN INDIA: A BIRD'S EYE VIEW

Kumar Naveen

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Task-shifting by leveraging digital technology is seen as a potential way to overcome some of the key-barriers for mental health capacity building, in countries such as India. Since the past 4 (four) years, the Telemedicine Centre of the National Institute of Mental Health and Neurosciences, Bengaluru (Institute of National Importance, Ministry of Health and Family Welfare, Govt. of India) is involved in several such capacity building activities covering a spectrum of beneficiaries (including lay volunteers in the general population, field level health workers, nurses and non-specialist medical officers working in primary health centres). This talk attempts to give a birds' eye view of those initiatives, a peek into their effectiveness and discusses the way forward.

Capacity building activities were done both in blended as well as hybrid mode. Several certificate courses were devised and used. New curricula/training modules/patient consultation methods were utilised. From August 2016 till December 2020, more than 16 million man hours of training is delivered for more than 35,000 participants from across the country.

Digitally driven capacity building initiatives have a tremendous potential to exponentially increase skilled human resources capable of providing quality care to hitherto unserved remote areas of the rural hinterland and ultimately reduce the burgeoning treatment gap. Rigorous prospective and comparative evaluations are the need of the hour to better define the pros and cons of these digitally driven training initiatives. Patient level outcomes including symptom severity, disability, functional status, quality of life, and cost-effectiveness need also to be studied

USING MOBILE TELEPSYCHIATRY TO BRIDGE THE MENTAL HEALTH GAP: THE SCARF EXPERIENCE

Rangaswamy Thara

Schizophrenia Research Foundation (SCARF) ~ Chennai ~ India

Adopting newer advances in communication technologies to reach the persons with mental disorders is seen as potential avenue to address various issues related to the provision of timely and sustained mental health services from remote settings and geographies.

The Schizophrenia Research Foundation (SCARF) began experimenting with tele-psychiatry in 2005 and in 2010 the program was expanded with support from the Tata Education Trust to cover the district of Pudukkottai in Tamil Nadu. Over 2000 individuals with severe mental disorders have availed of the tele-consult service while 19,000 individuals with mental disorders have benefited from the program over the last 10 years.

SCARF's mobile telepsychiatry service is provided on a bus that has been custom-built to contain a consultation room and a pharmacy. In the consultation room, communication takes place between the psychiatrist based at SCARF, Chennai (some 450 kms from Pudukkottai) and patient through flat screen TVs and high-definition web cameras using a wireless internet connection and free videoconferencing software. After a tele-consultation a prescription is given which is dispensed by the on-board pharmacy. The medication is provided free of cost, this is an essential component of the program considering the patients' financial limitations.

We were able to demonstrate the efficacy of this programme in delivering services and reducing the mental health gap.

MULTI-DIMENSIONAL OUTCOME EVALUATION IN RURAL COHORTS OF SCHIZOPHRENIA PATIENTS IN SOUTH INDIA

Thirthalli Jagadisha

National Institute of Mental Health & Neurosciences (NIMHANS) ~ Bengaluru ~ India

The National Mental Health Programme in India envisages bringing all persons with severe mental illnesses, importantly schizophrenia spectrum disorders, under the umbrella of treatment.

Nearly two-thirds of Indians live in rural areas.

Early identification, treatment with antipsychotic medications and low-intensity psychosocial interventions delivered by less qualified health workers are going to be the mainstay interventions for most individuals who live in rural communities. There is dearth of literature on long-term outcome measures across a comprehensive set of clinical and social outcome domains in rural India.

A group of researchers in the National Institute of Mental Health & Neurosciences (NIMHANS) Bengaluru have been following up cohorts of more than 600 persons with schizophrenia in three different rural communities for many years. They have researched a diverse set of questions including access to and continuity of care, clinical, social and occupational outcomes, comorbid psychiatric conditions, adverse effects burden, mortality, and cost of services. These have been measured using standard measurement tools as well as tools developed specifically for this sociocultural context.

This set of research has identified unique challenges and opportunities for ensuring access and continuity of care for persons with schizophrenia. Antipsychotic medications and low-intensity psychosocial interventions can have significant positive impact on not just clinical but also on socio-occupational dimensions of outcome. There are unique observations in terms of substance use and mortality in these cohorts. Adverse effects of treatment are generally mild.

Research in cohorts of individuals with schizophrenia living in rural communities in south India reveals several findings which have interesting implications on clinical practice as well as for mental healthcare policies.

COMMUNITY BASED INITIATIVES TO PROMOTE YOUTH MENTAL HEALTH IN CHENNAI, INDIA

Dhanpadani Vijaya Raghavan

Schizophrenia Research Foundation (SCARF) ~ Chennai ~ India

Though lot of thrust is given for youth mental health in India, there is a knowledge gap on the comprehensive interventions delivered at the community level and its effectiveness in promoting mental health among the youth. The Schizophrenia Research Foundation (SCARF) has initiated a Youth Mental Health program (SCARF-YMH) with the overarching aim to promote mental health, and prevent and treat mental disorders among young people (10-24 years of age) in Chennai and beyond. Along with providing comprehensive clinical care through youth friendly clinics, SCARF-YMH implemented various community based interventions and activities to promote mental health among young people from various community settings such as educational institutions, workspace and underprivileged and rural communities. This included development and delivery of mental health literacy module for young people in educational settings, screening for mental health issues and facilitation of early access to care, training for stakeholders on youth mental health, establishing peer-support in educational institutions and communities, and promoting youth leadership to empower young people to advocate for positive change towards youth mental health.

This research identified high prevalence of anxiety, depression and psychotic-like experiences among young people in educational settings. Mental health literacy along with exposure of persons with lived experience to the young people led to better attitude change towards mental health and illness when compared with mental health literacy alone. Peer-support was well accepted both in the educational and community settings and feasible to train and sustain them.

Promoting youth mental health in the community encompass a wide range of interventions and involve different stakeholders with its own challenges and opportunities.

LONGITUDINAL COHORT STUDIES OF MENTAL DISORDER IN TAIWAN

CLINICAL PREDICTORS FOR RESPONSE TO VALPROATE MAINTENANCE TREATMENT IN BIPOLAR I DISORDER: A FOLLOW-UP STUDY

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Valproate (VPA) is commonly recommended for maintenance treatment of bipolar I disorder (BPI), but less investigated. This study aimed to investigate clinical predictors for the long-term mood stabilization effect of VPA in patients with BPI.

A total of 630 BPI patients aged 20 to 65 who had been under regular VPA medication were recruited from 47 psychiatric departments in general hospitals and psychiatric institutions in Taiwan. To assess the response to long-term VPA maintenance treatment in BPI patients, a life chart with graphic depiction of lifetime clinical course for individual patients was prepared. Study patients included VPA responders free from any mood episode for at least two years and VPA non-responders who had mood episode(s) within two years during the follow up.

There were 212 (33.7%) VPA responders and 418 (66.3%) non-responders. The mean total durations of follow-up were 7.1 years (SD 3.3) in responders and 4.5 years (SD 3.1) in non-responders. In multivariate analysis, responders were found to be less likely to have younger age of onset (< 25 years) (Odds Ratio [OR] 1.49, [95% CI, 1.05-2.12]; P = .025) comorbid alcohol use disorder (OR 2.28 [95% CI: 1.34, 3.87]; P = 0.002), psychotic symptoms (OR 1.83 [95% CI: 1.12, 3.00]; P = 0.016), or history of rapid cycling (OR 3.40; [95% CI: 2.16, 5.36]; P < 0.001) in clinical course.

This follow up study identified clinical predictors for response to VPA treatment. It is hoped that these findings will be useful for clinicians when choosing appropriate and effective mood stabilizer for BPI patients.

RISK FACTORS OF SUICIDE ATTEMPT IN BIPOLAR I DISORDER: A FOLLOW-UP COHORT STUDY IN TAIWAN

Kao Ching-Yi

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We investigated risk factors for suicide attempt in a prospective cohort of bipolar I (BPI) patients.

A total of 1845 BPI patients were recruited from 52 psychiatric institutions and psychiatric departments of general hospitals collaborated in the Taiwan Bipolar Consortium since 2003. Psychiatric and suicide attempt assessment was conducted by well-trained research assistants using the Chinese version of the Schedules for Clinical Assessment in Neuropsychiatry (SCAN). Information on sociodemographic and antecedent psychosocial risk factors were also collected. Logistic regression model was used to estimate odds ratios of psychosocial and psychiatric risk factors for suicide attempt.

Among this BPI cohort, we identified 795 (44.15%) patients with a history of suicide attempt. Risk factors associated with suicide attempts included female gender, family history of suicide attempt, substance misuse, a clinical subtype of manic-depressive recurrence, rapid cycling, and a lifetime history of paranoid and depressive delusions, hallucinations, and 1st-rank symptoms.

Our findings suggested early identification of high-risk groups of suicide attempt among BPI patients for effective prevention.

ADHD, METHYLPHENIDATE AND MORTALITY: POPULATION-BASED COHORT STUDIES

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Attention-deficit hyperactivity disorder (ADHD) is one of the most common mental disorders among children and adolescents. Increased risk of suicide, accidents, traffic violations, and road injuries have been found in children with ADHD. Treatment guidelines for ADHD suggest stimulants as a first-line intervention while the debate of stimulant treatment for ADHD is still ongoing. Mortality of ADHD and the modifying effects of medication has been rarely reported.

The National Health Insurance (NHI) program in Taiwan is a single-payer insurance system operated by the government. This system was established in 1995 to support health nationwide, with a coverage of 99.6%. The Bureau of National Health Insurance gathered information on medical service utilization, prescribed drugs and procedures from out-patient, emergency room visits or hospital admissions, and assembled the National Health Insurance Research Database (NHIRD) for research use. Taiwan ADHD Medication Study (TAMS) assembled a series of nationwide population-based cohort studies to investigate the influence of ADHD and related medication on the long-term health outcome, including mortality, in ADHD population.

From the TAMS, patients with ADHD showed higher overall mortality (adjusted hazard ratio, 1.07; 95% CI, 1.00-1.17) and higher injury-cause mortality from suicide (adjusted hazard ratio, 2.09; 95% CI, 1.62-2.71), unintentional injury (adjusted hazard ratio, 1.30; 95% CI, 1.10-1.52), and homicide (adjusted hazard ratio, 2.00; 95% CI, 1.09-3.68). No increased risk of natural-cause mortality was observed after adjustment. Medication (focus on methylphenidate, the only available stimulant in Taiwan) use of ADHD was associated with lower risk of mortality (AHR: 0.81, 95% CI: 0.67-0.98). The effect was more prominent among those treated earlier after diagnosis and with longer treatment duration.

Our findings indicated that ADHD was associated with higher injury-cause mortality and methylphenidate use was associated with reduced mortality

ICD-11 MENTAL, BEHAVIOURAL OR NEURODEVELOPMENTAL DISORDERS. WHAT DO WE EXPECT?

FROM ICD-10 TO ICD-11: CHANGES AND NEW CATEGORIES

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ICD-11 AND DSM-5: SIMILARITIES AND DIFFERENCES

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TRANSITION FROM ICD-10 TO ICD-11 – AN EPIDEMIOLOGICAL PERSPECTIVE

Wulf Rössler

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ICD-11 – INNOVATION FOR MENTAL HEALTH AND STRATEGIES FOR NATIONAL IMPLEMENTATION

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ICD-11 was released by WHO in 2018 and approved by the World Health Assembly (WHA) in 2019. The revision for all chapters was guided by the principles of global applicability, scientific validity and clinical utility.

The new chapter 6 for mental health is termed Mental, Behavioural or Neurodevelopmental Disorders (MBND). With its chapter on MBND, its Mortality and Morbidity Statistics (MMS), Coding Tool and Reference Guide, Clinical Descriptions and Diagnostic Guidelines (CDDG), and other tools for translation and implementation, ICD-11 offers an innovative approach for individualised diagnosis, treatment and care of people with mental disorders.

For supporting the international process of implementation, WHO has installed an International Advisory Group for Training and Implementation of ICD-11 MBND.

Development, Concept and Structure of ICD-11 will be presented.

Selected changes from ICD-10 to ICD-11 and new diagnostic categories, comparison with DSM-5, revision of diagnostic criteria, introduction of dimensional symptom qualifiers or course descriptors, options for complex coding with regard to their innovative strength, epidemiological sequelae, controversial potential and impact on diagnostics, treatment and care will be discussed.

National challenges for transition and implementation - partly informed by field trials, administrative, organisational, educational and training requirements - will be outlined.

THE INTERACTIONS BETWEEN COVID-19 AND MENTAL HEALTH

Graham Thornicroft

King's College of London, London, United Kingdom

After more than 18 months of the global Covid-19 pandemic, this talk will offer an Overview of the interactions between Covid-19 and mental health, with a focus on

- (1) effects on the general population
- (2) effects on people with pre-existing mental illness and
- (3) effects on people who have been infected by Covid-19

RISK FOR PSYCHOSIS IN THE COMMUNITY: INSIGHTS FROM THE BRAZILIAN SSAPP COHORT STUDY

USE OF ARTIFICIAL INTELLIGENCE TO PREDICT PSYCHIATRIC ILLNESS IN AT-RISK MENTAL STATE INDIVIDUALS – A BAYESIAN NEURAL NETWORK MODEL

Loch Alexandre A.

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The Clinical High-Risk for psychosis (CHR) paradigm has been introduced in psychiatry to study prodromal phases of schizophrenia. With time it was seen that the CHR state can also precede mental disorders other than schizophrenia, such as depression and anxiety.

However, several problems hamper the paradigm's use in preventative medicine, such as varying transition rates across studies, the use of non-naturalistic samples, and the multifactorial nature of psychiatric disorders. To strengthen CHR predictive power, there is a need for a heuristic model incorporating—in an unbiased fashion—the small-effect factors that cause mental disorders.

We used Bayesian artificial intelligence modelling in a populational cohort of 83 CHR individuals to predict conversion to psychiatric illness. Nine predictors—including state, trait, biological and environmental factors—were inputted. Dopamine receptor 2 polymorphism, high private religiosity, and childhood trauma remained in the final model, which reached an 85.51% (SD= 0.1190) accuracy level in predicting conversion among CHR individuals. This is the first time a robust model was produced with Bayesian artificial intelligence to predict psychiatric illness among at risk for psychosis individuals from the general population. This could be an important tool to strengthen predictive measures in psychiatry which should be replicated in larger samples to provide the model further learning.

DENDRITIC CHANGES IN THE RISK STATUS FOR PSYCHOSIS

Serpa Mauricio Henriques

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Neuroimaging studies with participants at high risk of conversion to a psychotic disorder (clinical high risk for psychosis, CHR) have shown that this condition is associated with changes in brain structure and functioning similar to those observed in psychotic patients. The investigation of such abnormalities in the period before the first outbreak of the disease is extremely important, as a better understanding of the etiological and pathophysiological aspects of the state of risk can contribute to the development of detection and prevention techniques for CHR. A new magnetic resonance technique that assesses the microstructure of gray matter, thus allowing the examination of possible dendritic changes, has not yet been explored in CHR subjects. In this symposium, we will present preliminary results on the microstructure of gray matter in a group of CHR subjects derived from the SSAPP cohort.

RELIGIOSITY IN INDIVIDUALS AT RISK FOR PSYCHOSIS

van de Bilt Martinus Theodorus

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The interaction between religiosity and psychosis has been studied for a long time. Phillipe Pinel stated that religious fanaticism can be a factor that causes madness. Emil Kraepelin described a high frequency of mystical and religious content in his psychotic patients, and Kurt Schneider reported a high religiosity in patients with schizophrenia. This relationship has also been the object of more recent investigations, which have produced heterogeneous findings. In recent decades, biological and environmental factors related to psychosis have been investigated in individuals at high risk of conversion to a psychotic disorder (clinical high risk for psychosis, CHR) to predict conversion. Although, as we have seen, religion is related to psychosis in several ways, it has been little

studied in subclinical samples. In this Symposium, we will present the results of the evaluation of the interaction between religion and prodromal symptoms in 79 CHR subjects and 110 control subjects. Our results emphasize the importance of assessing religion and other region-specific aspects of various cultures when studying individuals in CHR. This type of assessment would increase understanding of differences in conversion rates and help to transpose prevention programs from high-income countries to other locations.

PERIPHERAL NEUROBIOLOGICAL ALTERATIONS IN THE STATE OF RISK FOR PSYCHOSIS

Leda Leme Talib

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The identification of neurobiological signatures in the prodromal state of psychosis can help identify state and trait biomarkers, as well as new therapeutic targets, aiming at the personalization of care and the development of new and better treatments for a greater number of individuals. It is known that the sooner they are identified, the better the clinical prognosis of CHR individuals. Thus, we searched for neurobiological alterations in peripheral blood matrices that are capable of early identification of these subjects, based on the premise that neurochemical alterations precede clinical symptoms. In this symposium, we will present preliminary results on genetic, immunological, metabolic and cell resilience findings in CHR subjects derived from the SSAPP cohort.

EUROPEAN VIOLENCE RISK AND MENTAL DISORDERS (EU-VIORMED): A MULTI-CENTRE PROSPECTIVE COHORT STUDY

A MULTINATIONAL CASE-CONTROL STUDY COMPARING FORENSIC AND NON-FORENSIC PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS: THE EU-VIORMED PROJECT

de Girolamo Giovanni

St. John of God Clinical Research Centre ~ Brescia ~ Italy

The relationship between schizophrenia and violence is complex. Amongst patients with schizophrenia who are violent there may be at least two distinct conceptual pathways to violence. One is associated with premorbid conditions linked to violence that include antisocial conduct, a history of previous violence and past traumatic experiences, while the other is more intimately linked to the core psychopathology of schizophrenia that the patient experiences at the time of the violence.

The aim of this multicentre case-control study was to examine and compare the characteristics of a group of forensic psychiatry patients with a schizophrenia spectrum disorder (SSD) and a history of significant interpersonal violence to a group of patients with the same diagnosis but no lifetime history of interpersonal violence.

Overall, 398 patients (221 forensic and 177 controls patients) were recruited across five European Countries (Italy, Germany, Poland, Austria and the United Kingdom) and assessed with multidimensional standardized tools. Forensic patients more often met criteria for a comorbid personality disorder, almost often antisocial (49.1 vs 0%). The forensic patients reported lower levels of disability and better social functioning. Forensic patients were more likely to have been exposed to severe violence in childhood.

Education was a protective factor against future violence as well as higher levels of disability, lower social functioning and poorer performances in cognitive processing speed tasks, perhaps as proxy markers of the negative syndrome of schizophrenia. Forensic patients were typically already known to services and in treatment at the time of their index offence, but often poorly compliant.

This study highlights the need for general services to stratify patients under their care for established violence risk factors, to monitor patients for poor compliance and to intervene promptly in order to prevent severe violent incidents in the most clinically vulnerable.

AN EUROPEAN PROSPECTIVE COHORT STUDY TO TEST THE PREDICTIVE VALIDITY OF VIOLENCE RISK ASSESSMENT TOOLS

Marco Picchioni

Institute of Psychiatry, Psychology and Neuroscience, King's College ~ London ~ United Kingdom

In this session we will present data from a 12-month prospective cohort study to test the predictive validity of the HCR-20 for inpatient violence, conducted as part of the European Study on Violence Risk and Mental Disorder. At baseline and again at 6 months into the study 221 inpatients with schizophrenia and a history of significant interpersonal violence were assessed for their risk of future violence using different tools.

At baseline and again at 6 months into the study 221 inpatients with schizophrenia and a history of significant interpersonal violence were assessed for their risk of future violence using the HCR20v3, FOVOX and OXMIS.

During the first 6 months, 59 (27.7%) patients engaged in some form of violence while between months 7 and 12 of follow-up, 33 (17.8%) patients exhibited violence towards others. At the 6 and 12 month follow-up, mean HCR20v3 Total scores and all subscale scores were significantly higher for those who were violent versus those who were not. Positive and negative predictive values ranged from 2.18 to 4.08. At the 6-month follow-up, the HCR20v3 total score had the highest risk ratio with a sensitivity of 81%, specificity of 60%, PPV of 44%, and NPV of 89%. AUC values of total HCR20v3 mean scores ranged from 0.637 to 0.775 (Table 5). At the 6-month follow-up, the strongest performing predictors of violence were HCR20v3 total score, AUC .760 and the Clinical subscale with an AUC of .729. At 12 months, the HCR20v3 Total score remained the strongest predictor of violence with AUC value of .775.

This is the first prospective cohort study to examine the predictive validity of the HCR20v3 for forensic inpatient violence using a multi-national European sample. As predicated, the HCR20v3 Total Score significantly predicted inpatient violence at both 6- and 12-month follow-up.

UNMET NEEDS ASSESSED BY FORENSIC PSYCHIATRIC PATIENTS WITH A SCHIZOPHRENIA SPECTRUM DISORDER AND THEIR STAFF

Oberndorfer Raimund

Department of Psychiatry and Psychotherapy, Medical University of Vienna ~ Vienna ~ Austria

Due to a focus on criminogenic needs such as the risk of reoffending, the assessment of general social, clinical and health needs of patients has long been neglected in forensic psychiatry. Our aim was to assess the needs of forensic patients with a schizophrenia spectrum disorder (SSD) using identical methods in different European countries.

Overall, 221 forensic patients with schizophrenia spectrum disorders were recruited from forensic psychiatric settings in Italy, Germany, Poland, Austria and the United Kingdom. Patients with SSD were included if they had committed a serious violent crime. The CAN Forensic version (CANFOR) was used which includes three domains regarding forensic issues in addition to the 22 domains of CAN. Multiple linear regression analyses were used to identify predictors for the numbers of unmet needs.

From the patients' perspective, the most prevalent unmet needs were in the domains of sexual expression (40.7%), intimate relationships (36.7%), daytime activities (19.0%) and information (17.2%). In contrast, staff perceived the most unmet needs of patients in the domains of psychotic symptoms (24.9%), followed by intimate relationships (17.2%), psychological distress (14.5%) and drugs (14.0%). Patients on average identified more unmet needs than staff (M=2,51, SD=2.69 vs M=2.00, SD=2.13) and perceived less total needs (M=6.24, SD=3.69 vs M=6.92, SD=3.68). Professional staff on the other hand perceived more met needs (M=4,92, SD=2.91 vs M=3,74, SD=2.10). The number of unmet needs from the patients' perspective was predicted by gender, positive psychotic symptoms, comorbid personality disorder, previous attempted suicide and country. The number of unmet needs according to the staff was associated with positive and negative psychotic symptoms as well as the country.

Discrepancies in unmet needs highlight the importance of comprehensive needs assessments integrating the views of both patients and staff.

A SYSTEMATIC REVIEW OF PHARMACOLOGICAL INTERVENTIONS REDUCING VIOLENCE IN FORENSIC PSYCHIATRIC PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS

Wancata Johannes

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Schizophrenia spectrum disorders (SSD) account for the majority of people treated in forensic psychiatric hospitals around the world. The purpose of this systematic review was to investigate pharmacological interventions for violence prevention and management in patients with a SSD diagnosis in forensic psychiatric services

A systematic review of published studies was performed using large scientific databases (MEDLINE, EMBASE, SCOPUS, CINAHL, Web Of Science, PSYNDEX, PsycINFO). Clinical trials and observational studies published since 1990 were included.

After reviewing 6,003 potentially suitable scientific abstracts, a scarce number of 10 original papers met inclusion criteria. Of the 10 articles included, five were merely observational, and three were pre-post studies without controls. One study applied a matched case-control design and one was a non-randomized controlled trial. Clozapine was investigated most frequently, followed by olanzapine and risperidone. Often, outcome measures were specific to the study and sample sizes were small. Frequently, relevant methodological information was missing.

To date, there is little research of sufficient quality in violence prevention in this important population. In the future, in order to optimize treatment conditions and safety for both patients and staff, an increased emphasis on observational studies concerning violence-related interventions would be beneficial.

PSYCHIATRIC EPIDEMIOLOGY AND COVID-19

IMPACT OF EARLY MULTIDISCIPLINARY REHABILITATION ON OUTCOME OF COVID DISEASE VS STANDARD CARE

Budui Simona*, Franceschini Laura, Giordano Francesca, Moschini Eugenia, Surguci Tudor, Taddei Micol, Guizzardi Giordano

Casa di Cura Solatrix ~ Rovereto ~ Italy

Solatrix Clinic of Rovereto (Accredited Hospital in the Province of Trento) admitted 72 patients (40 M and 32 F average age 78) during the first wave (24 March to 14 May 2020: total days 50) of the Covid pandemic . During the wave 2 (9 November 2020 to 23 April 2021, total 164 days), 257 patients (144M and 113F, mean age 73) were admitted. Patients came from the Trentino hospital network and were all in the acute phase of the disease (Brescia score <2).

In the two waves, specific overlapping pharmacological therapies consisting of oxygen, steroids, antibiotics, analgesics/ antipyretics were administered : in wave 2, an additional early multidisciplinary rehabilitation (during the acute phase) was also established including motor/respiratory, psychological and nutritional

Psychological rehabilitation consisted of identifying areas of mental distress, assess cognitive status, individualized programs, and video-call contacts with relatives, support if necessary for relatives / care givers.

In wave 1, 61% of patients (44) returned home, 32% (23) remained in long-term care / rehabilitation, 4% (3) were sent to higher intensity wards and 2% (2) were deceased; the mean hospital stay was 18.5 days. In wave 2 84% of the patients (217) returned home, 8% (22) in long-term care/rehabilitation, only 3% (8) were sent to higher intensity wards and 3% (10) were deceased; the mean hospital stay was 15.3 days).

Wave 2 compared to the first one showed significant differences in terms of mean hospital stay (15.3 vs 18.5), a greater number of patients returning home (84% vs 61%) and a reduction in the use of long-term care settings/rehabilitation (8% vs 32%). These differences proved the favourable impact of rehabilitation on quality of life, both for the patients and their relatives.

Results showed that early multidisciplinary rehabilitation that includes psychological rehabilitation is an indispensable element, that is able to favorably modify the outcome.

COMMON VERSUS DISTINCT GENETIC FACTORS UNDERLYING COMORBIDITY OF MIGRAINE AND MOOD DISORDER IN A COMMUNITY-BASED SAMPLE OF YOUTH

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Comorbidity of migraine with mood disorders has been documented in clinical and community samples of adults and youth. Here, we investigate whether common genetic factors may contribute to the associations between migraine and mood disorders in a large sample of youth.

A community sample of 9498 youth (age 8-21) was characterized for medical conditions through electronic medical records and interview data, and for mental disorders via an abbreviated clinical diagnostic interview. Migraine symptoms were characterized according to Modified International Classification of Headache Disorders criteria. Comorbidity was established with traditional regression techniques. In the European-ancestry (EA) subset (N=5211), polygenic scores (PGS) were calculated for migraine, bipolar disorder, and major depression. The lifetime prevalence rates were 9.7% for migraine and for major depression, respectively, and 1.1% for mania and 0.6% for bipolar disorder. After adjusting for age and sex, the odds of all mood disorders were increased among those with migraine (depression OR=1.7, $p<0.001$; mania OR=2.6, $p<0.001$; bipolar OR=2.8, $p<0.01$). PGS for major depression and migraine were associated with each of those disorders, but the bipolar disorder PGS was not associated with either mania or bipolar disorder. However, there was no evidence for cross associations between migraine and depression PGS, despite their comorbidity. The findings suggest that comorbidity between migraine and mood disorders that emerges fairly early in development does not appear to be attributable to common genetic architecture. We are now exploring other potential sources of comorbidity including sleep disturbances, stress, or anxiety traits and disorders that are also associated with both conditions. Gaining insight into sources of comorbidity may inform our understanding of the etiology of each of these disorders and identify targets for prevention or intervention.

NATIONAL SURVEY OF ADDICTION IN EGYPT

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General Secretariat of Mental Health and Addiction Treatment- Ministry of Health ~ Cairo ~ Egypt

"The National Addiction Survey" which is responsible for epidemiological assessment of the substance abuse problem in Egypt. It was aimed to build an insightful understanding to our resources and the requirements to improve the service.

The ultimate goal of this national survey of addiction is to provide an accurate data on the current status of Addiction problems for fulfilling its primary aim of establishing "accessible" services covering the whole population with addiction problems in balanced way with proper geographical distribution.

Cross sectional study (2018-2019), a sample of 30000 household random samples, standard quantitative measures were used guided by: the addiction severity index and research diagnostic criteria of DSM-IV TR for proper diagnosis of substance dependence and abuse. Instrument: Consisted of 106 questions.

The research showed that the prevalence of smoking was 31.8%. The most common age group for smoking initiation was less than 18 years with a rate of 56.6%, followed by 19-24 years with a rate of 30%.

The research showed that the prevalence of addictive substances and alcohol was 5.9%. The prevalence of alcohol abuse during the past year was 2.4%, and the prevalence of other drug use was 4.9%. The research showed that the prevalence rate of addictive substances and alcohol according to the diagnostic criteria of the Fourth Diagnostic and Statistical Manual is 2.4%. The prevalence of alcohol addiction is 1%, and the prevalence of addiction to other narcotics is 2.3%. The percentage of cannabis addiction last year was 1.8 percent.

Decreased prevalence of abuse and addiction to alcohol, narcotics and smoking compared to the previous national research on addiction conducted by the General Secretariat for Mental Health and Addiction Treatment.

Improve and expand the services of Addiction treatment in the Mental health hospitals affiliated to Ministry of Health in Egypt.

BRAIN AND NEURODEVELOPMENT: FROM PERINATAL TO ADULTHOOD

MATERNAL PERINATAL DEPRESSION AND ANXIETY EFFECT ON CHILDREN BRAIN INVESTIGATED WITH MRI

Squarcina Letizia

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Psychological distress during pregnancy is fairly common, with up to 54% of pregnant women experiencing anxiety and up to 18% experiencing depression. Maternal stress may affect the brain and behavior of the offspring: according to the fetal programming theory, the womb's environment can alter fetal development, with neurodevelopmental alterations which may have long-lasting effects and predispose to long-term diseases, including major psychiatric disorders. The fetal period is critical for brain development, as rapid neuronal proliferation and cell differentiation occur.

Numerous studies investigated the effects of maternal stress on brain function and structure using magnetic resonance imaging (MRI), months and years after birth. The most consistent findings in children and adults exposed to perinatal stress report changes in frontal and temporal lobes, and in the limbic system, in particular regarding the amygdala and hippocampus. Cortical thinning in prefrontal areas has been associated with behavioral disorders and depression, while the amygdala is related to emotional regulation. Brain networks involving the amygdala and the limbic system have also been found to be affected by perinatal maternal psychological distress when investigated with functional MRI.

Despite the evidence of a correlation between maternal distress and neurodevelopmental dysfunction in the offspring is growing, the relationship between maternal stress and fetal brain development is not clear. Identifying early risk factors would be of paramount importance, thus the application of advanced MRI to the fetus may be crucial to investigate the association between fetal brain development and maternal stress, depression or anxiety. In this study, conducted at Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico in Milan, this interplay will be analyzed, with a multimodal approach which includes fetal and neonatal MRI, behavioral, inflammatory and epigenetic evaluations.

MR ANOMALIES OF THE GABA-ERGIC INTERNEURONS NEST: THE GANGLIONIC EMINENCES

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-Ganglionic Eminence (GE) harvests a significant amount of cortical GABA-ergic interneuron precursors in humans.

-Fetal MR imaging has so far detected GE anomalies associated with major and severe brain malformations.

-GABA-ergic activity impairment has been reported in schizophrenia.

-Rodent model of genetic-based schizophrenia (i.e. DSC1) shows GE size anomaly at pathology.

-GE in humans could potentially undergo minor or apparently isolated genetic-based anomalies.

-As a working hypothesis: if GE would be abnormal in fetal subjects destined to develop schizophrenia, new intrauterine quantitative MR imaging techniques might be accurate enough to detect GE size or shape anomaly.

NEONATAL BRAIN STRUCTURE AND CHILDHOOD OUTCOMES FOLLOWING VERY PRETERM BIRTH

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Very preterm birth is associated with an increased risk of developing socio-emotional difficulties, childhood psychopathology and cognitive deficits. However, the extent to which departure from a typical developmental trajectory after preterm birth is amenable to the influence of biological and environmental factors remains unclear. In this session I will talk about two studies that used MRI at term equivalent age to investigate various aspects of structural brain development in relation to childhood outcomes in a large sample of very preterm children. The first study assessed the diffusion characteristics of white matter tracts implicated in socio-emotional processing. The second study derived whole-brain structural covariance networks using non-negative matrix factorisation. Results showed that lower neonatal fractional anisotropy in the uncinate fasciculus was associated with emotional dysregulation in childhood. A cognitively stimulating home environment was associated with reduced expression of a latent factor reflecting the "preterm phenotype" (inattention-hyperactivity, autism-spectrum behaviours, and lower executive function scores). In contrast, better general cognitive abilities were associated with larger neonatal grey matter volume in key nodes of the salience network (bilateral inferior frontal gyrus, insula, and inferior parietal cortices), but not with the home environment. These findings suggest that early structural brain alterations of white and grey matter may represent a biological substrate underlying the link between very preterm birth and childhood behavioural/cognitive outcomes. Our results also suggest that very preterm children may derive meaningful benefits in terms of mental health from access to cognitively stimulating experiences during childhood.

TRAVEL AND RESEARCH GRANTS AWARDS

PSYCHIATRIC AND COGNITIVE MORBIDITY 6 MONTHS FOLLOWING MODERATE AND SEVERE COVID-19 INFECTION: A COHORT STUDY

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Recent studies indicate that psychiatric and neurocognitive symptoms are frequent after Coronavirus Disease-2019 (COVID-19). The present study aims to investigate the

occurrence of psychiatric and cognitive impairments in a cohort of survivors from moderate or severe forms of COVID-19.

Surviving adult subjects (>18 years of age) from a cohort of over 3,000 subjects with laboratory-confirmed diagnosis of COVID-19 were invited to undergo a multidisciplinary assessment at six to eight months after hospital discharge. Individuals were assessed by a multidisciplinary team composed of general practitioners, psychiatrists, neurologists, physiatrists, otorhinolaryngologists, and nurses. Neuropsychiatric assessment includes a structured psychiatric interview (Clinical Interview Schedule, CIS-R), a combination of psychometric tests as well as subjective memory complaint scale and cognitive screening tests. A large, multidisciplinary, set of clinical data depicting the acute phase of the disease, along with relevant psychosocial variables, were used to predict psychiatric and cognitive outcomes.

A total of 718 individuals completed the battery. CIS-R diagnoses of 'depression', 'generalized anxiety disorder' and 'post-traumatic stress disorder' were established respectively in 8%, 15.5% and 13.6% of the sample. Memory decline was reported by 51.1% of the patients. Psychiatric or cognitive outcomes were not predicted by any clinical variables related to the severity of acute-phase disease, nor by disease-related psychosocial stressors. Rather, depression and anxiety were only predicted by current frailty and worse general health status.

We found high rates of psychiatric and cognitive morbidity in the long-term outcome after moderate or severe COVID-19. The lack of associations of previous medical or psychosocial factors with these diagnoses suggests a direct, disease-related, mechanism in the pathophysiology of COVID-19 related psychiatric and cognitive impairments.

A CROSS SECTIONAL SURVEY OF EMOTIONAL DISTRESS AND QUALITY OF SLEEP AMONG HEALTHCARE WORKERS DURING COVID-19 PANDEMIC IN A NIGERIAN TERTIARY HOSPITAL

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Emotional wellbeing of healthcare workers is essential to increase the quality of services to patients. The occurrence of corona virus disease-2019 (COVID-19) pandemic posed a significant psychological and physical demands on healthcare workers; however, little is known about the emotional wellbeing of healthcare workers during the COVID-19 pandemic in resource-restricted settings. This study investigated the prevalence of emotional distress, and sleep quality in healthcare workers in a COVID-19 a hospital in Northern Nigeria.

A total of 303 healthcare workers were recruited into the survey. The 12-item General Health Questionnaire (GHQ-12) was administered to assess emotional distress, and the Pittsburgh Sleep Quality Index (PSQI) to assess multi-dimensional aspects of sleep quality, including sleep latency, duration, habitual efficiency, disturbances, use of sleeping medications and daytime dysfunction.

The participants were predominantly males, 183(60.4%) and mean age was 38.8(SD = 8.9) years. Majority of the participants was married (70.3%), had spent less than 10 years in service (72.9%), and had no medical comorbidity (92.1%). The prevalence of emotional distress was 23.4%,

and approximately 60% of the participants reported sleep problems. The highest percentage of participants reported poor sleep latency (81.5%), duration (71.3%), daytime dysfunction (69.6%), while about one third (32%) each reported using sleep medication, and had difficulty with sleep quality. emotional distress was inter-related with poor sleep problems ($p = 0.001$; effect size = 0.2).

We observed a high prevalence of emotional distress and sleep problems among healthcare workers during the COVID-19 pandemic when compared with previous studies conducted in similar settings. Findings from this study is indicative of the need for psychosocial support services for healthcare workers. The development of a locally-viable guideline on psychological preparedness is advocated for future crisis.

SOCIODEMOGRAPHIC, LIFESTYLE BEHAVIOURS, AND PSYCHOLOGICAL FACTORS ASSOCIATED WITH ANXIETY SYMPTOMS DURING COVID-19 MOVEMENT CONTROL ORDER IN MALAYSIA

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Introduction: The COVID-19 pandemic has brought adverse effects among populations, giving rise to mental health issues worldwide. Since the implementation of the Movement Control Order, it has brought a paradigm shift in lifestyle behaviours and living adjustments, giving rise to mental health issues such as anxiety. Therefore, this online study aimed to investigate the prevalence of anxiety symptoms during the COVID-19 pandemic and its associated factors among Malaysian adults.

Methods: Sociodemographic, lifestyle behaviour, and data on psychological wellbeing were obtained using the following questionnaires: (1) Generalized Anxiety Disorder-7; (2) Short Boredom Proneness Scale; (3) Short Scale for Measuring Loneliness in Large Surveys; and (4) The WHO Well-Being Index. Higher scores denoted higher level of anxiety, boredom, loneliness, and well-being. Ethics approval and informed consent were obtained from all study participants prior to data collection.

Results: Prevalence of anxiety symptom was 33.2%. Age group of 18 - 24 [OR: 16.721, 95% CI: 1.770 - 157.969], 25 - 34 [OR: 37.057, 95% CI: 4.474 - 306.945], 35 - 44 [OR: 38.169, 95% CI: 4.611 - 315.973], 45 - 54 [OR: 25.375, 95% CI: 2.971 - 216.721], having children [OR: 3.111, 95% CI: 1.612- 6.007], boredom [OR: 1.066, 95% CI: 1.033 - 1.100] and increased household chores [OR: 1.753, 95% CI: 1.018 - 3.018] were associated with risk of anxiety symptoms.

Conclusions: Prevalence of anxiety symptoms among Malaysians were high during the COVID-19 pandemic. Age, having children, boredom, and increased household chores were associated with risk of anxiety symptoms. Hence programs and guidelines which addresses mental health issues during the pandemic need to be developed and disseminated to the community at-large via public health message platforms.

MENTAL HEALTH SERVICES AVAILABLE IN INDIA TO MEET URBAN MENTAL HEALTH CHALLENGES LITERATURE REVIEW

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Background: In India there is increasing recognition of urbanisation and its impact on health and deleterious consequences on mental health. Burden of mental health disorders in metro cities especially million plus cities are too high (NMHS 2015-16). There are unique challenges posed by urban set up on mental health such as overcrowding, pollution, poverty, slums, rising level of violence and drug use, internet addiction, poor social support (Chandra et al., 2018).

Governing bodies like WHO had launched 'Healthy city' programme for community empowerment and supporting mental health across the globe (WHO2020 ref).

India was one of the major WHO member countries to launch National mental health programme (NMHP) in 1982 to provide framework for mental health services in the country with main objective of integration of mental health with general health services and improve availability and accessibility of mental health services (NMHP1982). NMHP underwent strategic revision to improve mental health service delivery at grass root levels and hence district was set as the unit for programme implementation under District Mental Health Programme (DMHP) launched in 1996 (NMHP 1982).

Studies have analysed major limitation of NMHP and DMHP including heavy rural slant, contributing to lack of attention to urban mental health service needs (Desai et al., 2004). National urban health mission by government of India reported that mental health being an observable problem of urban slums was not getting reflected in city data profile due to poor data collection from local bodies (NUHM 2013). With this background of poor information about mental health service needs, availability and accessibility for urban population, and inadequacies of existing mental health programmes, we tried to make a literature review to identify special mental health programmes and services that has been started by various local bodies (public or private) to cater for urban mental health needs.

Thus, attempting to throw light on need for changes in national mental health policy to cater for special needs of Urban mental health.

Materials/Methods 5year literature review on available mental health services to cater special needs of urban population of Indian cities published in database of pubmed and also Key informant interview of major cities of I

Results Key findings are

1. Only few cities have been considered as individual unit for implementation of DMHP.
2. In certain states, state specific officers have recognised the disparities between the needs and services available under existing DMHP and modified DMHP to cater for the needs of big cities
- 3.No consideration has been given for heterogenous population of urban areas.
- 4.Existing programmes do not account and address the different spectrum of mental health disorders seen in urban areas as compared to rural population.

Conclusions Mental health services in urban area of India are inadequate, so this emphasises the need for urban specific mental health programme under NMHP and strategies needed to address for all subgroups of urban population.

TO FIND HOW TRAUMATIC STRESS CONDUCE TO THE DEVELOPMENT OF NEUROTIC DISTURBANCES AFTER BRAIN INJURY

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Background: Many authors have underlined the uncertainty of the pathogenesis and classification of neurotic disturbances as chronic consequences of brain damage. As it has mentioned in ICD-10, since the nosological status of the tentative syndromes in this area is uncertain, they should be coded as "Other organic, personality and behavioral disorders due to brain disease, damage and dysfunction" (F07.8).

Materials/Methods: 124 patients (mainly war participants) after brain injury had been examined at the Center "Stress". Using specially designed questionnaires the psychiatric states of the mentioned patients had assessed. They also completed SCL-90 checklist.

Results: The psychopathological analysis showed, that the patients could be distributed into 3 groups. 31 of them had developed asthenic-depressive disturbances (Gr1), 57 personality changes (Gr2), 36-nosophobic and hypochondriacal disturbances (Gr3). 90% of patients of the Gr2 were affected by severe psychogenic factors such as reminiscences of war, painful losses, family poverty, but only 32% of patients in Gr1 and 22% of patients in Gr3 had the same influences. So the number of distressed patients in the personality changes group was significantly higher than in the other groups ($p < 0.001$). The Hostility is significantly higher in Gr2 according to SCL-90, than in Gr1 ($p < 0.05$) and Gr3 ($p < 0.001$).

Conclusions: The traumatic stress is of great importance in the development of personality changes and social disadaptation, so it is important from the early stages after brain injury carry out psychotherapeutic treatment to prevent the pathological development of personality.

THE YOUNG EAOF: CLINICAL EXPERIENCES IN COMMUNITY CARE OF YOUNG PSYCHIATRISTS IN NETHERLANDS AND IN ITALY DURING THE PANDEMIC COVID-19

DUTCH COMMUNITY CARE – THE IMPACT OF THE COVID CRISIS ON ADULTS

de Haan Saskia

GGZ Noord Holland Noord, Frailty Community Care ~ Alkmaar ~ Netherlands

Since March 2020 the past year has mainly been characterized by COVID. It had a large impact on specialistic Mental Health Care (MHC). There have been several national researches that aim to map the consequences concerning the influx of new patients in the MHC, and the mental health issues of which people suffered during the pandemic in the Netherlands.

A qualitative narration of experiences of a Dutch psychiatrist, substantiated by numbers from several researches.

In the spring of 2020, the number of references and of started new treatments declined from 25% to 50%. Several researches show that people experience more psychiatric problems due to the continuing COVID crisis. In the summer of 2020, the MHC the number of care users

(adults) came to old levels. Since January 2021 the expected additional influx of patients in MHC started slowly. Besides changes in care that are experienced by all patients, there are specific problems seen in the several patient groups.

We have learned about the impact of the COVID on the mental well-being of patients. Amongst other lessons, it has emphasized the importance of continuity in Mental Health Care.

THE EFFECT OF THE TWO PANDEMIC LOCKDOWNS ON INPATIENTS AND STAFF OF A DUTCH CLOSED PSYCHIATRIC HOSPITAL

Vorst Stephan

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We can now look back at two pandemic episodes during a nationwide lockdown and see what kind of impact this had on our clinical work. Not only is it interesting to look back at the influence of the Coronavirus on the effect on the inpatients and the number of admissions, but also to have a look at the change of workload and risk management within a psychiatric hospital.

A qualitative narration of experiences of a Dutch psychiatrist working in a clinical facility.

At the start of the first pandemic outbreak, we saw a strong but short decline of clinical admissions at our hospital and a strong rise of requests for dismissal of the hospital by the patiëns who were voluntarily at our clinic. After three weeks the number of admissions returned to 'pre-pandemic'.

During the second pandemic period, we experinced a rise in admissions with patiënts who needed a more intensive and personalized clinical treatment. Due to this change at our clinic, we saw a rise in care weight, and right now a formulating the exact data for our clinic.

Furthermore, especially during the first pandemic episode, there was a significant rise in time and workload spent on making protocols and 'what if' scenarios on how to prevent the inpatients from getting infected by the Coronavirus. It also had a big impact on the inpatients when somebody needed isolation from the other patients during testing because of suspected infection and the nurses had to wear full protective gear.

During both the pandemic episodes there were infections with the Coronavirus among the staff but no inpatients got infected.

Although the number of infected people in the clinic was limited, the two pandemic episodes had a huge influence in the clinical setting both on the inpatients as well as on the staff and the workload. But it also showed that mainly the staff but also the inpatients were able to learn quickly how to deal with this new situation and adapt to it.

THE IMPACT OF THE PANDEMIC LOCKDOWN ON PATIENTS AND STAFF OF ITALIAN RESIDENTIAL FACILITIES

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Italy was the first EU country that had to cope with the pandemic, and, because of these unprecedented challenges, surveys have found mental health issues have increased in the Italian population: 37% post-traumatic

stress symptoms, 17.3% severe depression, and 20.8% severe anxiety. Coronavirus pandemic could trigger mental health crisis also in those with pre-existing mental health conditions. Daily observation in mental health residential facilities in Verona, found users with severe mental illness (SMI) with different reactions to the pandemic lockdown, depending on the specific mental health disorder they suffer.

Quantitative data and qualitative narration of experiences of patients and staff of Italian residential facilities during the pandemic lockdown.

Overall, severe psychotic patients and manic patients showed difficulties in following basic rules to avoid infection. People with psychosis, at the beginning relaxed, then showed an increase of positive symptoms or loneliness feelings or compulsive activities. Anxiety and depression needed more care. Patients with borderline personality disorder showed from self-locking to search for dangerous situations. Psychotic personalities were relieved of a low social requirement. Users with obsessive-compulsive disorders helped in keeping common spaces hygiene. Overall, users have shown growing reciprocal solidarity. The staff has learned how to employ guests in the most appropriate domestic activities according to their mental state.

The overall impact of the pandemic state on the psychopathology of users with SMI in residential facilities has shown the adequacy of the consolidated theoretical-practical corpus of psychiatric rehabilitation developed in the Italian mental health community care since deinstitutionalization, and, above all, in the last 10 years. The strategies implemented by the mental health staff might be a model for dealing with behavioral aspects in the general population.

PSYCHIATRIC EPIDEMIOLOGY

DIVERGING TRENDS IN ALCOHOL USE AND MENTAL HEALTH IN AUSTRALIAN ADOLESCENTS: A CROSS COHORT COMPARISON

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Substance use and mental disorders are a substantial societal health challenge. With atypical age of onset in adolescence or young adulthood these disorders have been described as the "chronic diseases of the young". However, we are currently facing a rapidly changing global landscape with respect to substance use and mental health problems. Internationally, rates of adolescent anxiety, depression and suicide are increasing, while at the same time smoking rates are on the decline and the uptake of alcohol and drugs is plateauing. Few studies have examined these patterns in Australia.

In this talk we will present data collected from over 14,000 young Australians (13 years old) on substance use and mental health attitudes and behaviours. These data were collected from different cohorts of adolescents spanning a 13 year period providing us with a picture of changing population trends in substance use and mental health over time.

We found a significant decrease in the prevalence of alcohol use and an increase in the prevalence of psychological distress across successive cohorts of Australian adolescents. The relationship between alcohol use and psychological distress appears to have weakened over time suggesting the possibility that different risk factors are driving these diverging trends.

These results will be discussed in the context of new challenges facing the teenagers of today and the implications for prevention research.

ADAPTING DATA COLLECTION PROCESSES FOR A MENTAL HEALTH SURVEY IN AN URBAN INDIGENOUS AUSTRALIAN SAMPLE

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Dedicated activities towards improving the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples of Australia (henceforth respectfully referred to as Indigenous Australians) have been an area of focus for researchers since the milestone 1995 Ways Forward report. While the importance of the issue is well recognised and positive steps are being taken, little has been done to accurately and sensitively quantify the prevalence rates of mental and substance use disorders amongst Indigenous Australians using epidemiological methods.

This paper seeks to demonstrate data-collection process adaptations that can improve the cultural suitability and acceptability of administering an epidemiological mental health survey, containing standardised diagnostic instruments, to an urban residing Indigenous Australian community sample. It reports on the frameworks, methods and processes that informed delivery of the Queensland Urban Indigenous Mental Health Survey pilot study and examines the responses by study participants, staff and interviewers to determine their suitability and acceptability. The study methods were found to be culturally appropriate by all survey staff and participants. It was found that adoption of several key cultural adaptations, frameworks, and measures were critical to this success, including 1) privileging Indigenous Australian perspectives 2) prioritising relationships 3) recognising and maintaining culture and identity in survey materials 4) being accountable and transparent as a research team.

Recommendations for researchers planning to deliver diagnostic epidemiological surveys to Indigenous Australian community samples are discussed.

NATIONAL ADOLESCENT MENTAL HEALTH SURVEYS (NAMHS): A PREVALENCE STUDY IN INDONESIA, KENYA AND VIETNAM

Erskine Holly^[2], Blondell Sarah^[2], Wallis Krystina^[2], McGrath Cartiah^[2], Scott James^[1], Whiteford Harvey*^[2]

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Adolescence is a critical period of development, increasingly recognised as distinct from childhood and early adulthood. Globally, within this age group, mental disorders are among the leading causes of disability. However, only limited prevalence data exists for low- and middle-income

countries, disallowing governments to effectively allocate resources to improve quality of life and outcomes for young people.

National Adolescent Mental Health Surveys (NAMHS) will address this evidence gap through nationally representative household surveys of over 17,000 adolescents (ages 10-17 years) and their primary caregivers in Kenya (K-NAMHS), Indonesia (I-NAMHS), and Vietnam (V-NAMHS). NAMHS will determine the prevalence of six mental disorders in adolescents: social phobia (SoPh), generalised anxiety disorder (GAD), major depressive disorder (MDD), conduct disorder (CD), post-traumatic stress disorder (PTSD) and attention-deficit/hyperactivity disorder (ADHD), as measured by the Diagnostic Interview Schedule for Children, Version 5 (DISC-5). Additionally, this study will identify risk and protective factors associated with adolescent mental disorders and establish patterns of service use amongst adolescents. The concordance between diagnoses of MDD, SoPh, and GAD on the DISC-5 and a clinical assessment by in-country clinicians will also be assessed in a small sample clinical calibration.

Preliminary findings from K-NAMHS and I-NAMHS will be presented, including sample characteristics, prevalence of the selected mental disorders, and concordance data, where available.

This study will provide essential data to improve in-country health policies and support adequate service planning and program development. This research will also increase overall coverage of prevalence data within South-East Asia and East Africa leading to improved understanding of adolescent mental health, globally.

ESTIMATING GLOBAL SERVICE COVERAGE OF SEVERE MENTAL DISORDERS USING THE MENTAL HEALTH ATLAS 2017

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Mental disorders are a leading cause of disability globally but are disproportionately under-treated, resulting in the development of initiatives aimed at scaling-up mental health services. In order to track progress, there is a need to collect reliable and quality information for monitoring services and estimating changes in service coverage. In the area of mental health, however, robust and reliable metrics for estimating service coverage are largely lacking.

Service coverage was defined as the proportion of people with a disorder contacting a mental health service among those estimated to have the disorder during a 12-month period. We drew upon 12-month service utilisation data from the Mental Health Atlas 2017. Methods for assessing the validity and reliability of country-reported service coverage data were developed and applied.

From 177 countries, 38 countries provided reliable service coverage estimates for psychosis, along with 43 countries for bipolar disorder, and 46 countries for depression. The mean service coverage for psychosis was lowest in low- and lower middle-income countries (26% (95%CI 12-40)) and highest in high-income countries (56% (95%CI 39-72)). Service coverage for bipolar disorder ranged between 5% (95%CI 2-8) and 15% (95%CI 9-21). Mean service coverage for depression ranged between 1% (95%CI 0-2) for low-income countries and 12% (95%CI 8-16% for high-income countries.

The reporting method utilised by the Mental Health Atlas appears to be reliable for psychosis but not for depression or bipolar disorder. This method of estimating service coverage provides progress in tracking an important indicator for mental health; however, it highlights that considerable work is needed to further develop global mental health information systems.

EXCESS MORTALITY IN SEVERE MENTAL DISORDERS: A SYSTEMATIC REVIEW AND META-REGRESSION

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Decades worth of epidemiological studies, synthesised by systematic reviews and meta-analyses, have consistently shown that people with severe mental disorders (SMD) have a higher risk of mortality compared to the general population, which has not improved over time and is not captured in estimates of disease burden. One of the major limitations of previous reviews is the use of meta-analytic models to synthesise mortality estimates without taking into account potential sources of heterogeneity.

A systematic review of studies examining mortality in people with psychotic disorders and bipolar disorder compared to the general population was conducted. Estimates of all-cause and cause-specific mortality were calculated using meta-regression models to quantify and adjust for the effects of covariates, including both study-level and population-level factors.

A total of 76 studies were included in the analyses. The adjusted relative risk (RR) for all-cause mortality in schizophrenia was 2.80 (95% CI 2.30 to 3.41) and 2.33 (95%CI 2.01 to 2.71) for bipolar disorder. There were larger RRs for broader categories of psychotic disorders; 3.27 (95%CI 2.91 to 3.66) for schizophrenia and schizoaffective disorder combined, and 3.21 (95%CI 2.71 to 3.80) for schizophrenia spectrum and other psychotic disorders collectively. Mortality was elevated in each cause of death examined, across both unnatural and natural causes. Some heterogeneity was explained by age and sex. There is a persistent mortality gap for people with SMD compared to the general population. Most of the heterogeneity between studies could not be accounted for by the covariates included in our analyses, reflecting the myriad of factors that influence mortality estimates, some of which are causative. More work needs to be done towards understanding these underlying causal factors and incorporating the excess mortality associated with SMD into global health estimates in order to achieve more equitable health outcomes.

THE RELATIONSHIP BETWEEN SUBSTANCE USE RISK PERSONALITY PROFILES AND GENERAL AND SPECIFIC DIMENSIONS OF PSYCHOPATHOLOGY IN ADOLESCENTS

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There are well-established links between personality and mental disorders, however little is known about how personality traits relate to hierarchical models of

psychopathology (e.g., the Hierarchical Taxonomy of Psychopathology (HiTOP)), particularly among adolescents. This study aimed to examine the relationship between four substance use personality risk profiles and general and specific dimensions and indicators of psychopathology. A series of confirmatory factor analyses were run using data from two large randomized-controlled trials of Australian adolescents (Sample 1: n=2,268; Sample 2: n=6,386; Total N = 8,654, mean age = 13.01 years, 52% female). A higher-order model, comprised of general psychopathology, fear, distress, alcohol use and conduct/inattention dimensions, was selected based on model fit, reliability and replicability. Indirect effects models were estimated to examine the effect of substance use risk personality profiles (anxiety sensitivity, negative thinking, impulsivity, and sensation seeking) on general and specific dimensions and indicators of psychopathology. All four personality traits were positively associated general psychopathology. After accounting for general psychopathology, anxiety sensitivity was positively associated with fear, negative thinking was positively associated with distress, impulsivity was positively associated with conduct/inattention, and sensation seeking was positively associated with alcohol use and conduct/inattention and negatively associated with fear. Personality traits were also found to have significant, direct effects on several psychopathology indicators (after accounting for general and specific psychopathology). The current study identified distinct patterns of association between personality and narrow dimensions of psychopathology above and beyond general psychopathology. Implications for strategic prevention and early intervention efforts will be discussed.

COVID-19 AND MENTAL HEALTH

PREDICTORS OF STRESS AMONG HEALTH CARE PROVIDERS DURING THE COVID-19 PANDEMIC

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The COVID-19 pandemic had a tremendous effect on people's mental health. Healthcare workers were on the front lines in response to this crisis; therefore, they were among the most affected by the pandemic. This study assesses the stress perceived by healthcare workers and possible factors contributing to it, hoping that more efforts will be exerted to support the well-being of healthcare workers during public health emergencies.

A cross-sectional study using an online survey was conducted. Data were collected from 118 health care professionals working with COVID-19 patients during the peak of the first wave of the COVID-19 pandemic between May 21- July 7, 2020

Among the 118 respondents, 59.5 % were males (n= 69) and 40.5 % were females (n=47). Most participants (81.2%, n=95) aged between 25 – 44 years. About 89.9 % of the respondents were physicians, while nursing staff represented only 9.1 %. Regarding the Perceived stress scale, most of the respondents (75.2%) scored much higher levels of stress than average, 19.5% had slightly higher levels of stress. Most of the respondents were afraid of infecting their family and close ones (77.1 %), and about half of the respondents were afraid of getting infected (47.5 %). Regression analysis revealed that the only significant independent variable predicting developing higher stress

levels among the participants was assigning them to new tasks outside their specialty.

Healthcare workers are at high risk of developing mental health problems during public health emergencies. Their well-being is essential for the quality of services they provide. More efforts are needed to ensure the well-being of healthcare workers and to prepare them for such emergencies.

NEEDS ASSESSMENT QUESTIONNAIRE OF MEDICAL STAFF FACING COVID-19 IN THE PERIOD MAY 2020 IN EGYPT

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One of the first priorities of the General Secretariat of Mental Health and Addiction Treatment was designing a strategy supporting the medical and paramedical staffs who works in the front lines by assessing their needs.

By studying what the medical staffs have been through in other countries, the medical needs were divided into medical equipments and training on how to face the virus and daily needs in response to special work circumstances and what may help them to bear the work stress as ways ensuring their comfort then the psychological and spiritual needs and the best ways ensuring these needs during this situation. The objective of the questionnaire was assessing the needs of all medical staff.

Cross sectional study, the design of the questionnaire of needs assessment was done according to the scientific standards of designing this type of questionnaires and was revised by two experts in research and psychiatry in addition to two psychiatry consultants working closely with medical staff.

Medical staff feelings were especially detailed in the loss of enthusiasm in 60% of the participants, followed by feelings of anxiety and feelings of emotional exhaustion in 47% of the participants, 35% of participants had an inability to sleep and tension and negative thoughts were reported by 17 %.

Many professional needs are available, although some specialized resources are still deficient as virus detectors (kits) and tools for primary examination as thermometers. The continuous training of medical personnel is a renewable need, and it appears to be a professional conscience requirement, even some cadres considered dealing with new situations which gives them the energy to continue to serve.

The availability of means of communication, especially the Internet, is an urgent need for what is included in the Provision for many needs, as a mean of obtaining information and for alleviating pressure as well as obtaining family, religious or psychological support. or psychological support.

PSYCHOLOGICAL WELL-BEING DURING THE COVID 19 PANDEMIC: WHO SUFFERED MORE IN ITALY?

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COVID-19 pandemic, isolation, lockdown measures, and economic consequences have had a major psychosocial impact on Italian citizens. The main aim of this study is to identify profiles of individuals with different degree of psychological wellbeing (i.e., Good wellbeing, Poor wellbeing and Depression) during the pandemic.

This survey is part of a 33-country project led by the WHO Regional Office for Europe called "Monitoring knowledge, risk perceptions, preventive behavior and trust to inform pandemic outbreak response". A representative sample of the Italian adult general population (N=10,013) aged 18-70 years old was assessed in four waves (January-May 2021) for different thematic areas. The WHO 5-item well-being scale (WHO-5) was used for the assessment of well-being. We aimed to classify patients' wellbeing using a classification tree approach, using the first two waves as a training set and the other two as validation set. Fully-grown trees will be pruned to prevent overfitting using cost-complexity pruning. Classification tree predictive performance will be assessed by using accuracy, sensitivity, Area Under the Curve (AUC) and balanced accuracy.

In the first two waves, 5,006 subjects filled the questionnaire: 58.0% of them reported "Poor wellbeing" (31.1%) or "Depression" (26.9%), while 42.0% reported "Good wellbeing". These groups showed significant differences in terms of sociodemographic and health-related characteristics (i.e., age, sex, education, occupational status, financial situation, presence of chronic disease), COVID-19 Perceived risk, trust in healthcare institutions, resilience, unhealthy behaviours and beliefs on vaccine efficacy. Classification tree analyses are ongoing. The COVID-19 pandemic had a significant psychological impact on subjective wellbeing of many Italian citizens. Specific national support programmes should be addressed to high-risk individuals in order to prevent or reduce the long-term negative impact of the pandemic.

IS CONSPIRACY MENTALITY RELATED TO COVID-19 CONTAGION'S BEHAVIOURS? AN ITALIAN SURVEY

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Uncertain and complex events, like COVID-19 pandemic, are usually accompanied by the emerging of conspiracy theories, which are related to decrease of trust in authorities/institutions and health-related behaviours. The aim of this survey was to investigate socio-demographic predictors of generic beliefs in conspiracy theories and to

assess the role of generic beliefs in conspiracy theories in predicting COVID-19 health-related behaviours such as hygiene, social distancing, testing and tracing, and vaccine hesitancy.

This survey is part of a 33-country project led by the WHO Regional Office for Europe called "Monitoring knowledge, risk perceptions, preventive behavior and trust to inform pandemic outbreak response". A representative sample of the Italian adult general population (N=10,013) aged 18-70 years old was assessed in four waves (January-May 2021) for different thematic areas. The Conspiracy Mentally Questionnaire (CMQ) was used for the assessment of general conspiracy mentality. A score synthesizing the generic beliefs in conspiracy was constructed using factorial analyses of the CMQ items, then normalized to values 0-100 values. To identify predictors of the generic beliefs in conspiracy score we used a multiple linear regression model. Variables included in the model are: sex, age, occupation, education, geographical area, economic situation, and economic worries.

Our results show a significant effect of age, education, geographical area, economic situation, and economic worries on conspiracy mentality, as assessed with the CMQ. Analyses are ongoing to study the effects of conspiracy mentality on COVID-19 health-related behaviours, with a special focus on trust in healthcare institutions and risk perception.

Our results are particularly significant for identifying citizens who have unjustified worries which on turn may affect the adoption of protective and preventive behaviours able to decrease the risk of contagion.

THE COVID SUICIDE EPIDEMIC. WHAT HAPPENED TO IT AND WHY?

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In the early stages of COVID-19 epidemiological modelling groups predicted enormous increases in suicide rates in several countries. The evidence from real time suicide reporting, coronial and other data sources have not shown this in a consistent fashion, although with some increases seen in specific locations and sub-groups. Notwithstanding the Cassandra limitation that any predicted disaster 'may still happen, it just hasn't happened yet' I will provide evidence supporting four (not mutually exclusive) hypotheses for why the modelled suicide epidemic hasn't happened, despite mental ill-health seeming to have universally worsened

- 1) Cultural influences on suicide
- 2) Economic responses to the pandemic
- 3) Divergence in suicide and distress trends
- 4) Modelling assumptions and inputs

SUICIDE CAN BE PREVENTED

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Every year more than 800,000 suicide deaths occur worldwide. Globally, suicide is the second leading cause of death among 15 – 29 year olds. It has become a serious

global public health concern with severe societal implications. Due to the magnitude of the problem, recognising the need for suicide prevention is imperative. An underlying psychiatric disorder is present in up to 90% of people who completed suicide. Comorbidity with depression, anxiety, substance use and personality disorders are high. However, suicide is preventable and adequate diagnostic procedures and appropriate treatment for the underlying disorders is essential. Existing evidence supports efficacy of pharmacological and psychological treatments, especially cognitive behavioural therapy, in prevention of suicidal behaviours. Treatment of children and adolescents with antidepressants should only be given under supervision of a specialist. For adults, due to the risk of suicidal behaviour in depressed patients treated with antidepressants, the careful monitoring is important and complimentary treatment with psychological methods, as well as with anxiolytics is necessary. Long term treatment with lithium of unipolar and bipolar depression and treatment with clozapine in patients with schizophrenia is effective in reducing suicidal behaviour. The suicidal person should also be motivated to involve family in the treatment. Psychosocial treatment and rehabilitation are recommended, as suicidal patients often have problems with relationships, work and lack social networks. From the public mental health perspective, school-based suicide prevention programmes, and restriction of means of suicide are effective actions in preventing suicidal behaviours. Educational activities such as gatekeeper training, internet and helpline support need more scientific support. During the COVID-19 pandemic, strengthening of protective factors and counteracting risk factors is important both for families and workplaces. Combination of the effective suicide prevention strategies at the individual level and population level should go hand in hand to achieve the best effects.

TELEPSYCHIATRY AND MENTAL HEALTH

TELE-PSYCHIATRY IN EMERGENCY ROOM

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The recent difficulty in finding psychiatry specialists and the Covid-19 pandemic have spread the use of telepsychiatry in outpatient clinics of Italian Mental Health Departments. Both psychiatrists and their patients showed a good acceptance of telepsychiatry that is now proposed in the emergency department. As such, it is necessary to share the psychiatric intervention protocol with the Emergency Physicians. This necessity is for the ASL TO3 Susa Hospital, which is 50 Km far from the Rivoli Hospital, where the nearest psychiatrist is present h/24. Until now, if there was a need for psychiatric consultation, the patient was transported by ambulance from Susa to Rivoli. The platform to be used was then agreed upon with the ASL legal department and psychiatrists were trained in the management of remote visits. The shared psychiatric counselling protocol includes the signing of the informed consent by the patient. This premise of the remote visit has calmed psychiatrists' anxieties both about the selection of patients who cannot be agitated and about the medical-legal consequences of the clinical decisions they make. If either the psychiatrist or the patient is not satisfied with the remote visit, there is still the possibility to transport the patient from Susa to Rivoli for the in-person visit; transport

is always possible for patients who need to be admitted to a specialist psychiatric ward independently of the remote psychiatric visit. The decision whether to request the remote visit is taken by the Susa urgent care physician after collecting the informed consent; if the informed consent is not signed by the patient, the urgent care physician decides whether to carry out a teleconsultation with the psychiatrist in Rivoli anyway. Additional clinical information may be available through other sources to be shared by the two physicians: relatives, emergency room archives or psychiatric outpatient clinic archives for patients undergoing treatment.

TELEPSYCHIATRY DELIVERY IN ITALIAN MENTAL HEALTH SERVICES: A REGISTRY-BASED STUDY

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The reorganization of mental health services prompted by Covid-19 included a reduction of outpatient appointments and widespread use of remote consultations. We employed a registry-based approach to compare the overall functioning of outpatient services in Lombardy in 2019-2020 and report the distribution of telepsychiatry interventions in these settings.

We summarized descriptive information on demographic and clinical data retrieved from all regional community-based mental health centres in 2019-2020, grouped by regional provinces. We then described the progression of remote vs. in-person consultations (first psychiatric visits, psychiatric control visits, team meetings, group and individual psychotherapy, family interviews, social and nursing support, psychoeducation, daily and social skills training and job placement) during 2020.

In the 1st semester of 2020, the number of outpatient service contacts was consistently lower than the previous year (-10,59%), with the largest drop recorded in March (-21,89%) and May (-16,86%). This trend normalized in the 2nd semester (-0,60% in 2020). Only a minority of total consultations were recorded as remote delivery (11,70%), with the highest % at the end of the year (24,10% in November). The majority of remote consultations involved patients with psychotic, mood, personality and anxiety disorders (22,87%, 22,27%, 17,69 and 11,37% respectively). Remote consultation types were distributed as follows: 24,04% psychiatric control visits, 19,24% individual/group psychotherapy, 14,10% nursing support, 11,57% team meetings, 9,73% interview with families, 7,86% psychoeducation activities, 7,03% daily and social skills training activities, 3,43% social support activities, 0,45% job placement activities and 0,06% first psychiatric visits.

Before Covid-19, telepsychiatry was largely unexploited in Italy. Our data reveal the extent and characteristics of its implementation in the mental health services of the country's most populous region

IMPACT OF COVID-19 ON TELEPSYCHIATRY ACROSS TWO UK NHS MENTAL HEALTH TRUSTS – THE TELEMACHUS STUDY

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The COVID-19 pandemic and the subsequent lockdown led to important and rapid changes in mental health service

provision in the UK. In this study, we aimed to quantify the extent, nature and clinical impact (both at the service- and individual-level) of the use of telepsychiatry between January and September 2020, and compare it with the data in the same period in 2018-2019 in two mental health Trusts in England, Oxford Health (OH) and Southern Health (SH)

We used routinely collected, de-identified electronic health records to evaluate service activity; in-person vs remote modalities of consultation; and clinical outcomes using Health of the Nation Outcome Scales (HoNOS) data. HoNOS data were analysed in Python using clusters of diagnostic groups (namely psychotic, non-psychotic and organic), which are used to assess overall healthcare complexity in the NHS

Compared to the same period in 2019, mental health service activity in 2020 increased in all scheduled community appointments (by 15.4% and 5.6% in OH and SH, respectively). Remote consultation activity registered a five-fold increase between March and April 2020, when lockdown started, of which video consultations comprised up to one third. The ratio of remote vs in-person consultations increased most in Eating Disorders services. For patients with dementia non-attendance rates at in-person appointments were higher than remote appointments (17.2% vs 3.9%). The mean HoNOS cluster value increased only in the organic diagnostic group ($p < .001$) from 2019 to 2020, but not from 2018 to 2019, suggesting a specific impact of the COVID-19 pandemic on this population of patients

The COVID-19 pandemic and lockdown resulted in a rapid shift to remote service delivery, but this change has not reached some groups of patients who may require more tailored management with telepsychiatry. Evidence-based training programmes should be delivered to clinical staff to better implement digital care for patients with mental health disorders

USING DIGITAL PLATFORMS TO REMOTELY DELIVER PSYCHOLOGICAL SUPPORT TO COVID-19 PATIENTS AND THEIR FAMILYMEMBERS

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Background. The COVID-19 pandemic is negatively impacting the mental health of both COVID-19 patients and the general population. Given the current guidelines limiting in person contact to reduce the spread of the virus, a digital approach is needed to tackle the psychological aftermath of the pandemic. Here, we present DigiCOVID, a digital mental health approach to offer remote, personalized support to former or current COVID-19 patients and/or their relatives.

Methods. Participants undergo an initial phone-based screening to ensure inclusion criteria are met. Then, they complete a neuropsychological test over video to assess IQ, and fill out online self-reports of health and wellbeing. Participants are then assigned to psychotherapist who offers 8 tele-therapy sessions. At the end of the therapy cycle, the online questionnaires are filled out again. To date, we enrolled a total of 56 subjects (26 patients and 30 relatives), of which 38 (22 patients and 16 relatives) have completed neuropsychological tests and online questionnaires.

Conclusions. Our study aims at testing the feasibility and preliminary efficacy of DigiCOVID, a remote tele-psychiatry

approach to tackle the COVID-19 pandemic psychological aftermaths. To date, the approach used seems to be feasible and highly customizable to patients' needs. Should we find it to be efficacious, DigiCOVID could provide a blueprint for future tele-psychiatry-based interventions

THE MILESTONE PROJECT: AN EUROPEAN STUDY ON TRANSITION FROM CHILD TO ADULT MENTAL HEALTH CARE

A RANDOMISED TRIAL OF MANAGED TRANSITION AT THE MENTAL HEALTH SERVICE BOUNDARY: THE MILESTONE TRIAL

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Discontinuity of care at the Service Boundary (SB) between CAMHS and adult mental health services (AMHS) can adversely impact the mental health of service users. Many young people experience disengagement from care on reaching the service boundary. We assessed the effectiveness of Managed Transition (MT) in improving outcomes of young people who reached the CAMHS service boundary.

We conducted a two-arm, parallel design cluster-randomised trial of young people who were within one year of reaching the SB of their local CAMHS. Recruited CAMHS in eight European countries were randomised to provide either (i) MT or (ii) treatment as usual (TAU) in a 1:2 ratio. Primary outcome was HoNOSCA at 15 months post-intervention. MT included a structured assessment of young people regarding transition readiness and appropriateness and feedback of findings to clinicians.

A total of 844 service users were enrolled. After withdrawals, data on 793 were available for analysis (intervention arm N=241, 12 clusters vs usual care arm N=552, 26 clusters). At 15-month follow-up 26.4% of participants were still under the care of their original CAMHS (27.2% TAU vs 24.5% MT). Clinicians in the MT group recommended continuing in CAMHS slightly more frequently than in the TAU group (28.6% MT vs 25.0% TAU) and also transition to AMHS (21.0% TAU vs 27.0% MT). Slightly more YP had been accepted by, and were under the care of their new service at 15-month follow-up in MT group compared to TAU (22.1% TAU vs 28.2% MT). The mean difference in HoNOSCA scores between the MT group and usual care arms at 15 months was -1.21 points (95% CI -2.27 to -0.14, $p=0.03$). Many young people were still in CAMHS or without a transition decision at 15-month follow-up.

Managed Transition led to improved mental health of young people after the service boundary, but the magnitude of the effect was small. There is an urgent need to develop and assess effective and feasible interventions aimed at improving transitional care.

CLINICIANS' AND PARENTS' AWARENESS OF SUICIDAL BEHAVIOUR IN ADOLESCENTS REACHING THE UPPER AGE LIMIT OF THEIR MENTAL HEALTH SERVICES IN EUROPE

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To study clinicians' and parents' awareness of suicidal behaviour of adolescents reaching the upper age limit of

their Child and Adolescent Mental Health Service (CAMHS) and its association with mental health indicators, transition recommendations and mental healthcare use.

763 CAMHS users from eight European countries were assessed using multi-informant and standardized assessment tools at baseline and nine at 9-month follow-up. Self-, clinician- and parent-reported suicidal behaviour was described and separate ANCOVA's and pairwise comparisons were conducted to assess whether clinicians' and parents' awareness of young people's suicidal behaviour were associated with mental health indicators, with the clinician's recommendations to continue treatment and with mental healthcare use at nine 9-months follow-up.

Roughly half of clinicians (53.5%) and parents (56.9%) were unaware of self-reported suicidal behaviour at baseline. This unawareness was associated with less chance of receiving a recommendation to continue treatment (respectively 80% and 72% less), even though self-reported mental health problems at baseline were as severe as when clinicians and parents were aware of suicidal behaviour. Clinicians' and parents' unawareness was not associated with less mental healthcare use at follow-up. At follow-up levels of self-reported internalizing problems and suicidal behaviour for young people with self-reported suicidal behaviour at baseline remained stable high.

Clinicians and parents are often unaware of suicidal behaviour and seem to rate the severity of mental health problems, including suicidal behaviour, lower than young people, which decreases the likelihood of a recommendation to continue treatment but does not seem to affect mental healthcare use.

MENTAL HEALTH INDICATORS AND OUTCOMES OF MENTAL HEALTH CARE PATHWAYS OF YOUNG PEOPLE REACHING THE UPPER AGE LIMIT OF THEIR CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

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Discontinuity between CAMHS and AMHS may be a barrier to continuity of care which may adversely affect the mental health of young people. The current study aims to discern the type of care young people receive after reaching the upper age limit of their CAMHS by initial characteristics and to examine whether there are differences after 2 years of follow-up between young people receiving different types of care

The MILESTONE cohort is a prospective study of 763 young people recruited from 39 CAMHS in Europe. Information on mental health care use, levels of mental health problems and socio-demographic characteristics was collected using self-, parent- and clinician-reports. Mixed models were applied to assess relationships between care pathways, mental health indicators and outcomes.

Young people with higher problem levels, a clinical classification of a severe mental illness, self-reported suicidal thoughts/behaviors or self-harm, and psychotropic medication use were more likely to transition to AMHS or stay in CAMHS than to have care end after reaching the CAMHS upper age limit. Overall, research assistant-rated problem levels and self-reported problem levels decreased. Parent-reported problem levels did not change over time. After two years, no differences in change in mental health outcomes or service use were found between young people following different care pathways.

Our findings do not provide evidence for the statement that

young people reaching the upper age limit of their CAMHS are at risk of experiencing discontinuity of care, nor that this discontinuity may jeopardize their mental health.

TRAINING PSYCHIATRISTS TO PREVENT DISCONTINUITY OF CARE AT THE MENTAL HEALTH SERVICE BOUNDARY INSIGHTS FROM THE MILESTONE PROJECT

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Transition between Child and Adolescent- and Adult Mental Health services requires a coordinated and patient-centred process. Barriers to optimal transition are the lack of effective evidence-based interventions and poor cooperation between services. Psychiatrists' postgraduate training may be one of the facilitators to improve transition planning and continuity of care.

A systematic review of the literature and two surveys have been conducted during the Milestone project to gain insight as regards transition training and related topics during psychiatrists' specialization curriculum. We will report about both theoretical and practical training contents as described by trainees, faculty members and in the literature.

Trainees from 36 European countries report that only 27% have good knowledge in transitional care while a majority had to take care of adolescents and young adults. They reported having had theoretical and practical training about transition and related topics in 17% and 28% of cases respectively.

The survey among faculty showed that transition is a mandatory topic in the AP curriculum of 5% of the countries and in the CAP curriculum of 24%. Cross-training opportunities across child/adolescent and adult psychiatry are variable and depend on the training models of the different countries. The paucity of theoretical and practical content as regards topics relevant for transition such as developmental aspects of psychopathology in adolescents and young adulthood, working with families, transition planning are confirmed by the literature review.

Specific transition-related training contents are limited during specialization training in Europe. The discussion is oriented towards suggestions to improve transition training and appropriate assessments and patient-oriented guidance.

THE EFFECT OF THE COVID-19 PANDEMIC ON MENTAL DISORDERS

MENTAL DISORDERS DURING THE COVID-19 PANDEMIC

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The COVID-19 pandemic and the related containment measures can represent a traumatic experience. People with mental disorders, especially those affected by mood and anxiety disorders, are vulnerable to traumatic events that can determine psychopathological reactions. Aim of the study was to examine prospectively Post-Traumatic Stress Disorder (PTSD), anxiety and depressive symptoms since the end of the first COVID-19 pandemic national lockdown in subjects with mood or anxiety disorders living in different infective incidence areas in Italy.

At baseline, subjects with a DSM-5 Anxiety or Mood Disorder, was enrolled and they were assessed by means of IES-R, GAD-7 PHQ-9, and WSAS. At a three-months follow-up, participants fulfilled also the TALS-SR to assess PTSD.

At baseline subjects living in the high COVID-19 incidence area showed higher IES-R scores and, at follow-up, showed higher rate of a full or partial PTSD related to COVID-19 pandemic than those from the low COVID-19 incidence area.

Subjects with mood or anxiety disorders presented relevant rates of PTSD, depressive and anxiety symptoms in the aftermath of the lockdown. The level of exposure emerged as a major risk factor for PTSD development. Further long-term studies are needed to follow up the course of traumatic burden.

OCD DURING THE COVID-19 PANDEMIC

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Previous epidemics (SARS, Ebola, equine influenza, MERS) and measures such as quarantine/isolation necessary to prevent the spread of the infection impacted negatively on mental health. Among psychological/psychiatric symptoms/disorders experienced by survivors or quarantined people, obsessive-compulsive symptoms appeared to be frequent. The aim of the study is to evaluate the impact of the recent SARS-CoV-2 pandemic in terms of obsessive-compulsive symptoms/disorder on the general population.

We reviewed all studies reporting prevalence rates of OC symptoms/disorder in a) medical health workers; b) the general population; c) people with pre-existing OCD. Both cross-sectional and longitudinal studies were included. Among medical personnel, 3-4% developed probable OCD, with a third scoring higher than national normative data. Those having organic diseases and at risk of contact with COVID-19 patients were at higher risk. Few studies examined the prevalence of OCD among the general population; mean scores on OC measures were generally higher than normative data (and higher than those reported by medical personnel), with prevalence rates of probable OCD as high as 11%. Concerning individuals with pre-existing OCD, a third showed a deterioration in symptoms severity, with consequences such as increased suicidal ideation, excessive internet checking, increased family accommodation, and sleep problems. The majority of patients with pre-existing OCD, however, was stable during the quarantine/isolation. Another third of patients showed a worsening in symptoms severity when the quarantine was lifted.

The COVID-19 pandemic had a significant negative impact on the general population in terms of OC symptoms. Patients with pre-existing OCD showed resilience, although a third of individuals worsened during the quarantine/isolation or immediately after. Practical issues in the management of patients will be discussed.

SUBSTANCE USE DISORDERS DURING THE COVID-19 PANDEMIC

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Coronavirus disease 2019 (COVID-19) is causing untold challenges to health care and wider social

structures. Among the vulnerable populations are persons who smoke or vape, use opioids, or have a substance use disorder (SUD).

A comprehensive literature search was run in order to compile an up-to-date narrative review

The issues and complications resulting from the pandemic concerning people with SUDs include: (1) helping policymakers to produce continuity plans, (2) maintaining the use of evidence-based interventions for people with SUDs, (3) being prepared for adequate medication supplies, (4) integrating harm reduction programs with other treatment modalities, and (5) having specific considerations for vulnerable groups such as immigrants and refugees

SUD treatment and harm-reduction services had been significantly impacted globally early during the COVID-19 pandemic.

PTSD DURING THE COVID-19 PANDEMIC

Carmassi Claudia

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The COVID-19 pandemic and the related containment measures have represented a potentially severe traumatic experience with adverse mental health consequences, particularly Post-Traumatic Stress Disorder (PTSD). People suffering from mental disorders represent an especially vulnerable cluster however, to date, clinical studies on clinical populations are still scarce, particularly longitudinal ones

We report the studies we developed in order to explore post-traumatic stress reactions since the acute phase of the pandemic in Italy, among patients with mood disorders followed in the out-patients psychiatric clinic of the University of Pisa, Italy. The focus was to jointly analyze the risk of developing acute and post-traumatic stress symptoms, as well as PTSD, besides monitoring their impact on patients' global functioning. Patients were followed across one-year follow-up, encompassing the so called "second" and "third wave of the pandemic". The original study was later extended to other participating university centers, up to involving a total of 8 sites located in different regions of Italy, where patients were enrolled since spring 2021.

Relevant rates of PTSD were reported in the immediate aftermath of the first national lockdown and acute phase of the pandemic, most of which not decreasing in the first 3 months of follow-up. Major COVID related risk factors were associated with an increased for PTSD and post-traumatic stress symptoms, besides some clinical and demographic. Further long-term studies are needed to follow up the course of traumatic burden and the effect of the developed targeted healthcare strategies among psychiatric patients

LOW INTENSITY PSYCHOSOCIAL INTERVENTIONS FOR PREVENTING MENTAL DISORDERS IN REFUGEE POPULATIONS

RE-DEFINE project WESTERN EUROPE

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RE-DEFINE project TURKEY

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RE-DEFINE project COST-EFFECTIVENESS

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Objectives: RE-DEFINE (Refugee Emergency: DEFINing and Implementing Novel Evidence-based psychosocial interventions) is an EU funded project that assessed the efficacy of psychosocial interventions for preventing the onset of common mental disorders in refugees and asylum seekers with psychological distress resettled in middle-income and high-income countries. RE-DEFINE is particularly relevant for the refugee crisis in Europe and in bordering countries (i.e., Turkey), as the progressive increase in refugees seeking asylum poses a significant challenge to the health systems' capacity to adequately respond to the health needs of this population.

Methods: The project consisted on adaptation, testing, and implementation of Self Help Plus, a novel trans-diagnostic self-help preventive psychosocial intervention developed by the World Health Organization, in two large, multicentre, pragmatic randomised studies: one conducted in Italy, Germany, Finland, Austria, and the UK, and a second one in Turkey. Refugees and asylum seekers with psychological distress (General Health Questionnaire ≥ 3), but without a DSM-5 or ICD 10 diagnosis of mental disorder, as assessed with the Mini International Neuropsychiatric Interview (M.I.N.I.), were randomized to SH+ or enhanced treatment as usual (ETAU). The primary outcome was the frequency of mental disorders with the M.I.N.I. at six-month. Secondary outcomes included frequency of mental disorders at post-intervention, self-identified problems, psychological symptoms and other outcomes.

Results: Both the Western European and Turkey studies have shown evidence of an impact of SH+ on preventing mental disorders and reducing stress, but differences were observed between the studies. In Turkey providing the SH+ intervention in addition to usual care was found to be highly cost-effective, while in Western European countries there were no differences found in cost-effectiveness. RE-DEFINE has shown that SH+ can be effectively delivered in a range of different settings, with groups of different sizes and to people from diverse cultures. More than 1,000 asylum seekers and refugees were included in the two trials, making RE-DEFINE the largest intervention study ever on the mental health of refugees and asylum seekers.

Conclusions: The implementation of effective preventive strategies represent a crucial step towards optimising the responsiveness of health systems to humanitarian emergencies, and in the long run for promoting accessibility of evidence-based psychosocial interventions for vulnerable population groups.

Funding: European Commission, Horizon 2020, grant agreement n. 779255.

PERFORMANCE AND EFFECTIVENESS OF STEP PROGRESSIVE CARE PATHWAYS WITHIN MENTAL HEALTH SUPPORTED ACCOMMODATION SERVICES IN ITALY

MENTAL HEALTH SUPPORTED ACCOMMODATION IN ENGLAND

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In England, mental health supported accommodation services are an important component of the rehabilitation care pathway. They aim to assist people to live successfully in the community with the intention that individuals will move on to more independent accommodation as they progress in their recovery. The first NICE guideline on mental health rehabilitation was published less than one year and includes specific recommendations about the provision of these services and the support they should offer. In this presentation, evidence for this 'stepped care pathway' approach will be presented and comparisons between the Italian and English systems will be made.

Data will be presented from a large, national research programme in England (the 'QuEST' study) alongside a summary of relevant recommendations from the NICE guideline and Italian guidelines.

Three main types of supported accommodation exist in both countries. In England, whilst the vast majority of people living in supported accommodation are able to remain in the community, fewer than half move to more independent accommodation within two and half years and many require 24 hour support long term. Successful move-on to more independent accommodation was associated with services that scored high for provision of recovery orientated care and promotion of people's human rights.

Mental health supported accommodation services enable successful community living for people with more complex mental health problems, but the concept of a graduated stepped care pathway that enables most people to achieve independent living appears unrealistic. A significant proportion of people continue to require high levels of support long term and a range of services, matched to need, are required. Nevertheless, these services should provide recovery orientated care and actively resist becoming 'mini-institutions' in the community.

STEP PROGRESSIVE CARE PATHWAYS IN ITALIAN MENTAL HEALTH SUPPORTED ACCOMMODATION SERVICES: THE VALERE-REC STUDY

Martinelli Alessandra

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In Italy, a growing number of people with SMI require care in mental health supported accommodation services. The VALERE-REC Study aims to identify the characteristics that move patients of RFs to a more independent setting.

A survey involved 167 patients of the Verona DMH: 27% in CTRP; 34% in CA, 8% in GAP, 31% in CAE. They were assessed for their care pathway after 30-months and the QuIRC-SA evaluated their quality. Descriptive analyses were done.

Most CTRP patients were coming from another supported accommodation (63.6%), while 50% of GAP patients lived in independent housing, alone or with others before the current supported accommodation (50.0%). After 30 months, only a quarter of patients (39/156, 24.7%)

successfully moved to a more independent setting (supported accommodation or independent living), while most patients remained in the same supported accommodation, and only about 15% moved to a less independent setting. Overall, after 30 months only a minor proportion of patients is moving in the expected step care pathway (CTRP □ CA □ GAP □ independent living). Only a small subgroup of patients moves on progressively in the intended care pathway. Five obstacles were identified to progress into the correct direction of the care pathway to achieve independent living.

THE FIVE OBSTACLE TO PROGRESS INTO THE CORRECT DIRECTION OF THE STEP CARE PATHWAY IN ITALIAN MENTAL HEALTH SUPPORTED ACCOMMODATION SERVICES

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The VALERE-REC Study is the first Italian study that investigates the effectiveness of mental health supported accommodation services for people with SMI in pursuing the outcome of moving to more independent living conditions and to achieve recovery.

Descriptive analyses were done.

Data suggest that, overall, the level of given interventions in different types of mental health supported accommodation services is appropriately matched to service patients. However, data allows identifying five main obstacles in providing patients living in mental health supported accommodation services the necessary skills to live independently and to be re-integrated in the community: length of stay longer than expected; low attention to the employment rate; inadequate response to needs related to self-management; social isolation, patients' dependency on staff; scarcity of recovery-oriented practice and risk of transinstitutionalization.

There are still major problems in facilitating an increase of autonomy in people with SMI in mental health supported accommodation services. The progressive step care pathway did not result effectively pursued. To improve the effectiveness of residential interventions a major task should be to focus on the acquisition of the necessary skills to live independently.

STAYING TRUE TO RECOVERY ORIENTED PSYCHIATRIC REHABILITATION PROCESS: CHANGING THE PARADIGM FOR SERVING PEOPLE WITH SERIOUS MENTAL ILLNESSES

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Psychiatric Rehabilitation (PSR) began as a movement, approximately 50 years ago. In the intervening years, it has become its own field, with its own approach, philosophy, principles, unique interventions and outcomes, delivered by a variety of disciplines. In the last thirty years, the notion that individuals with serious mental illnesses or psychiatric disabilities could recover, transitioned from an optimistic belief to an empirical understanding of the progress that could be made. Recovery emerged as an appropriate mission for services, consistent with progress in PSR development and implementation. This emphasis on promoting the ability of individuals to claim or reclaim a meaningful life, makes PSR services focused on success and

satisfaction in valued roles, an even more critical component of a comprehensive mental health service system. Psychiatric rehabilitation is both a framework for program models and interventions as well as a helping process. There has understandably been an emphasis in the field on program models (e.g. Housing First, IPS, ACT), with accompanying procedures, fidelity scales, identification of the correct mix of disciplines, locations for service etc. which importantly, lend themselves more easily to being researched. Current developments and research have focused on one or more elements of psychiatric rehabilitation, to enhance the existing program models. While these are indeed critical, less attention has been paid to the actual nature of the psychiatric rehabilitation helping interaction. Complementary to program models, the psychiatric rehabilitation process focuses on the nature of the helping interaction between the practitioner and the consumer that occurs within any psychiatric rehabilitation program model and setting. Evidence based psychiatric rehabilitation principles guide and structure the psychiatric rehabilitation process and program components. As psychiatric rehabilitation began to get absorbed into mental health systems, it helped to shift the overall paradigm of general mental health services from a narrowly focused historical medical model, to one focused on societal participation and activity. In doing so, however, it frequently became a victim of its success, with its basic processes, approach and unique contributions lost over time. As it evolves in the future, there must be a fundamental understanding of the basic and fundamental processes of psychiatric rehabilitation in order to capitalize on its critical role in promoting recovery and truly continue changing the paradigm for serving individuals with serious mental illnesses. This presentation will review the overall framework of psychiatric rehabilitation as an integral part of a recovery oriented mental health system and examples of its models, interventions and evidence base. It will present the latest thinking on what is and is not included in the helping interaction that defines its process, regardless of the program model and regardless of the discipline delivering it.

WHAT CAN EPIDEMIOLOGY TEACH US ABOUT THE 'ADDICTIVENESS' OF EACH DRUG?

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In the late 19th century and early 20th century it was possible to think about simple causal models with each agent being a cause of a disease. No provisions for subgroup variations or other distortions of what might be imagined as cause-effect relations.

The work of Hunt and Dale in pharmacology changed this perspective concurrent with insights that public health leader Chapin was gaining in his public health research on communicable diseases. Eventually, there emerged a more encompassing agent-host-environment set of perspectives about causal models, such that any agent 'effect' might be modulated by environmental circumstances and also might be shared by characteristics of the host that pre-dated agent exposures.

The agent-host-environment (AHE) concepts lost prominence in early-mid-20th century initiatives to design 'non-addictive' drugs. The elusive search for 'non-addictive' drugs resembles alchemical efforts to convert lead and other metals into gold. We now appreciate that AHE models are required. If there is to be an assessment of the 'addictiveness' of an individual drug compound, as drug,

the research will require 'holding constant' characteristics of 'agent' and 'environment' and their interactions. Epidemiology can teach us about the 'addictiveness' of drug compounds to the extent that it constrains the influences of host and environment. The next steps in this line of research will involve progress beyond the estimates to be presented in this plenary lecture. Initial estimates from epidemiological studies and Bayesian meta-analyses will be shown. Directions for extending these lines of epidemiological research will be described. In many countries, cross-sectional survey research designs can be used to contribute to the evidence base, if the cross-sectional surveys seek to identify the most recent new initiates, drug by drug, and can specify the month of drug use onset, as well as whether an addictive process followed the month of drug use onset. That is, complex longitudinal research designs are not required, but careful measurements in cross-sectional studies are needed.

WHAT'S NEXT?

THE FIELD OF PSYCHIATRY IS IN CRISIS. THE CASE FOR CAUSAL MODELLING IN OBSERVATIONAL DATA AS A SUPPLEMENT TO PSYCHIATRIC EPIDEMIOLOGY AND CLINICAL TRIALS

Arnstein Mykletun (Bergen, Norway)

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The field of psychiatry is in a crisis. Developments in pharmacology and psychotherapy, reforms in services, increased spending and reduced treatment-gap have not substantially improved prognosis for patients in psychiatry. Mental disorder remains lethal short-term and disabling long term. In comparison, prognosis has improved dramatically in oncology and cardiology.

Controversies in psychiatry are causing variation in clinical practice between hospitals, even within single-provider health systems. There is, for example, variation in rates of ADHD, use of coercive measures, and medication (type of drugs, dose and duration of medication).

Current empirical methods are incapable of solving the major controversies in psychiatry. Epidemiology struggles with residual confounding, bias and reverse causality. Randomized controlled trials are expensive and time-consuming. Ethics may also be a barrier for clinical studies investigating variation in clinical practice.

From a health management point of view, variation in clinical services within a single-provider system is usually indicative of variation in quality. However, the variability in service delivery caused by these controversies creates a lottery-like situation for the individual patient, who is generally unaware of the crisis in psychiatry, and blinded to the ongoing lottery.

We need a third empirical approach beyond randomized controlled trials and conventional epidemiology to solve this crisis. The methods are well described in social sciences. Epidemiology should embrace methods for causal modelling in observational data, obtained from economics and social sciences, and applied to the current controversies in psychiatry. In this talk, I will explain how this can be done.

THE CASE FOR CLINICAL AND PUBLIC HEALTH INTERVENTIONS BASED ON DIGITAL PHENOTYPES OBTAINED FROM BIG DATA

Stewart Robert

IoPPN, King's College London ~ London ~ UK

Electronic health records contain huge and rapidly expanding volumes of information on routine experiences and outcomes from healthcare. A 'holy grail' aspiration is that, one day, health systems will be able to learn from this information and improve their delivery. This may still be a little way down the line for mental healthcare, but important advances are at least being realised in the depth and quality of information available at scale, particularly the 'digital phenotype'. The next priority will be to achieve workable case study examples of real-world intervention.

IMPROVING POPULATION HEALTH BASED ON POPULATION BASED SURVEYS

PREVENTION OF DEMENTIA: FROM MODIFIABLE RISK FACTORS TO INTERVENTIONS

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Dementia is considered as one of the greatest challenges for health in our century and is among the leading causes of disease and disability in old age. Currently there are no effective disease modifying treatments and research focuses on dementia risk reduction and prevention. The talk gives an overview on epidemiological work in terms of risk and protective factors and highlights own results regarding sensory impairment as risk for and subsequent dementia. We investigated the independent and interaction effects of hearing impairment (HI) and visual impairment (VI) on incident dementia using competing risk regression models, adjusting for established risk factors of dementia and accumulated mortality. Data were taken from the AgeDifferent.de platform, pooling participants aged 75 and older from the German LEILA75+ and AgeCoDe/AgeQualiDe cohorts comprising older adults (N = 3497) with mean age 79.8 years. Hearing impairment was associated with an increased incidence of all-cause dementia in older adults. There was no excess risk or risk compensation through the additional presence or absence of visual impairment. Results are discussed in the context of other modifiable risk factors. The increasing knowledge on risk and protective factors stimulated initiatives for dementia risk reduction and prevention on a public health level as well as on an individual level for persons at risk. The first German multi-component prevention trial (AgeWell.de), which is currently conducted and led by the authors, will be introduced with first baseline results.

EPIDEMIOLOGY OF MENTAL DISORDERS IN OLDER PEOPLE – EXPERIENCES FROM THE GOTHENBURG H70 BIRTH COHORT STUDIES

Skoog Ingmar

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In Gothenburg, Sweden birth cohorts had been investigated prospectively over several decades yielding information about the prevalence and incidence of mental disorders among the elderly.

MENTAL HEALTH CARE PLANNING BASED ON POPULATION DATA

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Some studies used data from surveys among people attending health care services for planning mental health care. These studies are limited by the fact that only a proportion of persons with mental disorders are in contact with health care. Thus, people who are not treated in any service are missed. Population based studies including people irrespective of being in treatment or not can avoid this bias.

A survey among 1008 persons between 18 and 65 years of age from all Austrian provinces using psychiatric expert interviews was performed. This representative sample was investigated by medical doctors and psychologists using the Schedules for Clinical Assessment in Neuropsychiatry (SCAN). Further, a modified version of the Needs for Care Assessment Schedule (NFCAS) was used for assessing the needs for interventions.

The 1-year-prevalence for all mental disorders was 22.7%. The most frequent diagnoses were affective disorders (11.6%) and anxiety disorders (6.9%). The interventions most frequently needed by mentally ill were psychotropics (57.2%), psychotherapy (46.7%) and counseling (35.8%). Unfortunately, less than the half received the interventions needed. In contrast, overprovision occurred rarely.

Needs for psychiatric treatment were frequently unmet, while less than the half of all mentally ill received the necessary intervention. A comprehensive training of primary care physicians seem to be essential for providing sufficient treatment for people with mental disorders.

40 YEARS OF PSYCHOSIS CARE AND RESEARCH IN INDIA: THE AGONY AND ECSTASY

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In this presentation, an overview of 40 years of psychosis care and research at the Schizophrenia Research Foundation (SCARF) in India will be provided. The Madras Longitudinal study is a 35-year follow-up of ninety people with first episode of schizophrenia, one of LAMIC's longest follow-up programs. COPSI and INTREPID underway will also be touched upon, both with Kings College London, the FEP program with Douglas Hospital in Montreal and a genetic study with Queensland University. The challenges in providing care will be described.

SHARED DECISION MAKING AND OUTCOME IN PATIENTS WITH SEVERE MENTAL ILLNESS?

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Clinical decision-making is the primary vehicle of mental health service delivery. Three levels of patient involvement in decision-making have been described: informed, shared and passive. Passive (or paternalistic) decision-making occurs when the clinician makes the decision for the

patient. Informed (or active) decision-making occurs when the patient makes the decision, having received information from the clinician. Shared decision-making (SDM) is collaborative decision-making involving the sharing of information and expertise by both participants. SDM is widely recommended in mental health, but rather understudied. The "Clinical decision making and outcome in routine care for people with severe mental illness" (CEDAR) study has been carried out in six European countries (Denmark, Germany, Hungary, Italy, Switzerland and UK) with the aim to explore the styles of CDM adopted in mental health routine clinical practice. The shared decision making style is preferred by both patients and clinicians and it is associated with an improvement in long-term patients' outcome. Moreover, a shared decision making style has a positive impact on patients' satisfaction, treatment adherence and quality of life, and it reduces involuntary hospital admission. However, the implementation of shared decision making in mental health is hampered by several factors, which can be subdivided into patient-related, clinician-related, and illness-related factors. The adoption of shared decision making in mental health should be promoted in mental health settings; psychosocial interventions aimed at improving the adoption of SDM in routine practice should be developed and disseminated.

ADDRESSING THE MENTAL HEALTH OF HEALTHCARE PROFESSIONALS IN TIME OF COVID-19.

WHAT HAVE WE LEARNED AND WHERE DO WE GO FROM HERE?

Antonio Lasalvia

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Italy was the first western country to be affected by the COVID-19 pandemic. Our country, as most countries worldwide, was caught somewhat unprepared to tackle an emergency of such a huge impact. The rapid spread of COVID-19 throughout the national territory and the dangerousness of the disease required a great amount of resources not promptly available at the beginning. The exponential increase in COVID-19 patients and the dramatically increasing need for intensive care unit surge capacity for the management of critically ill patients posed an extraordinary strain on health care systems of affected regions. In this context, healthcare workers - particularly those at frontline with COVID-19 patients - were under heavy workload conditions. This talk will present findings from a series of studies on health care professionals working in Verona, Italy, during the pandemic. Specifically, findings from a longitudinal study addressing the psychological impact of the pandemic (in terms of post-traumatic stress symptoms, anxiety, depression and burnout) on a large sample of healthcare professionals working in a tertiary university hospital and assessed at baseline, at 2 months and at 12 months will be first presented. Moreover, the psychological impact of the pandemic on a sample of General Practitioners working in the province of Verona will be presented (GPs have been on the frontline of the COVID-19 response, playing a crucial role in the containment of the pandemic in the community). Finally, findings from a more recent study assessing the psychological impact of the pandemic on a sample of mental health professionals working in both residential facilities and day care centers located in the province of Verona. These studies' findings are particularly relevant considering that Veneto, along with Lombardy, was the first

region in Italy to register a COVID-19 outbreak and has since been one of the most affected Italian regions; moreover, the province of Verona was the most burdened area in Veneto during the lock-down period in Italy, both in terms of deaths and infected cases. These studies' finding will hopefully serve to provide evidence for the directing and promotion of mental well-being among health care workers and to prevent the sudden increase of psychological distress and burnout in the event of new similar healthcare emergencies.

USE OF TIME, PHYSICAL ACTIVITY AND QUALITY OF CARE AMONG PEOPLE WITH SCHIZOPHRENIA SPECTRUM DISORDERS (SSD): THE DIAPASON PROJECT

DAILY TIME USE IN PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS (DIAPASON): A MIXED-METHOD ITALIAN MULTICENTRE STUDY

Agosta Sara*^[1], de Girolamo Giovanni^[9], Casiraghi Letizia^[2], Clerici Massimo^[3], Giobbio Gian Marco^[4], Paulillo Giuseppina^[5], Rocchetti Matteo^[2], Ruggeri Mirella^[6], Starace Fabrizio^[1], Vita Antonio^[7], Zanolini Stefano^[8], Zarbo Cristina^[9]

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Patients with Schizophrenia Spectrum Disorders (SSD) spend significantly less time in structured, functional and social activities and more time doing nothing than non-clinical populations. As a part of the DiAPason project (de Girolamo et al., 2020), we aimed at assessing the amount of daily time activities in patients with SSD using two different methods: (1) a paper-and-pencil time use survey (TUS) and (2) a real-time assessment, the Experience Sampling Method (ESM).

Seventy-three patients with SSD living in residential facilities, 51 outpatients and 102 healthy controls were included in this study. Patients underwent a comprehensive psychiatric evaluation to assess symptom severity. Moreover, all participants were requested to complete a paper-and-pencil daily diary twice in the same week and answered for 7 consecutive days (8 time per day) the notifications sent by a novel ESM smartphone application for the assessment of daily activities.

Adherence was excellent for controls and moderate for patients. Patients reported significantly more time sleeping or "doing nothing" compared to controls. Moreover, they indicated less time spent in productive activities and fewer social interactions compared to controls, both with the ESM and with the TUS. Comparison of residential and outpatients showed a better functioning of the second group: they were more involved in functional activities than residential patients. TUS and ESM reports were highly correlated.

Both a paper-and-pencil diary and ESM methods showed high reliability to assess daily activities of patients with SSD. Our findings underscore the need for specific programmes aimed at improving the numbers of hours spent in productive, leisure and social activities, especially for residential patients.

TIME PERSPECTIVE AND QUALITY OF LIFE IN SCHIZOPHRENIA (SSD): PRELIMINARY RESULTS OF THE DIAPASON STUDY

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Temporal dimensions and time perspective (i.e., the attitude towards past, present and future) are relevant for evaluation, treatment and rehabilitation of individuals with Schizophrenia Spectrum Disorders (SSDs). However, little is known about the link between time perspective and the Quality of Life (QOL) of patients with SSD. Therefore, in the framework of the DiAPason project, we have (1) explored the differences between patients with SSD living in Residential Facilities (RFs) and outpatients in terms of psychiatric severity, time perspective and QOL and (2) investigated the role of time perspective in predicting QOL of such population, controlling for the disorder severity.

462 patients with SSD (263 living in RFs and 199 outpatients) were included in this study. Patients were assessed with standardized assessment tools to rate symptom severity and QOL using the Brief Psychiatric Rating Scale (BPRS), the Brief Negative Symptom Scale (BNSS), and the World Health Organization Quality of Life - Brief version (WHOQOL-Bref). The Zimbardo Time Perspective (ZTPI) was used for the assessment of time perspective. Independent sample t-test and hierarchical linear regressions were performed.

There were no significant differences between outpatients and RF patients with regard to ZTPI and WHOQOL-Bref scores. Patients living in RFs displayed a more severe clinical picture compared to outpatients, as shown by higher ratings on BPRS and BNSS. Hierarchical linear regression showed significant effects of each ZTPI subscale (Past Negative; Past Positive; Present Hedonistic; Present Fatalistic; Future) on WHOQOL-Bref total score, even controlling for BPRS score. More accurate analyses are currently ongoing.

The preliminary findings of the DiAPason project highlight the importance of time domains for patients with SSD. The accurate investigation of the time domain can help understand their current lifestyle and promote strategies to improve their QOL.

PHYSICAL ACTIVITY IN PEOPLE WITH SCHIZOPHRENIA SPECTRUM DISORDERS AND HEALTHY CONTROLS: AN ITALIAN MULTICENTRE STUDY

de Girolamo Giovanni*^[1], Agosta Sara^[2], Calza Stefano^[3], Casiraghi Letizia^[4], Clerici Massimo^[5], Crouter E Scott^[13], Ekelund Ulf^[6], Giobbio Gian Marco^[7], Paulillo Giuseppina^[8], Pogliaghi Silvia^[9], Rocchetti Matteo^[4], Rota Matteo^[3], Ruggeri Mirella^[10], Starace Fabrizio^[2], Vita Antonio^[11], Zanolini Stefano^[12], Zarbo Cristina^[1]

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Many people with Schizophrenia Spectrum Disorders (SSD) spend most of their daily time being inactive, and this is related to the severity of negative symptoms. Patients with SSD show lower Physical Activity (PA) levels when compared to healthy controls. Our aims, as part of the DiAPason project, were to: 1) compare PA outcomes in outpatients (OUT), patients living in residential facilities (RF), and healthy controls (HC); and 2) explore the association between PA and clinical markers.

Seventy-nine RF patients, 51 OUT and 102 HC were included. Patients were assessed to rate the severity of symptoms and general functioning: the Brief Psychiatric Rating Scale (BPRS), the Brief Negative Symptom Scale (BNSS), the Specific Levels of Functioning Scale (SLOF) and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). Additionally, all participants worn an ActiGraph GT9X Link for seven consecutive days on the wrist.

Preliminary results on a subsample of 18 subjects for each group show no significant differences between OUT and RF patients, and between OUT and HC with regard to PA. RF patients were significantly different from HC in terms of selected PA indices: (1) reduced total Moderate to Vigorous Physical Activity - MVPA (i.e. in minutes; RF patients: mean 558.1+438.1; HC: mean 1150.4+473.0, F 7.70, p .002); (2) higher sedentary bouts' length (i.e. average in minutes; RF patients: mean 25.3+3.58; HC: mean 21.5+1.6, F 3.16, p .05). We found significant negative correlations between PA indices and the severity of negative symptoms, as well as functional impairment. Analyses of the overall sample are ongoing.

This is the first actigraphy study done in Italy among people with SSD. Given the paramount importance of PA to prevent physical comorbidity and improve subjective wellbeing and cognition, these results provide important information to plan and implement rehabilitative programmes for such patients.

QUALITY OF RESIDENTIAL FACILITIES IN ITALY: AN ANALYSIS OF QUIRC-SA RATINGS AND THEIR ASSOCIATION WITH RESIDENTS' PERSPECTIVE AND QUALITY OF LIFE

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In Italy, a growing number of people with severe mental illness (SMI) require care in residential facilities (RFs). However, studies about resident samples have been few. Within the 'DiAPason' project, the aims of this study were to explore the quality and the main characteristics of RFs and patients with Schizophrenia Spectrum Disorders (SSD) in each RF's typology, and to investigate the impact of RF quality to the QOL and perception of care of residents.

The survey involved 48 Italian RFs: 35.4% were high intensity rehabilitation (HIR) RFs, 31.3% were medium intensity rehabilitation (MIR) RFs; and 33.3% were medium-low level support (M-LLS) RFs. One hundred sixty-four patients with Schizophrenia Spectrum Disorders (SSD) were recruited. Severity of psychopathology (BPRS, BNSS),

functioning (SLOF) and perceived functioning (WHODAS), quality of life (WHOQOL), satisfactions towards services (VSSS-32) and RF atmosphere perception (WAS) were collected. RFs managers fulfilled the QuIRC-SA. Descriptive analyses and linear regressions were done.

The QuIRC-SA showed the worst score for all RFs in the 'Recovery Based Practice' domain (45.8%), the best ratings were for M-LLs and the worst for MIR. Overall, residents in M-LLs showed the least severe psychopathology (p=0.017) and the highest perceived quality of life (p=0.020). The 'Human Right' domain impact on the perceived quality of life (p=0.013), the 'Recovery Based practice' domain influence the satisfaction towards services (p=0.045), and 'Living Environment' (p<0.001), 'Therapeutic Environment' (p=0.015), and 'Recovery Based Practice' (p=0.027) domains impact on the ward atmosphere perception.

Despite the international recommendations to develop recovery-oriented practices in RFs, study results show that the achievement of this goal is already far and it is necessary to focus on the acquisition of the necessary skills to support personal recovery, empowerment and self destigmatization in patients of RFs.

VULNERABLE AND MARGINALISED POPULATION

GENDER ROLE NORM EXPECTATIONS AND PSYCHOSOCIAL CRISES

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Gendered patterns of help-seeking behavior for mental health problems may be related to prevailing societal gender role expectations. These expectations are also affected by factors associated with migration and differing cultural socialization. The main aim of this study was to explore perceptions of psychosocial crises, expectations regarding emergency care for crisis patients, and pathways to emergency care incorporating a gender and migration perspective.

The study was part of an intervention study on emergency after-care for young adults in psychosocial crises exhibiting suicidal behavior.

For the purpose of this study a series of eight focus groups were conducted between November 2018 and February 2020 in Berlin.

This study covers the stages of contemplation, preparation and action of the transtheoretical model (Prochaska & DiClemente, 1983). Internalized gender role expectations appeared to affect all of these stages. Female as well as male participants viewed abilities to recognize and cope with psychosocial distress and the resulting help seeking behavior through a gendered lens, suggesting that stereotypical ideas about male versus female behavior also influenced their perceptions of others' actions.

In order to reach men and women in crises equally, public health efforts need to specifically target gender norms in communicating prevention methods and help-seeking.

PREVENTION AND FREE TOPICS

THE IMPACT OF AN ANXIETY/DEPRESSION AND SUBSTANCE USE PREVENTION PROGRAM ON GENERAL AND SPECIFIC DIMENSIONS OF PSYCHOPATHOLOGY IN ADOLESCENTS

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Strong support exists for a hierarchical, dimensional conceptualization of psychopathology. A general factor of psychopathology sits at the top of this hierarchy and accounts for a broad vulnerability to experience any mental or substance use disorder. More specific factors such as internalizing and externalizing sit beneath the general factor. This study aims to determine whether an internet-based universal program for the prevention of anxiety/depression and substance use problems have differential effects on general and specific psychopathology factors.

Data come from the Climate School Combined (CSC) study, a cluster-randomised controlled trial of universal prevention for anxiety/depression and substance use problems in 6641 adolescent school students (mean age 13 at baseline). Confirmatory factor analyses of indicators drawn from answers to survey items across a range of depression, anxiety, psychological distress, alcohol use and drug used scales were used to model general and specific psychopathology factors. Bayesian plausible values (BPVs) were estimated from these models and used as outcome variables in mixed effects linear regression.

Analyses are underway. Confirmatory factor analyses demonstrated that a two-factor (externalizing and internalizing) correlated factors model fit the data well. General psychopathology was estimated from a one factor model with the same indicators. Estimation of BPVs and differences across intervention groups in these estimated BPVs have yet to be carried out.

This study will yield important information about the specificity versus generality in the impact of a prevention program on emergence and development of psychopathology across the adolescent period. These findings will have implications for the conceptualisation of targets for prevention of a broad range of psychopathology.

COMMUNITY MENTAL HEALTH CENTERS IN SLOVENIA - ACHIEVEMENTS AND PERSPECTIVES

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The call for human rights protection and person centred care of people with mental health problems is in the last WHO recommendation about mental health service provision. Mental health care in Slovenia is still hospital based and is unevenly distributed. In 2018 the new National Mental Health Plan was adopted and the first implementation phase has been evaluated in 2020. The data about one of Community Mental Health Centre (CMHC) for adult population was gathered regarding

service provision, accessibility and cooperation among stakeholders. Data about education of CMHC staff was gathered. An assessment instrument was prepared for evaluation of satisfaction with CMHC. WHO consultation was provided.

Since 2019 to 2020 ten CMHC for adult population were established involving all together 4247 patients in ambulatory and 2114 patients in mobile team treatment. Transdisciplinary educational modules were developed for professionals in CMHC with emphasis on ethics, equity and human rights protection, person centred care, cooperation and communication with stakeholders. WHO Mission Statement Report was prepared by WHO Commission that highlights high level of universal health coverage. The threat of lack of coordination, fragmentation and protectionism of the institutional care model were cautioned against. On the local level strong connection with family doctors was proved and rehospitalizations of patients involved in CMHC were reduced. The educational model and organization of care in CMHC is an opportunity to improve patient centred and human rights approach if connections with civil society and other regional service providers will be adequately established.

Significant steps were taken to improve mental health service provision and accessibility. Cooperation among stakeholders is not yet fully achieved. There is a need to increase service user involvement especially in the time of epidemics.

INTEGRATION OF MENTAL HEALTH IN PRIMARY CARE SERVICES IN EGYPT

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The General Secretariat of Mental Health and Addiction Treatment (GSMHAT) is a governmental body dedicated to the provision of mental health services and drug dependence treatment and rehabilitation including inpatient psychiatric hospitals, outpatient mental health care centers and primary health care services. The majority of primary health care doctors and nurses have not received official in-service training on mental health before 2018.

The ultimate goal to accomplish a more integrative and sustainable implementation of the mhGAP in the primary health care units for fulfilling its primary aim of establishing "accessible" mental health services covering the whole population with mental health problems in balanced way with proper geographical distribution.

The training of the trainers was started in October 2018 until now, 40 psychiatrists were trained on modules of mhGAP intervention guide that was released by world health organization (version 2.2).

Field training was conducted in four runs over five governorates; each training course was done over 10 days duration.

Field trainees were mainly family physicians, with fewer psychologists, high nurses and social workers according to their availability in the different regions.

500 primary health care providers were participate in field training. Training was done by 20 psychiatrists who were certified as a field trainers on mhGAP from world health organization.

Evaluation of the services include five domains (values, communication skills, assessment, management, collaboration and referral).

The National Recommendations for mental health services in primary sectors in Egypt released on March 2019.

Electronic program developed for Referral System; to connect between primary, secondary and tertiary levels of services (used in referral and follow up).

In 2019 for the first time policy makers in Ministry of Health approved the family physicians in primary care units to prescribe Psychotropic medications.

PRELIMINARY FINDINGS OF A PET/MRI STUDY IN CONVERSION DISORDER

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Conversion disorder (CD) is a condition that affect voluntary motor and sensory functions which mimic neurological disorders but also cannot be based on an organic basis. The diagnosis may be difficult due to lack of specific symptoms and laboratory findings.

Conversion symptoms are more common on the left side of the body, in women and people with neurological disease suggesting that biological factors may influence the development of CD. However, although the few neuroimaging studies available so far detected some abnormal brain findings, they are not consistent and we still do not have an adequate explanation for the pathophysiology of CD.

Integrated PET/MRI, which provides simultaneous evaluation of both structural and metabolic aspects of the brain, is an efficient and highly accurate method that has the potential to be a new standard tool in some cerebral diseases and neuroimaging research. As far as we know, there are no studies with integrated brain PET/MRI in CD. In the present study, we aimed to investigate the neurobiology of CD through integrated brain FDG PET/MRI. Patients admitted to psychiatry outpatient clinic diagnosed with CD according to DSM-5 diagnostic criteria were included in the study. Neurological and mental status examinations and brain PET/MRI scans were performed. Patients using psychotropic drugs were asked not to take any medication at least 24 hours before the scan.

12 patients with CD were included in the study.

Metabolic activity of all prefrontal cortex (PFC) regions were positively correlated with anterior cingulate cortex (ACC). ACC metabolisms were positively correlated with right sensorimotor (SM), bilateral temporal and parietal cortices. Additionally, PFC regions and ACC were positively correlated with cerebellum. PFC, ACC, cerebellum and right SM, parietal inferior, temporal lateral cortices were found to have increased metabolism by at least 1 SD.

This preliminary study may help identifying likely neural correlates of CD.

SUPPORTED EDUCATION: THE FORGOTTEN PATH TO EMPLOYMENT WHAT HAVE WE LEARNED THROUGH RESEARCH AND EXPERIENCE IN U.S., NETHERLANDS, SWEDEN?

OVERVIEW OF SUPPORTED EDUCATION (SED)

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The onset of mental health conditions generally occurs between the age of 17 and 23. In this age period of late adolescence and early adulthood, many young adults complete high school and subsequently enter postsecondary education or employment. Youth and young

adults with mental health conditions and/or psychiatric disabilities face considerable challenges in educational attainment and employment. More than 50% drop out of high school (Armstrong, Dedrick, & Greenbaum, 2003) — the highest dropout rate of any disability group. Additionally, students with psychiatric conditions have a post-high school employment rate of only 50% (Wagner & Newman, 2012). Even when young adults with psychiatric disabilities attend college, they experience longer delays in entering college (Newman et al., 2011), and exhibit high dropout rates (Salzer, Wick, & Rogers, 2008).

Educational attainment is strongly linked with employment status and wage earnings (e.g. U.S. Department of Labor, 2010) and consistently predicts later employment among adults with mental illness (Burke-Miller et al., 2006; Ellison et al. 2008; Rogers, Anthony, Lyass, & Penk, 2006; Ellison et al., 2017). Since the 1980's, Supported Education has evolved into an acknowledged and researched approach to increase educational attainment, and more recently, merges with efforts in employment to help students develop careers.

This Symposium will review developments across countries in innovations to help such young adults reach their educational goals. The first presentation will discuss definitions of SEd, principles underlying the approach and review the predominant models of this intervention as practiced in the U.S. and adapted in other countries.

Supported Education now has a knowledge and empirical base as a promising practice that can help guide the international development of new initiatives in this field to address the educational and career aspirations of young adults with mental health conditions.

SYSTEMATIC REVIEW OF SUPPORTED EDUCATION, 2009-2020

Korevaar Lies

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The second paper of the Symposium focusses on a literature review conducted of the research evidence on the effectiveness of SEd interventions. This study follows-up the first review of SEd literature (2009), by examining SEd effectiveness research that has been conducted over the intervening decade.

A systematic review of peer-reviewed studies was performed using the EBSCO host Complete browser and focused on studies with effectiveness data published in English or Dutch/Flemish between 2009 and 2020. In addition to a review of the effectiveness of SEd, the studies were analyzed for their rigor and meaning. The protocol guide of the international prospective register of systematic reviews was followed.

A total number of eight studies were eligible. The evidence was significant in six articles and indicated a positive impact of SEd on the educational, cognitive, social, and clinical functioning of students with mental health conditions.

Ratings for rigor resulted in a mean score of 3 (i.e., adequate) with limited data on meaningfulness. Each study presented data on indicators of participation in residential, vocational, educational or social domains.

The evidence tentatively indicates the added value of SEd interventions to the functioning of students with mental health conditions. Review of the effectiveness of SEd was difficult due to generally small research populations, differing interventions, populations, and outcome measures, and incomplete descriptions of interventions and methodology. To improve the quality of research on this subject, future studies should overcome the identified shortcomings by means of incorporating a power analysis,



Abstract Book

a control group, unambiguous outcome measures, and complete descriptions of interventions and methods.

SUPPORTED EDUCATION IN THE NETHERLANDS

Hofstra Jacomijn

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The third paper in the Symposium will discuss Dutch experiences with SEd. Although young people with psychiatric disabilities often attempt college, they often meet with overwhelming obstacles, including stigmatization, social exclusion and discrimination. Young people with psychiatric disabilities are in a need of extra support to get access to college and/or to remain at college. Mental Health and Educational professionals who attempt to help people with psychiatric disabilities to be successful and satisfied in educational situations, often lack the knowledge and skills required to implement the comprehensive and individualized support interventions that are needed. Supported Education (SEd) is best known as a recovery supportive and psychosocial rehabilitation intervention to help people with psychiatric disabilities to pursue and achieve their educational goals.

Based on the need for mainstream education, in 2004 the Research & Innovation Centre for Rehabilitation of the Hanze University Groningen started a SEd Research & Innovation program. The aim of the program has been to develop and disseminate Supported Education information, services and products to help (young) people with psychiatric disabilities to start and/or to continue mainstream education. In the presentation an overview of recent and current SEd projects and research in the Netherlands will be presented.

The Dutch experience speaks to both the transferability of the concept of Supported Education and new innovations that are constantly being developed in this emerging field.

SUPPORTED EDUCATION IN SWEDEN

Rosenberg David

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The fourth paper of the Symposium presents the Swedish perspective. While there is a growing recognition of the fact that both education and employment are necessary components when building a sustainable working life, mental health systems have not widely implemented integrated services for this target group. An earlier project included a review of the international literature, and an investigation of current services in Sweden, pointed to a more holistic and long-term career concept as a guiding principle for integrating supported vocational and educational services.

A newly financed project will be investigating the development and effects of intergrating Supported Education into IPS services when working with young adults with mental health problems. We will be testing the IPS-Y (IPS Fidelity Scale for Young Adults) at 9 sites in Sweden, with a focus on young adults pursuing educational goals. The study will explore the feasibility of the integrated fidelity scale, educational as well as career and recovery-oriented effects and organisational perspective on financing and prioritising these services.

The study discussed is new and so findings are premature. The most recent studies are now focussed on the

achievement of educational goals as a pathway to employment.

CRISIS AND MENTAL HEALTH IN SPAIN IN THE XXI CENTURY: FROM THE FINANCIAL CRISIS TO THE COVID PANDEMIC

THE PREVALENCE (LIFE TIME AND ONE YEAR) OF COMMON MENTAL DISORDERS, USING DATA OF THE GALICIAN STUDY OF MENTAL DISORDERS CARRIED OUT ON A REPRESENTATIVE SAMPLE OF GALICIAN ADULT POPULATION

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SUICIDE HIGH RISK POPULATION GROUPS IN SPAIN DURING 21ST CENTURY

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Suicide is a major contributor to global mortality and the leading cause of violent death. Characterizing temporal variations in suicide mortality rates is important for public health and healthcare planning, as well as to guide the generation of new causal hypotheses. In Spain, a country with one of the lowest suicide rates across Europe, there is generalized concern that suicide mortality may have increased over the last decade, in the context of the 2008 great economic recession, as major economic downturns and especially peaks in unemployment are generally associated with peaks in suicide. Notwithstanding, there is no evidence of a recent increase in suicide in Spain, despite hot debate in the scientific literature. An important and understudied aspect is that, by studying the whole population altogether, researchers are typically not able to detect effects specific to particularly vulnerable groups as defined by age, gender, birth cohort, socioeconomic status, race/ethnicity, etc. In other words, we may be missing the trees for the forest. For instance, recent evidence indicates that 2000-2018 increases in suicide mortality in the U.S. were largely driven by young birth cohort effects among racially minoritized people. Here, we will examine the evidence on suicide mortality in Spain between 2000-2019 and provide specific insights on vulnerable groups, critically evaluating the implications of our findings both for public health purposes and for causal inference.

MONITORING CHANGES IN POPULATION MENTAL HEALTH ASSOCIATED WITH THE COVID-19 PANDEMIC: A USE CASE IN THE PHIRI JOINT ACTION

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The Joint Action Population Health Information Research Infrastructure (PHIRI) aims to facilitate and support open, interconnected, and data-driven research through the sharing of cross-country COVID-19 population health

information and exchange of best practices related to identification of data sources, access, assessment and reuse of data on COVID-19 determinants, risk setting and outcomes.

The Work Package 6 (WP6, Research Use Cases Measuring the Impact of COVID-19 on Population Health) is aimed at conducting research through use cases of immediate relevance for public health policies and management of the COVID-19 pandemic, and to facilitate further research by making scalable, reproducible methods available within PHIRI. Individuals with mental health risk factors or mental disease are most commonly affected by COVID-19 confinement measures and the impact of the COVID-19 pandemic. Analyzing register and survey data, the case study proposed following research question (RQ): Has the mental health status (depression/anxiety) of the general population changed during the COVID-19 pandemic?

This RQ will be addressed in two ways: 1) register data, using indicators such as prescription of antidepressants and anxiolytics, visits to primary care or specialist care with an episode of depression/anxiety, etc; and 2) survey data, indicators of depression/anxiety of the general population based on validated rating scales or self-reported depression/anxiety. The outputs of the Use Case D, together with those of the rest of use cases, will be processed by formalizing data models, data management processes and analytical pipelines in an interoperable way to feed into the federated research infrastructure (WP7

COMMUNITY CARE STRATEGIES AND FUTURE PERSPECTIVES

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A community-based approach is nowadays worldwide considered essential for the care of mental health. As demonstrated by the publication of the "Guidance on community mental health services: promoting person-centred and rights-based approaches", released in June 2021 by the World Health Organisation. The main components of a community-based system of care are Community Mental Health Centres (CMHCs) and services oriented to rehabilitation and recovery, like Day Care Centres and non-hospital residential facilities. In these models, psychiatric wards in general hospitals should be only devoted to acute cases that cannot be treated outside the hospital. The evidences of the efficacy of community-based approach are numerous. Nevertheless, for many reasons, its application is still scarce or neglected in many countries. Examples of hospital-based systems, still with the existence of large state mental hospitals, are also present in developed, high income countries. International and grey literature showing the patchy distribution of mental health system of care worldwide and the variety of approaches within countries that already adopted the community care will be presented. After the Italian Psychiatric Reform in 1978, when the history of Italian psychiatry has definitely changed moving from a hospital-based system of mental healthcare to a community-based one, Italy has become an important laboratory to assess

how community-based models work and which are the barriers and the facilitators to implement such system of care. For these reason, surveys conducted in Italy, or comparing Italy with other countries, will be discussed. Finally, community care strategies are showing promising current and future developments: the most relevant are: i) moving from the concept of rehabilitation towards that of recovery, ii) the use of new digital technologies that have been urged by the COVID-19 pandemic, and iii) the focus on mental health prevention and promotion in the community, in schools and in workplaces. These future developments will be presented and discussed.

Poster

HOW DOES THE COVID-19 PANDEMIC AFFECT THE PERSONAL AND CARE REALITIES OF PEOPLE WITH A SCHIZOPHRENIA SPECTRUM DISORDER? A QUALITATIVE INTERVIEW STUDY.

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The COVID-19 pandemic is one of the biggest societal challenges in recent decades, influencing most people's lives. This study aimed to establish a better understanding of the personal and care realities of people with a schizophrenia spectrum disorder (SSD) in the pandemic. Using an exploratory qualitative design, semi-structured in-depth interviews were conducted with 30 people with an SSD. Volunteers were recruited from in- and outpatient facilities in Vienna, Austria. Interviews were conducted face-to-face, audio-recorded, and transcribed verbatim. Data were analysed using thematic analysis.

Several major themes were identified. First, "Pandemic life is a deprived and surreal life". Participants reported a drastic breaking-away of normal everyday activities and social interactions, which were essential pillars for their mental stability. The pandemic was also associated with a strange or threatening atmosphere, fuelled by local outbreak response measures and media coverage. Second, "Bio-psycho-social support systems were struck at their core and severely compromised". The pandemic forced professional care systems, on which study participants relied, to suspend their services or switch to (often less helpful) makeshift substitutes or remote support. This was especially critical when a support service was the main source of social contact or daily structure. Last, "There is a complex interplay between one's prior experience of psychosis and the experience of the pandemic". Whilst having an SSD might render people psychologically vulnerable to certain facets of the pandemic, experience of personal crisis can also be a source of transferable knowledge and skills that enable better coping.

The pandemic directly undermined individual coping strategies and professional support systems previously helping people with SSDs maintain their mental stability. A priority in psychiatry must be upholding adequate bio-psycho-social care, especially in a global crisis situation.

TARGETING METABOLIC ABNORMALITIES IN SEVERE MENTAL DISORDERS

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People with severe mental disorders (SMI) have a shorter life expectancy of 10-20 years than the general population, mainly due to physical comorbidities. Patient lifestyle-related risk factors (eg smoking, alcohol abuse, lack of physical activity, sedentary lifestyle, unhealthy diet) as well as the use of psychotropic medications are likely to be involved. Therefore, it is of paramount importance to develop and implement strategies that can prevent and address the problem of physical comorbidity in SMI, and it is also essential to raise awareness among health professionals about these insidious and life-threatening conditions.

A comprehensive literature search was run in order to compile an up-to-date narrative review. The aims were 1) summarize the metabolic abnormalities in both psychosis and depressive disorder, 2) identify treatment and prevention strategies.

We found that SMI are associated with increased cardio-metabolic alterations and lower physical fitness. Two types of interventions, pharmacological and non-pharmacological ones, can be applied to prevent the onset of cardio-metabolic diseases or to reduce their effects in patients who have already manifested some alterations. Comprehensive weight and health management programs, including physical activity, nutrition therapy and lifestyle psychoeducation can be considered more effective than a single-mode approach in preventing and treating cardio-metabolic diseases. Psychotropic medications can cause side effects, including weight gain and metabolic derangements that are often difficult to manage. In this regards, several guidelines have been developed, and provide recommendations regarding the monitoring and management for cardio-metabolic risk factors diseases.

Despite the evidence that various interventions (eg, improving physical activity) work and different editorials have required action, "lifestyle interventions" are still limited in routine clinical care.

IMPACT OF TRAUMATIC EXPERIENCE AND EFFECTIVENESS OF A BROAD FORM OF ENHANCED COGNITIVE BEHAVIOURAL THERAPY (CBT-EB) PLUS EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) VERSUS CBT-EB EFFICACY IN PATIENTS WITH EATING DISORDERS.

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Many studies documented high rates of trauma in patients with eating disorders (ED). Trauma could lead to worse treatment outcomes, such as uncomplete remissions or relapses. For these reasons, international guidelines recommend to be alert to signs of prior trauma (e.g. bullying, teasing, neglecting and abusing) during assessment and treatment. Specific treatments of trauma, such as Eye Movement Desensitization and reprocessing (EMDR), could improve patients' outcomes. However, no

randomized controlled trials (RCT) targeting traumatic events have been conducted in patients with ED so far.

The aim of the study is to evaluate the effectiveness of EMDR plus broad form of Enhanced Cognitive Behavioural Therapy (CBT-Eb) versus CBT-Eb alone in patients with ED. The primary outcome is the change of the Eating Disorder Examination (EDE), a score of severity of ED. For this purpose, we are recruiting patients from Centre for ED in Verona Hospital. Patients are randomly assigned to one of the two treatments: CBT-Eb plus EMDR or CBT-Eb alone. Randomization is stratified according to BMI (≤ 17.5 vs > 17.5 kg/m²) and presence of trauma (yes vs no). All patients are assessed with EDE and other tools that describe their clinical characteristics at the baseline, at the end of treatment and after 6 months of follow-up.

The sample size is of 80 patients, 74 have been enrolled so far. We expect that EMDR plus CBT-Eb will reduce the severity of the ED as compared to CBT-Eb alone, in particular in patients with trauma history. In addition, we expect that a combination of CBT-Eb and EMDR would enhance also the remission rates.

To our knowledge this is the first study that evaluates the effectiveness of EMDR plus CBT-Eb for the treatment of ED. This study may serve as a basis for a larger RCT with stronger outcomes. This approach may be particularly promising for those patients resistant to treatment partly due to the presence of traumatic experiences.

DATA-DRIVEN CATEGORIZATION OF HEAVY USERS OF PSYCHIATRIC SERVICES

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Mental disorders are a common and oftentimes chronic cause of disability that may require psychiatric inpatient treatment (PIT) for adequate therapy. However, some patients demonstrated heavy service usage (HU), potentially reflecting disease severity, a lack of treatment response or a lack of adequate response by mental health care.

Patients aged 18-25 years that had received PIT between 2010 and 2015 at the University Hospital Tulln, Austria were investigated for HU. Established criteria, as well as model-based clustering of service usage with variable selection were applied.

Of 390 patients (mean age at last admission: 20.6 years; 51.8% female), 35.6% showed HU defined by ≥ 2 admissions within at least one year of the reference time, or a PIT ≥ 35 days. 12.1% of patients were identified as HU by a longitudinal definition (admissions averaged per year since first admission ≥ 2). Model based clustering suggested a stratification of five clusters that were mainly driven by the number of admissions (total, averaged per life year, and per year since first PIT), child and adolescent psychiatry admissions and years lived since the last admission. Next to two clusters of patients with a singular admission, and with long admission free intervals, a "undecided" cluster of patients with short observation periods and unknown trajectories, as well as two HU clusters were identified. All definitions of HU showed increased rates of suicidal ideation (68.1% vs 45.6%) and endangerment of self- and others (57.1% vs. 43.6%).

While HU is an urgent and concrete challenge for health care systems as well as patients, optimal definition criteria

and their prognostic value remain shrouded. Different established criteria and data-driven approaches are leading to incongruent risk stratifications, however, agree on a core group of patients with higher rates of child psychiatry admissions and frequent PITs that present also as clinically challenging by higher rates of life-threatening symptoms.

NEEDS OF PATIENTS WITH A SCHIZOPHRENIA SPECTRUM DISORDER IN DIFFERENT EUROPEAN COUNTRIES

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Background:

Studies analysing the needs of schizophrenia patients in community services from different European countries are scarce. Thus, our aim was to assess the needs of such patients in several European countries using identical methods (based on data from the EU-VIORMED study).

Methods:

158 patients with schizophrenia spectrum disorders, aged between 18-65 years, were recruited from community psychiatric services in Italy, Germany, Poland, Austria and the United Kingdom. They were matched to forensic patients who had committed a serious violent crime (forensic data presented separately). For the assessment of needs, the 22 domains of the Camberwell Assessment of Need (CAN) were used. Psychotic symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS). Multiple linear regression analyses were used to identify predictors for the numbers of total and unmet needs.

Results:

Patients reported a higher total number of needs ($m=5.80$, $sd=3.22$) compared to psychiatric staff ($m=4.96$, $sd=3.12$). Similarly, the number of unmet needs was slightly higher in the patients' self-assessment than according to staff assessment ($m=1.74$, $sd=1.71$ vs. $m=1.27$, $sd=1.67$). The total number of needs was significantly positively associated with the duration of illness ($\beta=0.08$; $p=0.002$). Staff reported a higher number of needs more frequently among those with a longer duration of illness ($\beta=0.07$; $p=0.004$) and those with a higher score of negative symptoms according to PANSS ($\beta=0.14$; $p=0.002$). According to staff unmet needs were more common among those with a higher PANSS negative score ($\beta=0.07$; $p=0.011$), though no significant predictors for patients' assessment of unmet needs were identified.

Conclusions:

Since patients themselves report higher numbers of total needs and of unmet needs it is important to consider the patients' views. In addition, it is surprising that we could not find any significant predictor for patients' assessment of unmet needs.

ALCOHOL-RELATED DEATHS IN THE EUROPEAN REGION: DECLINING TRENDS OVER DECADES

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Alcohol is an important risk factor for morbidity and mortality, especially within the European region. Differences in per capita consumption and drinking patterns are possible reasons for regional differences and diverging trends in alcohol-related health outcomes.

Twenty-nine countries within the World Health Organization (WHO) European region were evaluated for trends and predictions in alcohol-related deaths within the last four decades using data available from the WHO Health for All database.

Between 1979 and 2015, age-standardised death rates due to selected alcohol-related causes decreased significantly for both sexes in all assessed countries of the WHO European region, but regional differences are still pronounced. Assuming a similar trend in the future, the model predicted a further decrease until the year 2030.

Even though alcohol-related mortality may have decreased within the last decades, the detrimental effects of alcohol consumption and alcohol dependence remain a considerable burden of disease within Europe.

ACCEPTANCE AND COMMITMENT THERAPY (ACT) PLUS BROAD FORM OF ENHANCED COGNITIVE BEHAVIOURAL THERAPY (CBT-EB) IN PATIENTS WITH ANOREXIA NERVOSA AND CLINICAL PERFECTIONISM. A PILOT STUDY.

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Many studies have highlighted the effectiveness of Enhanced Cognitive Behavioural Therapy (CBT-Eb) that acts on ED and also on the disease's maintenance factors, such as clinical perfectionism. However, the literature also highlights incomplete remissions of ED symptoms after CBT-Eb. Many studies documented the positive association between perfectionism and the severity of ED symptoms, and the role that perfectionism could play in maintaining symptoms typical of Anorexia Nervosa (AN). Acceptance and Commitment Therapy (ACT) has led to substantial improvements in diagnoses related to perfectionism, suggesting that it could be a useful treatment for clinical perfectionism. The association between CBT-Eb and ACT may contribute to improvement and the remission of symptoms related to ED.

The aim of the pilot study is to obtain the preliminary clinical data of the association of ACT to CBT-Eb in patients with AN and clinical perfectionism, in order to start a

possible randomized controlled clinical trial (RCT) which will evaluate the effectiveness of this association. For this purpose, a non-randomized recruitment of 10 subjects with AN and clinical perfectionism, belonging to the Center for ED in Verona Hospital, was started. All subjects receive CBT-Eb (20 sessions for clients with BMI>17.5 and 40 for clients with BMI≤17.5) plus 10 sessions of ACT, regardless of BMI. The primary outcome is the change in severity of the AN, as measured by the scores of the Eating Disorders Inventory (EDI.3). Assessments was performed at the baseline, at the end of the CBT-Eb sessions, at the end of the ACT sessions and after 6 months post-treatment.

We expect that CBT-Eb plus ACT will ameliorate the severity of the AN as compared to CBT-Eb alone, in patients with clinical perfectionism. Moreover, we will explore if the observed amelioration lasts at 6 months post-treatment.

The results of this study could provide an interesting contribution regarding the treatment of ED.

GENDER AND GEOGRAPHIC DIVERSITY IN HIGH-IMPACT PSYCHIATRIC PUBLICATIONS

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Gender parity and authorship diversity are declared goals in the publishing world in academic medicine.

In the present study, all articles published in 2019 in the American Journal of Psychiatry, the British Journal of Psychiatry and JAMA Psychiatry were included and compared with data from three points in time starting in 1994. Descriptive statistics were gathered and Chi-Square-Tests were performed. All tests were conducted as two-tailed and p-values <0.05 were considered to be statistically significant. Inter-rater reliability was calculated via Cohen's Kappa.

In 2019 a total of 473 articles were published, which was a considerable decrease from 950 in 1994. 40% of all authors listed, 42.3% of first authors and 29.4% of senior authors were female. In original research articles female first authorship reached 50.4%. Since 1994 female first, female senior and female overall authorship has increased. Between 2014 and 2019 overall senior authorship in all articles as well as first and senior authorship in original research articles plateaued. In non-original-research articles female first authorship increased between 2014 and 2019, whilst female senior authorship plateaued. Geographic diversity was low and did not change over time. Gender parity in the subcategory original research articles was reached for the first time in 2019. Senior female authorship and geographic diversity remain areas of concern.

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