

mental health services during the pandemic. In the beginning, the only services maintained were in-hospital and emergency services, while daily hospitals and ambulatory visits were disrupted. Psychiatric resources were not formally implemented in the treatment and management of COVID-19 and majority of mental health workers remained within the boundaries of psychiatric services. In the following period, some of the services reopened, with reorientation to online provision. However, the interference of services gradually occurred as the second wave started, with some psychiatric departments being repurposed for non-psychiatric use. Psychiatric care was organized in some of the COVID-19 departments as liaison service. Some of the psychiatric services offered consultation and prevention of burn-out for frontline personnel. Lastly, as the University hospital centre Zagreb was implementing the flexible assertive community treatment teams for persons with severe mental illness through the Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe (RECOVER-E) project in the period from 2018-2022, we investigated the effect of this service on the health outcomes during the pandemic and found it superior compared with the standard treatment.

Disclosure: No significant relationships.

Keywords: Mental Health Services; pandemic; flexible assertive community treatment teams

W0012

Promoting physical distancing and not social distancing: When the words matter

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As COVID-19 began to plague the world, the term ‘social distancing’ was frequently used, encouraging people to keep a safe physical distance from others to reduce the transmission of the virus. Despite being well-intended, the term has negative implications, further isolating vulnerable groups in society by evoking feelings of rejection and exclusion. For this reason, the members of the European Psychiatric Association Ethics Committee wrote an e-letter in response to an opinion piece published by Science (<https://science.sciencemag.org/content/367/6484/1282/tab-e-letters>), and also wrote to the European Psychiatry (<https://doi.org/10.1192/j.eurpsy.2020.60>) and the World Health Organisation explaining why the term ‘physical distancing’ should instead be used among policymakers, governments and the general public. Words are important and carry great meaning. Therefore, by using the term physical distancing and not social distancing the message becomes clear, individuals should remain physically distant but socially connected to protect the vulnerable communities in societies. The World Health Organisation, as well as the Lancet journals, adopting the term physical distancing in replacement of social distancing, was a rewarding and important step in the right direction.

Disclosure: No significant relationships.

Keywords: EPA Ethics Committee; Vulnerable groups; physical distancing; Socially connected

W0014

The impact of lockdown measures on the mental health of the general population: Results from a national multicentric study

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The COVID-19 pandemic and the related containment measures, such as lockdown, are affecting mental health of the general population worldwide. This is an unprecedented event, which is influencing the health care, political, economic, and social welfare systems. Among Western countries, Italy has been one of the first severely hit by the pandemic in terms of number of cases and mortality rates. On March 8, 2020, the Italian Prime Minister issued restrictive measures in order to limit the spread of the disease. During this period known as “Phase one” of the national health emergency, all not necessary activities have been closed, more than 29,000 people have died and almost 100,000 people have been home-isolated, with strict lockdown measures. The COvid Mental hEalth Trial (COMET) network, including ten university Italian sites and the National Institute of Health, has promoted a national online survey in order to evaluate the impact of lockdown measures on the mental health of the Italian general population. The COMET survey reports data from a large sample of more than 20,000 people from Italian general population, showing that lockdown has had a detrimental impact on mental health, in terms of worsening of anxiety, depressive and stress symptoms. Findings from this study can be useful to inform national and international associations, policy makers and stakeholders on the importance to provide adequate support to the mental health of the general population.

Disclosure: No significant relationships.

Keywords: lockdown; Anxiety; Depression; mental health

Educational

Psychiatric genetics: What a european psychiatrist should know in 2021?

W0015

What is the genetic architecture of major psychiatric disorders?

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Taken as a whole, psychiatric disorders are considered as complex genetic disorders. There are clear genetic mutations and susceptibility factors to these disorders. However, these form the full spectrum of impact, frequency, and mutation type. With rare large scale chromosomal rearrangements and copy number mutations of high impact at one end, and common single nucleotide variations of minor impact at the other. This multitude of variation type also means that different epidemiological study designs are needed to test the genetic component of these disorders, from familial forms, to common population level studies. This process has been facilitated by advances in genomic analysis, that enable the measuring of genetic variation at a greater depth in a greater number of individuals and has led to a boom in genetic information. This has given us a greater understanding of the genetic aetiology of psychiatric disorders and how they are biologically related to each other. How this information can be translated to the clinics, can now be considered. Genetic testing in psychiatric disorders, is currently possible for certain disorders and mutation types, but is not universally advised. Much still remains to be understood about population level genetic risk factors before they could conceivably be utilised in the clinic. Whereas genetic testing of high impact mutations could be of use to the clinical programs, and are actively tested for in clinics across Europe.

Disclosure: No significant relationships.

Keywords: psychiatry; genomics; genetics

W0016

How genetics can help diagnosis and treatment in psychiatric conditions

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The understanding of the genetic architecture of psychiatric disorders has made significant advances in the last decade and some scientific findings can now be translated into clinical practice. The rise of genetic testing and the awareness of patients and their families motivate psychiatrists to examine this approach. The COST Action EnGagE (CA17130) is promoting these developments in Europe. Whereas the findings of common variants are the domain of research, screening for rare variants at the genome-wide level is already applicable in clinical practice. It is now possible

to return meaningful results to the individual to help him/her understanding the disease and the comorbidities, to guide treatment and to perform genetic counseling. In this presentation, we will give meaningful examples for psychiatric practice. For instance, around one-third of the patients diagnosed with autism spectrum disorder can benefit from a molecular diagnosis (fragile X syndrome, SHANK3 deletion...). Microdeletion or microduplication may explain a fraction of schizophrenic cases (e.g. del22q11). Identification of rare variants causing the disease may decrease the stigma and feeling of guilt often reported by patients and families. This could also help to detect and manage other comorbidities. It is expected that treatment guidelines and clinical trials would be developed in the near future for patients carrying a rare variant, opening the way to personalized psychiatry. Finally, this effort has a huge impact on the family, by enhancing genetic counseling in psychiatry. The rise of psychiatric genetics might align our field more closely with the other medical specialties.

Disclosure: No significant relationships.

Keywords: molecular diagnosis; rare diseases; genetics

W0017

Essential information on genetic testing methods that each clinician needs to know/understand

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Genetic testing is well established in many areas of clinical medicine, is increasingly used in clinical psychiatry and it becomes increasingly important to understand the scope and limitations of the different genetic tests applied. The recommended genetic work-up of patients with neurodevelopmental disorders (such as intellectual disability or autism spectrum disorders) includes conventional karyotyping (low resolution) able to detect chromosomal rearrangement and structural variants (>5Mb, 5 million-bp), testing for fragile X-Syndrome, screening for deletions and duplications down to 20 Kb by Comparative Genomic Hybridisation (CGH), able to detect Copy Number Variation (CNVs; gain or loss of genetic material compared to the reference genome). Sanger sequencing is used for mapping of single base pair genetic variants in single genes but unable to identify deletions or duplications. The more advanced Next Generation Sequencing (NGS) have enabled to detect variants in panels of 10-100 (or more) genes, or in all coding regions using Whole Exome Sequencing (WES; 23,000 genes). Whole Genome Sequencing (WGS) analysis enables also