

## Abstract

Cite this article: (2022). Joint Sessions. *European Psychiatry*, 65(S1), S8–S11.

## Joint Sessions

## Mental Health Policy

## EPA-EUFAS Joint Symposium: Cannabis: Adolescent Use, Psychiatric Impact and Preventive Work

## JS0001

## Cannabis Induced Psychosis

J. Bramness<sup>1,2,3</sup>

<sup>1</sup>UiT-The Arctic University of Norway, Institute Of Clinical Medicine, Tromsø, Norway; <sup>2</sup>Norwegian Institute of Public Health, Department Of Alcohol, Tobacco And Drugs, Oslo, Norway and <sup>3</sup>National Advisory Unit for Concurrent Substance Abuse and Mental Disorders, Innlandet Hospital, Ottestad, Norway

doi: 10.1192/j.eurpsy.2022.45

Even if most people use cannabis without many negative consequences, some experience cannabis related harms. At higher levels of intake, one of these harms could be psychotic symptoms and even cannabis-induced psychosis. During the last years, we have seen increased treatment seeking for cannabis use disorders in Europe. Parallel with this increase we have seen an increase in the incidence of cannabis induced psychosis in all Scandinavian countries and an increased population attributable fraction for cannabis on the prevalence of schizophrenia has been demonstrated. All this may reflect increased use of cannabis, but more likely increased content of D9-tetrahydrocannabinol (THC) is most cannabis products. Many have also pointed to the fact that we have seen an increase in the incidence of schizophrenia in the same period, maybe attributable to cannabis use. If we also take into consideration that up to one third of those with cannabis-induced psychosis over time receive a diagnosis of schizophrenia, we may see at least two implications. Firstly, these findings strengthens the evidence for a causative relationship between cannabis use and schizophrenia, a causative relationship that man have suggested for several years, but that has had some opponents. Secondly, it points to cannabis-induced psychosis should be considered to be a part of the ICD-10 F2-chapter rather than the F1-chapter. This may be true also for the other substance-induced psychosis (F1x.5). An additional argument for this is that for no other psychotic diagnosis, a precipitation factor is mentioned in the diagnosis.

**Disclosure:** No significant relationships.

## JS0002

## Standard Units for Cannabis Dose: Why is it Important to Standardise Cannabis Dose for Drug Policy and How Can we Enhance its Place on the Public Health Agenda?

H. López-Pelayo<sup>1,2\*</sup>, M. Balcells-Oliveró<sup>2</sup>, A. Gual<sup>2</sup>, S. Matrai<sup>2</sup> and C. Oliveras<sup>2</sup>

<sup>1</sup>Hospital Clínic de Barcelona, Consultation Liaison Psychiatry, Barcelona, Spain and <sup>2</sup>Hospital clinic, Addictions Unit, Barcelona, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.46

Regular cannabis use is associated with several adverse health outcomes including psychosis and cannabis use disorders. In the last decade, prevalence of last-month cannabis use increased by 27% and rate of treatment demand rose from 27 to 35.1 per 100000 inhabitants in Europe. Cannabis legal status is changing worldwide, and recently two European countries (Malta and Luxembourg) legalized its production, sales and use. Even United Nations withdrew cannabis from Schedule IV of the Single Convention on Narcotic Drugs (retained in Schedule I). This new scenario aligns cannabis more closely with alcohol, prescribed drugs or tobacco than illegal drugs. Implementing prevention and harm reduction strategies will be even more relevant in the nearly future. Based on the history with alcohol or tobacco, frequency of use alone misestimates the risks due to limited capture of variations of quantity per day of use on regular users.



Standardisation of cannabis use has been proposed in the literature as an instrument to assessing the level of risk. In the Lisbon Addictions Conference (2019) a group of 32 professionals from 13 countries and 10 disciplines participated in a back-casting foresight exercise aiming to address challenges of implementation of SJU. They proposed three key steps in the implementation of SJU: 1) constitution of task-force for an evidence-based approach to SJU; 2) expanding the available data on cannabis-related risks; 3) examining the relationship between 'risky use' and SJU.

**Disclosure:** No significant relationships.

## Clinical/Therapeutic

### EPA-EAN Joint Symposium: Etiology and Treatment of the Long Covid-19 Syndrome

#### JS0003

#### Covid-19: Lessons for Mental and Brain Health

P. Falkai

Ludwig-Maximilians-Universität Munich, Department Of Psychiatry And Psychotherapy, Munich, Germany  
doi: 10.1192/j.eurpsy.2022.47

Psychiatry is facing major challenges during times of a pandemic as illustrated by the current COVID-19 pandemic. The challenges involve its actual and perceived role within the medical system, in particular how psychiatric hospitals can maintain their core mission of attending to the mentally ill while at the same time providing relief to general medicine. Since psychiatric disorders are the top leading causes of global burden of disease, we need to strengthen mental health care in the wake of the massive onslaught of the pandemic. While nobody can deny the need to act decisively and swiftly and ramp up intensive care readiness, we believe that the immediate availability of psychiatric care is just as important. In order to provide the best possible treatment conditions for people suffering from mental illness but as well for those suffering from the immediate pandemic's consequences such as isolation, reduced social interaction etc. instant and comprehensive provision is inevitable.

**Disclosure:** No significant relationships.

## European

### EPA-EFPA Joint Symposium: Update on Resilience in Mental Health Diseases and Care Givers

#### JS0004

#### Resilience and Wellbeing in Mental Health Workforce: Why it Matters and How to Develop it

C. Steinebach

Zurich University of Applied Sciences, School of Applied Psychology, Zürich, Switzerland  
doi: 10.1192/j.eurpsy.2022.48

Resilience, mental health, and well-being are currently being discussed in general and for healthcare workers. Employees in the mental health workforce are subject to a variety of stresses. There have been long-standing stresses due to structural and discipline-specific conditions. In addition, there are special challenges due to the pandemic.

The systemic perspective of the biopsychosocial model of human development focuses on biochemical, muscular-neuronal, emotional, cognitive, and environmental risk and protective factors. These systemic events are embedded in different environmental systems that represent micro- to macrosystemic conditions. All these factors need to be reflected, evaluated, and positively developed in a profession- and workplace-specific manner. In this sense, "career resilience" can be promoted individually, at team level and organizationally. Corresponding evidence-based programs for prevention and intervention are presented. In the discussion, it becomes clear that expectations of societal requirements can also be derived under the concern of prevention and promotion. It is necessary to complement self-care with the "caring team community" to promote the development of a comprehensive "caring society". Thus, we contribute to an overarching conception in terms of transdisciplinary consilience of resilience and wellbeing in mental health workforce.

**Disclosure:** No significant relationships.

#### JS0005

#### Resilience Factors Preventing Schizophrenia in Ultra-high Risk Patients: Lessons from Genetics

B. Chaumette<sup>1,2,3\*</sup>, C. Jiao<sup>1</sup> and Q. He<sup>1</sup>

University of Paris, INSERM, U1266 Institute of Psychiatry and Neuroscience of Paris, Paris, France; GHU Paris Psychiatrie et Neurosciences, PEPIT, U1266 Institute of Psychiatry and Neuroscience of Paris, Paris, France and McGill University, Department of Psychiatry, Montréal, Canada

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.49

Over the past decades, researchers and psychiatrists in the field of psychosis have moved from a conception of a chronic presentation to a more dynamic paradigm. Accordingly, schizophrenia is now conceptualized as a progressive illness that typically emerges during late adolescence and follows different stages: early vulnerability, ultra-high risk state, first episode of psychosis, and chronic disease. Only one-quarter of the ultra-high risk patients will convert to a full-blown psychotic episode within 3 years while the others, called non-converters, will remain at-risk, develop other psychiatric disorders, or fully recover. The reasons for this differential outcome are not yet understood but this concept opens the way to scientific research to determine the protective factors involved in resilience for non-converters. Based on the Gene X Environment interaction model, schizophrenia results from genetic vulnerability and environmental aggressions which can have an impact on the epigenome and gene expression. Recent studies have shown that genetic variants play a role in the resilience of psychosis. Polygenic risk scores, computed as the addition of genetic polymorphisms, can modulate the effects of genetic at-risk deletions (i.e. del22q11) that predispose to psychosis and may also influence the cognitive symptoms of ultra-high risk patients. Resilience, defined as the ability to withstand adversity, is not only related to external skills or psychotherapeutic care but could also be explained by internal molecular