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consumption, contrasting with a clear trend towards the use of other psychoactive (illicit drugs and prescription drugs) substances. patterns of use before COVID-19 (e.g. habit of drinking at home) and availability (illicit drug traffic changes) are among the significant factors. In addition, mental health factors (depression, anxiety) and social isolation are common correlates with substance use. These factors may be of specific importance impacting substance use in adolescents during the COVID-19 pandemic. Exemplary is an increase in the use of sleeping medication among Belgian adolescents and young adults. In the current presentation data of national (Belgium) surveys on substance use in adolescents will be presented and discussed within the context of findings in international surveys.

Disclosure: No significant relationships.

### **S0006**

# The Effects of the COVID-19 Pandemic on Mother-Infant Mental Health Relationship

#### T. Kurimay

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Maternal health cannot be separated from infant, child and adolescent health, which includes mental health as well. Expecting mothers go through a number of changes during their pregnancy. Due to the specific alterations of their physique and immune system, pregnant mothers are more vulnerable to the Covid-19 infection. This highlights the importance of the vaccinations in their cases. During the pandemic, mental health problems such as anxiety, depression and stress aroused in greater numbers. This affected mothers, and younger children as well. Expecting mothers, without pre-existing mental disorder (>50%) reported a weightier level of anxiety in their first trimester. Also, infants can suffer developmental disadvantages, as their infected mothers are separated from them. Even though evidence is not yet clear in this topic, vertical transmission seems to be fairly uncommon. Treatment guidelines, that could help Covid-19 infected mothers to handle their infants, are scarce. Hence the importance of telehealth has started to be outlined. Separation from the children might be necessary, while the mental health of mother and infant is continuously screened, since the long-term consequences of the symptoms are still unknown. Hence, prevention is imperative to avoid any negative effects. Even still, WHO advises mothers to breastfeed safely, with good respiratory hygiene, emphasizing the importance of skin-to-skin contact of newborns and sharing the room with them. On policy level: investment into pre-, peri-, post-natal care, family supporting national programs, inter-sectoral collaborations, monitoring and research are important elements of prevention and treatment efforts during the Epidemic and the post-Covid-19 era.

Disclosure: No significant relationships.

## **Mental Health Policy**

# Benefits and Goals of a Human Rights-Based Approach (HRBA) to Mental Health Care

#### **S0007**

## A Human Rights-Based Approach To Acute Mental Health Crisis Care

#### L. Mahler

Clinics of Theodor-Wenzel-Werk, Department Of Psychiatrie And Psychotherapy, Berlin, Germany doi: 10.1192/j.eurpsy.2022.60

The United Nations Convention on the Rights of Persons with Disabilities as well as the new guidance on community mental health services recently published by the World Health Organization formulate clear goals for the future of psychiatry and psychosocial support. Innovative concepts of psychiatric care that focus on full participation, recovery-orientation and the prevention of coercion play an important role in achieving these goals. Implementing and scientifically evaluating the effects of such models in mental health services needs to be prioritized in national mental health planning and budgeting decisions. In this lecture, Dr. Lieselotte Mahler will address the requirements of psychiatric concepts, specifically on acute psychiatric wards, to enable participation and prevent coercion. Using practical examples and evaluated models (e.g. Weddinger Modell, standardized post-coercion review sessions), she will make suggestions on how a psychiatry oriented towards human rights can also be implemented within existing clinical structures. Dr. Lieselotte Mahler will discuss, based on the current state of research as well as practical experience, which challenges exist with regard to patient autonomy and prevention of coercion in clinical practice and how these can be addressed from a human rights perspective.

**Disclosure:** No significant relationships.

### **S0008**

# The Evidence Base For Psychiatric Support For Living Independently And Being Included In The Community

A. Mucci

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Functional recovery of subjects with schizophrenia remains an unmet need despite the availability of effective pharmacological and psychosocial treatments. The focus of recovery-oriented approaches is on fostering hope and resilience, fighting self-stigma,

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supporting self-determination and promoting social inclusion. The implementation of recovery-oriented plans requires an in depth understanding of key factors influencing real-life functioning, health status and quality of life. Recently published data from the Italian Network for Research on Psychoses have provided evidence that baseline variables associated with functional outcome at follow-up included domains not routinely assessed and targeted by intervention programs in community mental health services. As pointed out by experts in schizophrenia research and care, the management of subjects with schizophrenia has not significantly improved and only a minority of them receives integrated and personalized treatments. Shared decision-making and integrated pharmacological and psychosocial treatments, tailored on subjects' needs, might significantly improve the outcome of subjects with schizophrenia, supporting independent living and inclusion in the community.

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## Clinical/Therapeutic

# Best of 2021: Research that Advanced Psychiatry and Changed our Practice

### S0009

## **Forensic Psychiatry**

B. Völlm

University Medicine Rostock, Forensic Psychiatry, Rostock, Germany doi: 10.1192/j.eurpsy.2022.62

In this session I will discuss recent publications that have advanced the field of forensic psychiatry or changed clinical practice. Content will be current so that it is not possible to specify at present.

Disclosure: No significant relationships.

#### S0010

### **Eating Disorders**

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Covid had a profound impact on services for eating disorders because of the huge increase in demand. Nevertheless, services quickly adopted a virtual form of working. This rapid change in prevalence was attributed to a number of factors, including a general increase in fear and fragmented social functioning, with a specific accentuation of higher risk associated with body weight. Recent advances in the conceptualisation of eating disorders include a move from a transdiagnostic to a more to a personalised approach. For example, it has been further demonstrated that reducing the duration of untreated illness within three years of onset is associated with a better outcome (1). This has led to the rollout of FREED, an early intervention service in the UK. Genetic associations have been compared and contrasted across the spectrum of eating disorders. People with binge eating disorders share a profile with those at risk of metabolic syndrome whereas people with anorexia nervosa have the opposite profile (2). This reconceptualization of eating disorders as conditions with both brain and body underpinnings has led to new treatment approaches. For example, there have been small proof of concept studies in which metreleptin has been administered. These show promise with rapid reductions in depression and other symptoms (3, 4). Meanwhile the value of "experts by experience," in co designing and delivering services is an area of active investigation which offers the much needed potential of improving treatment outcomes (5).

**Disclosure:** No significant relationships.

## **Mental Health Policy**

The Impact of Racism and Discrimination on Mental Health of Ethnic Minorities

### **S0011**

## What do Health/Mental Health Professionals Have to do With Racial Discrimination?

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There is a growing evidence that social determinants of health influence the health outcomes. These non-medical factors, i.e., social determinants of health / mental health, are defined as the conditions in which people are born, grow, live, work and age, including the factors shaping these conditions. They either have direct effects on health and ill health or work as mediators. In this respect, racial discrimination is a fundamental social determinant of ill health / mental health and health inequalities. A strong correlation between reported experiences of racial discrimination and poor general health and poor mental health has been reported. Besides, racial discrimination may lead to risk taking behaviors increasing poor health / mental health especially in vulnerable disadvantaged populations. A leading factor mediating the negative effects of any biopsychosocial factor on mental ill health is the degree of discrimination. Furthermore, racial discrimination is one of the processes explaining and reinforcing racial disparities in health and ill health. From a conceptual point of view, racial discrimination and its effects on ill health could be discussed in the context of the issue of othering and related dehumanization and violence. Psychiatrists and mental health workers have