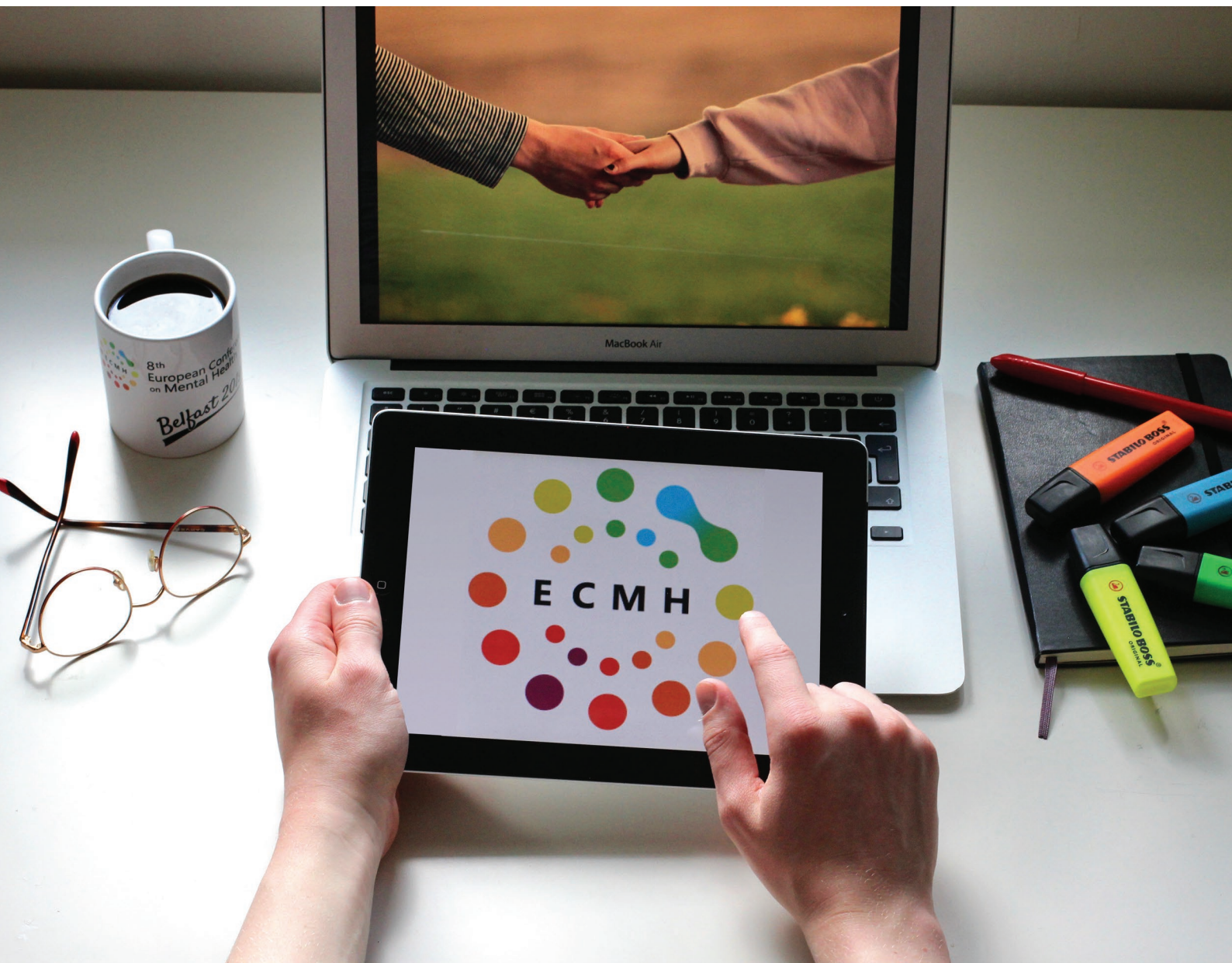**9th**
**European Conference**
**on Mental Health**

**Sep 30 - Oct 2, 2020**
*(Online)*

# Conference Abstract Book

10th
E C M H
European Conference
on Mental Health

#ECMH2021

# 10th
# European Conference
# on Mental Health

**Sep 29 - Oct 1, 2021**

*Lisbon, Portugal*

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# Program

## All programs are in Finnish time (UTC/GMT +3 hours)

**Wed Sep 30 from 1:00 pm to 4:00 pm (UTC/GMT +3 hours)**

1:00 pm – 1:30 pm Opening Ceremony including speech from Chair of ECMH Scientific Committee, Professor Brenda Happell from Australia

1:30 pm – 2:15 pm Keynote Speech, Senior Advisor Meri Larivaara, MIELI Mental Health Finland

2:15 pm – 2:30 pm Break

2:30 pm – 4:05 pm Oral Presentations; 4 parallel sessions each with 4 presentations

4:15 pm – 5:00 pm Get Together Event:

Guided Yoga Session: Please join us in this relaxing and energizing short exercise. You don't need any special equipments.

Toast for Good Mental Health – prepare glass of your favorite drink with you

ECMH Speed Dates: Please go to Networking area and you will automatically be connected to another participant for 3 minutes. After that you are connected to next speed dates. You can discuss for example about your thoughts until now and what are you expecting from the following two days.

**Thu Oct 1 from 11:00 am to 5:00 pm (UTC/GMT +3 hours)**

11:00 am – 11:45 am Keynote Speech, Dr Líam Mac Gabhann, Ireland

11:45 am – 12:15 pm Break

12:15 pm – 1:50 pm Oral Presentations; 4 parallel sessions each with 4 presentations

1:50 pm – 2:45 pm Break and Remote & Virtual Activities

2:45 pm – 3:55 pm Oral Presentations; 4 parallel sessions each with 3 presentations

4:00 pm – 4:15 pm Break

4:15 pm – 5:00 pm Keynote Speech, Adam Christoferson, USA

5:00 pm – 6:00 pm Social Program

Dialogical session based on participnats' experiences during the first days of the conference. Please join us in ECMH Cafe.

ECMH Speed Dates: Please go to Networking area and you will automatically be connected to another participant for 3 minutes. After that you are connected to next speed dates. In advance, think of some insights you have discovered during the conference.

**Fri Oct 2 11:00 am to 4:30 pm (UTC/GMT +3 hours)**

11:00 am – 12:35 pm Oral Presentations; 4 parallel sessions each with 4 presentations

12:35 pm – 13:00 pm Break

1:00 pm – 1:45 pm Keynote Speech, Professor Helen Killaspy, UK

1:45 pm – 2:45 pm Break and Remote & Virtual Activities

2:45 pm – 15:55 pm Oral Presentations; 4 parallel sessions each with 3 presentations

4:00 pm – 4:30 pm Closing Ceremony:

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# ORAL PRESENTATIONS

Abstracts for oral presentations

(In alphabetical order based on the title)

# "Every place is a territory of meaning": Rehabilitation experience in a rehabilitation community

*by [1] Noa Kfir, Ben-Gurion University of the Negev, Israel | [2] Dorit Segal-Engelchin, Ben-Gurion University of the Negev, Israel*

The present study wishes to expand the existing knowledge regarding the rehabilitation experience in rehabilitation communities in the field of mental health, while employing the 'experiential knowledge' of the members and alumni of the rehabilitation community. The study focused on the Hiram community, operating in Israel, as a test case for examining the rehabilitation experience in a rehabilitation community.

Semi-structured in-depth interviews were conducted with 25 alumni and 5 members of the Hiram community. One of the central themes that emerged from the study focused on the community as a 'place', including three dimensions: (1) Spaces – participants described two spaces, creating contrasting and complementary dynamics: the physical-geographical space, depicted as an open space, enabling feelings of autonomy, peacefulness, and introspection; and the community space, described as a structured and organized space, requiring adaptation to the rules and to the community's daily routine ; (2) Activities – two types of activities were noted by participants: work and social activities, which complement each other; (3) Meaning-participants described a deep connection to Hiram, viewing the community as a home, which assists and enables the rehabilitation process that they have undergone.

The study's findings enrich our understanding of the rehabilitation community as a 'place' that provides its members with unique physical and social spaces, and various activities encompassing all aspects of life, enabling a sense of home and belonging and an individual, meaningful recovery process.

# 'How do we Know what we do not Know' Psychotherapists' Lived Experience of Psychological Blind Spots and Moments of Self-Awareness. A Hermeneutic Phenomenological Enquiry.

*by [1] Melanie McGovern, IACP and private practice, Ireland*

Abstract Aims: This research proposes a study of psychotherapists' perceptions of moments of selfawareness and psychological blind spots by means of an exploratory qualitative study. The aim of this study is to explore a cohort of eight experienced psychotherapists (from different modalities) to seek a greater understanding of the phenomena. Methodology: This naturalistic

exploratory study took a hermeneutic phenomenological epistemological stance to generate sufficiently rich lived experience descriptions through dialogic engagement with the participants and the transcribed text via analyses. Design: Data was gathered from a rich diversity of sources: philosophical texts, a review of the secondary literature, peer reviewed articles, participant's written description of a concrete experience, a phenomenological interview, and the researcher's anecdotal writings. The interviews were audio-recorded and transcribed within the meta-theme of moments of self-awareness and psychological blind spots Analysis: Rigorous steps of analysis were followed, which included in-depth content analysis of both the interviews and reflexive material to help fully understand the research findings. Max van Manen's thematic approach was the main method of analysing the emergent data. I availed of critical reflection of my own personal and professional experience of the phenomena to aid interpretation and analysis. Products: Knowledge reaped from the findings have been disseminated in a clinical workshop and transferred into an academic article, a journal article and posters. Findings will be further distributed at national and international conferences. In addition, podcasts, social media sights, and a book proposal are being developed to enable therapists to heighten their understanding of moments of self-awareness and psychological blind spots. Clinical implications; Identifying particular moments of clarity in psychotherapy and creating awareness on psychological blind spots could assist the identification and cultivation of distinct opportunities for client change. This has implications, for psychotherapy research, training and practice.

# A Training Intervention Supporting the Management Skills of Charge Nurse

*by [1] Kati Reiman, Helsinki University Hospital, Finland | [2] Nina Lassus, Helsinki University Hospital, Finland | [3] Jenni Mäntynen, Helsinki University Hospital, Finland | [4] Jaana Kotila, Helsinki University Hospital, Finland | [5] Pirjo Partanen, University of Eastern Finland, Finland | [6] Tarja Kvist, University of Eastern Finland, Finland*

A psychiatric charge nurse is responsible for the clinical and operational management of their unit for a specific shift. They are expected to take an independent and systematic approach to management of daily operations. In HUS Helsinki University Hospital, Finland, registered nurses receive two days of training by clinical nurse specialists when their job description is expanded to the role of a charge nurse.

The purpose of this study was to describe the relationship between a training intervention and the development of management skills among registered nurses at one university hospital. The aim was to produce information about the development of management skills among registered nurses during charge nurse training.

The study was executed among nurses participating in charge nurse training at HUS in 2019. Participants were asked to fill out a questionnaire, which included 40 Likert scale questions on management skills and three background questions. The respondents answered the questionnaire before and after participating in the training. The collected data was analysed with statistical methods using the two-sample t-test. The response rate for the first questionnaire was 90% (n=104), and 65% (n=64) for the second.

In this study, the mean scores in management skills were better after than before the training.

Management skills developed in the areas of personnel and employment relationships, management of daily operations, identifying the rights and responsibilities of the charge nurse, and interaction. The respondents' current competence level and development of management skills correlated with their age and work experience. According to the study, even two days of training improved the charge nurses' knowledge of management skills and taught them practical skills for improving their work efficiency. Therefore, health care organizations should invest in developing nurses' management training as this produces such a positive effect.

# Acceptance, feasibility and safety of a metacognitive training for problem and pathological gambling (Gambling-MCT)

*by [1] Josefine Gehlenborg, University Medical Centre Hamburg-Eppendorf, Germany | [2] Lara Bücker, University Medical Centre Hamburg-Eppendorf, Germany | [3] Mira Berthold, University Medical Centre Hamburg- Eppendorf, Germany | [4] Franziska Miegel, University Medical Centre Hamburg-Eppendorf, Germany | [5] Steffen Moritz, University Medical Centre Hamburg- Eppendorf, Germany*

Due to a lack of treatment programs as well as high treatment barriers, only 10% of problem gamblers are treated. To reduce this treatment gap, a low-threshold metacognitive training for people with gambling problems (Gambling-MCT) was developed. Gambling-MCT is a manualized group training comprised of eight modules on attributional style, probabilities and luck, self-esteem, memory, gambling urge, debt regulation and relapse prevention. In an uncontrolled pilot study, we evaluated acceptance, feasibility, and session- specific side effects of the intervention. Symptom severity (PG-YBOCS) and gambling- related cognitive distortions (GABS) were assessed at baseline and post-intervention. In addition, we conducted interim measurements on current symptomatology before and after each module measuring session-specific side effects (e.g. increased urge to gamble through confrontation with gambling-specific images and content). After each module and at the end of the intervention, subjective appraisal of the intervention was assessed. Twenty-five subjects with mild to moderate self-reported psychopathology (PG-YBOCS: M = 15.50, SD = 8.64) and cognitive biases (GABS: M = 19.67, SD = 5.65) were included in the study. On average, the subjects participated in 4.16 (SD = 2.84) modules. Both intention-to-treat and per-protocol analyses showed significant reductions on psychopathology and cognitive biases with medium to large effect sizes. After Bonferroni correction for multiple testing, linear mixed models showed no session-specific side effects after any module. Subjective appraisal of the intervention was good. The present pilot study provides initial evidence for the acceptance, feasibility and safety of Gambling-MCT. Recruitment of participants remains challenging, highlighting the importance of developing new strategies for overcoming patient-related treatment barriers. The efficacy of Gambling-MCT needs to be further evaluated in randomized controlled trials.

# AI in Patient Flow: Applications of Artificial Intelligence to Improve Patient Flow in NHS Acute Mental Health Inpatient Units

*by [1]Paulina Cecula, Imperial College London, UK*

The growing demand for mental health (MH), coupled with limited resources has created opportunities for technological solutions such as artificial intelligence (AI). This study aims to identify issues with patient flow (PF) on MH units and possible AI solutions; devise a theoretical model showing the use of AI to improve PF in NHS MH inpatient units; formulate recommendations for MH trusts.

A narrative literature review and pilot interview helped design 20 semi-structured interviews with AI and MH experts. Inductive approach and thematic analysis were used to analyse qualitative data gathered.

The findings from literature and interviews informed the design of a general PF model. The main issues with PF flow on MH were identified, such as challenges with clinical and community patient management and systematic/service inefficiencies. As PF is multifactorial and variable between trusts, predictive variables haven't been yet clearly identified. A research gap was identified as not many studies investigated the use of AI on MH units to improve flow. This research identified three main areas in which AI can improve PF: operational efficiency, clinical decision making and community monitoring. AI could relieve the pressure on MH services by streamlining administrative tasks and allocating resources effectively. Real-time data analytics systems could support triage, discharge, diagnosis and treatment decisions. In the long term, digital phenotyping could be the key to preventive and personalised care. Solutions were mapped on the model based on findings from the literature review and interviews.

Recommendations were formulated for NHS trusts willing to use AI to enhance PF. Although AI offers many promising use-cases, greater collaborative investment and infrastructure are needed to deliver clinically validated flow improvements. Concerns around data-use, regulation and transparency remain. Trusts must balance generic guidelines with stakeholder priorities. Future research should include case studies.

# An exploration of how therapeutic relationships and shared decision-making influence attitudes towards medication: service user and clinician perceptions.

by  [1] Dr. Karishma Jivraj, University College London / University of Northampton, United Kingdom | [2] Professor Mary Chambers, St. George\'s University of London and Kingston University, United Kingdom

Recovery from mental illness has been described as a challenging journey. However, with early intervention, care and treatment many individuals will recover and continue to live meaningful lives. The current research aims to explore facilitators of recovery focused practice, including therapeutic relationships (TRs) and shared decision-making (SDM) and how these influence attitudes towards antipsychotic medication amongst service users (SUs) and clinicians.

Using mixed methods, the study recruited SUs (N = 104) and clinicians (N = 76) from community mental health services. Participants completed quantitative cross-sectional surveys and qualitative semi-structured interviews. Data were quantitatively and qualitatively analysed, followed by a concurrent triangulation and synthesis of findings.

Significant differences were observed between SU and clinician accounts of their TRs. Predictors of attitudes towards medication included clinical capacity, global functioning, use of community treatment orders, a forensic history, use of mental health services, history of medication use, side effects, TRs and SDM. Qualitative thematic analyses revealed 8 superordinate themes, including 'power asymmetry,' and 'we have their best interests at heart.' Several similarities and differences between SU and clinician qualitative accounts of TRs, SDM and attitudes towards medication were identified, indicating a need for further transparency between the groups. These findings indicate that person centred approaches should be considered and all options should be routinely offered by clinicians to SUs using a collaborative approach to facilitate recovery.

This mixed methods research has critically identified perceptions of TRs, SDM and several important clinical factors which influence attitudes towards antipsychotic medication and identified a gulf between SU and clinician narratives of each. The limitations of the research, such as selection bias must be taken into consideration when interpreting the findings. Future mixed method research using direct SU-clinician dyads and prospective designs could explore the outcomes identified by this research across recovery focused practice.

# Anxiety Before an Event <span>by  [1] Khadej Fall, MeditateYin, Canada</span>

Event planners require strategic planning and hard work as mandatory skills. When executed properly, attendees see a successful and smooth day or evening as a result. What they do not see, is the potential mounting anxiousness and nervousness that weighs in on the event planners.

Whether the planner has experience or not, there is an irresistible pressure that seems to build as the day of event execution approaches. Unfortunately, this can have a tremendous emotional and overall, mental impact on the executioner. The common goal of all planners is to have a well-structurally based plan in place that results in a successful event. This success can be seen as a positive reflection on how the event was planned as well as the planners skills,

therefore, contributing to a positive reputation.

While the planner may be doing a wonderful job, there is always a thought in the back of their mind about the risks involved and potential issues that may become an obstacle for one or many of the planned deliverables that need to be completed. These thoughts can come from previous experiences or from what they have observed with other events. Majority of the time, the main contributor of these thoughts can be, but are not limited to, lack of self-confidence, pressure from higher powers, possible sacrifices, or from subconscious negative thoughts that surface from past traumatic experiences.

During and after execution, it is recommended to ensure that time is set aside to practice self-care and have "coping tools" in the planners pocket available. Some helpful ways to deal with the stress of event planning are, but not limited to, practicing yoga, daily meditation (whether it is for five minutes or one hour), breathing exercises, or simply a day of digital detoxing.

Through it all, just remember to breathe and smile!

# Black and Brown Youth Matter: Aligning values and practices with court-involved youth *by* [1] *Deirdre Williams, LCSW, DSW, Independent, United States*

Public safety, due process, and individualized treatment are presumed to be cornerstones of the juvenile legal system. However, a profound discrepancy exists between the core societal values of protecting and nurturing children and common practices in the juvenile legal system. One of the salient tasks of adolescent development is racial identity formation. A teen's behavior is directly affected by developmental factors as well as peer influences, family structure, and environmental factors. Heavy policing and incarceration rates within a community can affect the self-perception of youth within that community. It can also exacerbate symptoms caused by deeply rooted individual, institutional, structural, and cultural racism. Racial disparities continue to be apparent in the juvenile court system, and it appears that laws are selectively enforced with the direct purpose of criminalizing Black and Brown people at higher rates than their White counterparts. Law enforcers' covert biases affect every aspect of the judicial process, from arrest to disposition. Disparities in the legal system point to a need for culturally relevant training and education tailored to those working in all levels of the system. Black and Brown lives matter and treating Black and Brown youth with equity remain essential to any society that claims to value the promise of children. Juvenile legal system practices should be conducted accordingly and in alignment with the Truth and Reconciliation framework that values the dignity and worth of the individual.

# Covid 19 Pandemic Effects on Face to Face Crisis Work in SOS Crisis Centre by [1]Reija Tuomisalo, SOS Crisis Centre / MIELI ry, Helsinki, Finland

The objective is to present the rapid changes in face to face crisis work during the lockdown episode caused by Pandemic. SOS Crisis Centre offers crisis consultation appointments in the capital area of Finland. It offers help for to those who suffer from acute crisis in their lives or have a prolonged severe life situation. There are also peer support groups for example those who have lost a family member by sudden death.

Face to face work had to change practices in one week when the lockdown situation started in March 2020. In the presentation it will be discussed and analyzed what effects it had to the client work (thematical, statistical, methodological changes) when crisis work was performed by remote access (by phone and video-assisted). Also the effects to the crisis workers welfare at work will be analyzed during this period when they had to do crisis work in their homes. In the end there will be discussion how this period will change crisis work practices in the future.

# Covid 19 Pandemic Effects on The Crisis Helpline in Finland by [1]Sadek Elwan, Crisis Helpline / MIELI ry, Helsinki, Finland

The objective is to present the changes in The Crisis Helplines statistics, the calling reasons, and the work environment of the counleros during the lockdown episode caused by Pandemic. The Crisis Helpline offers crisis short-term crisis counselling and guidance for anyone living in Finland. Besides Finnish, the helpline is available in Swedish, English and Arabic.

The crisis counselors had to adapt a new work environments in one week when the lockdown situation started in March 2020. In the presentation it will be discussed and analyzed what effects it had to the reasons of the calls during the period of the lock down (thematical, statistical, methodological changes in all 4 different languages). Also the effects to the crisis counselors welfare at work will be analyzed during this period when they had to do crisis counseling in their homes. In the end there will be discussion how this period will change Crisis Helplines crisis counseling environments and practices in the future.

# Challenges in the management of body dysmorphic disorder: a case report by [1] Carolina Castro Lopes, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [2] Inês Matos Pereira, Centro Hospitalar Psiquiátrico de Lisboa, Portugal

According to the diagnostic and statistical manual of mental disorders-5 (DSM-5), body dysmorphic disorder (BDD) is a mental health disorder in which the patients are concerned with one or more perceived defect or flaws in their physical appearance which they believe are abnormal or deformed. These thoughts lead the patient to engage in excessive repetitive behaviours.

We present a case of a 53-year-old patient admitted after a suicide attempt by drowning. The mental state examination revealed a patient constantly covering his nose with his hair, a strategy he used to cope with somatic delusions regarding his abnormal nose, as he described it. Additionally, he had a depressed mood, terminal insomnia, anorexia and showed lack of insight. The exams performed were all normal. This patient was diagnosed with BDD and had low compliance to the treatment and appointments. Despite, trying several antidepressants the symptoms never fully remitted. Given these difficulties with compliance and after a partial response to mirtazapine, we initiated aripiprazole 400 mg long-acting injection (LAI). He improved remarkably, admitting that he planned suicide in order to relieve his concerns with his physical appearance and was discharged agreeing to a regular follow-up by our multidisciplinary team. One year after this episode, he maintains compliance to the appointments and treatment, with improved functionality. Although research on effective treatment for BDD is still limited, serotonin reuptake inhibitors (SRIs) are a first-line option because BDD is categorized as an obsessive compulsive related disorder. However this strategy may fail, which should prompt clinicians to find alternatives. Even though antipsychotics are not recommended as first-line therapy, they have been used successfully in some case reports as augmentation treatment when SRIs fail, as we did in this patient. More controlled studies of antipsychotic use in BDD are needed in order to access their efficacy.

# Chatbots to Support Mental Health & Wellbeing: Early Findings from ChatPal Use During COVID-19 Lockdown

*by 1 Raymond Bond, Ulster University, United Kingdom | 2 Alex Vakaloudis, Cork Institute of Technology, Ireland | 3 Lauri Kuosmanen, University of Eastern Finland, Finland | 4 Martin Malcolm, NHS Western Isles, United Kingdom | 5 Thomas Broderick, Cork Institute of Technology, Ireland | 6 Andrea Bickerdike, Cork Institute of Technology, Ireland | 7 Con Burns, Cork Institute of technology, Ireland | 8 Edward Coughlan, Cork Institute of Technology, Ireland | 9 Brian Cahill, Cork Institute of Technology, Ireland | 10 Edel Ennis, Ulster University, United Kingdom | 11 Courtney Potts, Ulster University, United Kingdom | 12 Siobhan O'Neill, Ulster University, United Kingdom | 13 Michael McTear, Ulster University, United Kingdom | 14 Maurice Mulvenna, Ulster University, United Kingdom*

A conversational user interface, or chatbot is "a computer program designed to simulate conversation with human users, especially over the internet". The ChatPal consortium is developing a chatbot called ChatPal to support mental health and wellbeing of people in rural areas of Northern Europe. In a recent survey undertaken by the team, 65% of the mental healthcare professionals surveyed agreed that there were benefits associated with mental healthcare chatbots, yet the perceived adoption among clients at 24% is quite low. The survey

also found that as people's experience grows, so too does their belief that the use of chatbots can improve the quality of care, client self-management, access to care and can assist mental healthcare workers in their roles. Even though the level of personal experience with chatbots among professionals in mental health has been quite low, this survey shows that, where they have been used, the experience has been mostly satisfactory. As a consequence of the positive findings from the survey and in order to help those isolated, the ChatPal chatbot was implemented ahead of schedule in order to offer support to people in English-speaking Europe while the continent was under COVID-19 lockdown. ChatPal was made available in areas with ChatPal consortium organisations: Scotland, Northern Ireland, and Ireland, via app download from Android and Apple app stores. The findings from this early trial are interesting and reflect normal app usage in society. Finding specific to the trial will be reported at the conference.

# Conversational agents in mental health promotion *by [1] Heidi Nieminen, University of Eastern Finland, Finland | [2] Emilia Laukkanen, Univeristy of Eastern Finland, Finnish Medicines Agency Fimea, Finland | [3] Lauri Kuosmanen, University of Eastern Finland, Finland*

Insufficient amount of mental health professionals and geographical distance are causing inequalities in getting help for common mental health problems, especially in sparsely populated areas. There are also barriers to seek help, such as fear of stigma and costs of care. Novel technology solutions have been developed to address the increasing need of mental health services and enhance availability of care. Conversational agents and chatbots offer always available, and easy to access way to deliver mental health support.

The aim of this integrative review was to describe the use of conversational agents and chatbots in mental health promotion, in which situations they are used and what kind of experiences users have reported. This review was conducted as a part of international ChatPal-project funded by EU´s Northern Periphery and Arctic Programme.

Systematic search was performed using relevant databases (Scopus, CINAHL, PsycINFO and PsycARTICLES) and supplemented with manual search. Search query consisted of words mental health, mental wellbeing, mental health promotion, chatbot, conversational agent, conversational interface and artificial intelligence. A total of 23 publications was included, among them 13 studies, seven conference proceedings or abstracts, two project overviews and one study protocol.

Four main themes emerged in this review. They describe 1) technology and artificial intelligence as a novel way in delivering services, 2) tasks and roles of those applications, and 3) positive and 4) negative experiences reported by users. Conversational agents and chatbots are

used in stress reduction, decreasing depression and anxiety, and promoting positive mental health. They use variety of therapeutic orientations, most commonly CBT. User experiences seem promising but also some negative aspects were reported, concerning e.g. limited contents.

The research is active as this field is rapidly developing. Multidisciplinary work is important also in the future to best utilise these innovations in mental health promotion and care.

# COVID-19 and Pregnancy – concern for future generations? *by [1] Sara Pinto, Serviço de Psiquiatria do Centro Hospitalar Universitário São João, EPE, Portugal | [2] Alzira Silva, Serviço de Psiquiatria do Centro Hospitalar Universitário São João, EPE, Portugal | [3] Rosário Curral, Serviço de Psiquiatria do Centro Hospitalar Universitário São João, EPE, Portugal | [4] Rui Coelho, Serviço de Psiquiatria do Centro Hospitalar Universitário São João, EPE, Portugal*

Present time has been dominated by the SARS-CoV2 pandemic. Beside the immediate impact this has on global mental health, it is important to follow infected pregnant women and their offspring. Previous pandemics have shown to impact the neurodevelopment and future mental disorders of babies born in that period. Thus, the aim of this work is to describe the impact of different pandemics in the mental health of the offspring, as well as possible pathophysiological mechanisms underlying these alterations.

Research was performed in the databases PubMed, Scopus, Web of Knowledge e Google Scholar, using the terms "pandemics", "COVID-19", "pregnancy", "neurodevelopment", "psychosis", "autism" and "attention defficit and hiperactive disorder".

Despite contradictory results, several studies have shown an increased risk of psychosis in children born from mother affected during pregnancy in the context of different flu pandemics. An increased risk of bipolar affective disorder, schizophrenia, autism spectrum disorder and ADHA has also been shown. Also, unaffected children born from HIV + mothers has shown an increased incidence of language development delay.

Regarding underlying pathophysiology, a disruption of the inflammatory mechanisms has been highlighted as a major mediator. Increased levels of inflammatory mediators promote alterations in the developing brain circuits and in synaptic architecture and regulation. Tjus, infection by SARS-CoV2 during pregnancy might significantly affect the offspring, given the intense inflammatory response it triggers in the infected individuals. Although pregnant women seem to have an infection and complication risk similar to the general population, this impact should not be undervalued, due to the unknown impact on the neurodevelopment of the baby.

Even in the absence of vertical transmission, viral infection during pregnancy increases the risk for neurodevelopment and mental disorders in the offspring. Babies born from infected mothers should be monitored, for early detection and intervention.

# Does coping and affect mediate the relation between self-compassion and stress during COVID-19 epidemic? *by [1] Ana Beato,*

*Universidade Lusófona de Humanidades e Tecnologias, Portugal*

Research suggests that self-compassion can play an important role in the coping process and in the reduction of psychological problems during negative events. However, more research is needed to understand the role of coping and affect in the relation between self- compassion and stress in global epidemic scenarios. This study analyzed the mediation role of coping and affect in the relation between self-compassion and stress during the quarantine decreed by Portuguese Health Authorities in the 1st phase of the coronavirus outbreak. Participated in this study 435 Portuguese adults (75% women; $M$age = 49.8, $SD$ = 11.6), recruited by convenience sampling, completed an online survey comprised by the *Self-Compassion Scale*; *Depression, Anxiety and Stress Scale* (outcome); *The Positive and Negative Affect Schedule*; and *BRIEF-COPE.* A serial- parallel mediation analyses conducted via Macro PROCESS (Model 81) demonstrated that the relation between self-compassion and stress during COVID-19 times is mediated by negative affect ($ab$ = -0.054; 95% BCI [-0.070,-0.040]) and problem-focused coping ($ab$ = 0.017; 95% BCI [0.007, 0.028]). No serial indirect effect was found. The findings support coping strategies and affect as links between self-compassion and stress. Low self-compassion might increase negative affect maintaining stress responses to face demanding events during the COVID-19 epidemic. The positive indirect effect via problem- focused coping shows that the more the participants demonstrate self-compassion, the more they cope with the COVID-19 problems focusing on solving the problem, but also the more they feel stressed. This mediation partially explains the relation between self-compassion and stress. These results will be discussed in the context of the coronavirus epidemic.

# Eating Disorders: Orthodontic and Oral Health Factors and Implications

*by [1] Amardeep Dhadwal, Birmingham Dental Hospital and School of Dentistry, United Kingdom | [2] Anjli Patel, Derby Hospitals NHS Foundation Trust, United Kingdom*

All healthcare professionals and patient support networks should be familiar with the relationship between oral health and eating disorders, the role of the dental team and relevance of dentistry in expediting identification and aiding diagnosis. The aim of this project was to identify oral manifestations of common eating disorders, relevant orthodontic factors and potential difficulties during dental and orthodontic treatment.

Literature was searched using Medline, Web of Science and Embase databases including all studies up to June 2020. Search terms included: 'oral health', 'eating disorders', 'dental',

'orthodontics' and 'braces'. First, titles were screened to identify relevant papers published in English, then abstracts were reviewed and full text articles of relevant papers were subsequently analysed.

There was clear unanimity in the common oral manifestations of eating disorders across the literature irrespective of the specific disorder. These manifestations were divided into mucosal and soft tissue lesions such as ulceration, salivary manifestations such as dry mouth and dental/hard tissue manifestations such as tooth surface loss. There was minimal literature specific to orthodontics however a small number of case reports identified how orthodontic treatment was cited as a precipitant in a vulnerable person where they may have experienced food trapping in appliances, pain from an appliance or changes in dietary habits following instructions given as part of appliance-wearing, such as avoiding certain foods or sweets.

This initial project highlights the extra-oral and intra-oral manifestations of eating disorders which are well documented throughout the literature to allow for appropriate patient recognition and clear dissemination to non-dental professions involved in patient care. The direct relationship between orthodontics and eating disorders is not clearly established in the literature. Further research can aid the healthcare team in understanding the appropriate management and impacts of these conditions on orthodontic care.

# Estonian men's mental health problems in nursing care
*by* [1] *Edurad Lehmus, Tallinn Health Care College, Estonia |* [2] *Aivar Pärn, Tallinn Health Care College, Estonia |* [3] *Marianne Annion RN;MSc, Tallinn Healt* *Care College, Estonia*

Estonian men's mental health problems are not being addressed and researched properly in Estonia. There is a increase in Estonian men's mental health issues caused by substance abuse, depression.  In addition to the mental health issue the other big problem is a high number of suicides in men´s population.

The aim of the study is to find and analyse the mental problems that men in Estonia are facing. Authors of the study have concluded different countries experiences and information. Methods that authors used were literature review and content analysis and case study. Results of the study show that of current state of men's mental health in Estonia is caused by many large variables like depression and alcohol consumption, lack of mental health care service information accessibility and right tools to help. Furthermore the problem is the men's health care stigmas that stop some men getting the right treatment because of the fear of being open, prejudiced by others companions. Authors of this study find that there should be more "male-friendly" environments that would help men with socializing and engage them to better treatment and counselling process. Authors of this study find that subject should be more researched for better outcome in the future of men's mental health.

# Experiences from service-user research in a

# case study of opioid substitution treatment in Finland *by* [1] *Elina Hanninen, LSE, graduate student, Finland | [2] Teemu Kaskela, A-Clinic Foundation, Finland*

Opioid substitution treatment (OST) in Finland has traditionally been characterized by control measures, such as urine drug testing and strict regulation of take-home doses, which has produced strong power relations between staff and patients. The voice of the persons receiving the treatment has not been properly heard in the development of the treatment or in the research literature. The aim of the ESF-funded OK project was to develop operating models which would improve the social participation of the people receiving OST. As part of the project evaluation, we conducted a service user research on OST to examine power structures in the treatment, relationships between the service users and treatment staff, and the stigma experienced by those in treatment – from the service users perspective.

In this presentation, we are reflecting our experiences of service user research from a methodological perspective. We are presenting how the research was carried out and ponder what should be considered when using service user research methods.

Nearly twenty research coordinators with a lived experience on OST participated in multiple ways to develop the research design and research questions. After a one-day training session, five group interviews led by a person with lived experience on OST were carried through. A total of twenty service users participated to the interviews, which were recorded and then transcribed. Transcriptions were analyzed using a grounded theory-inspired computer assisted analysis.

We think that the service user research -oriented approach used in the study produced new information. However, it is important to further develop the method. The approach has to be carefully planned beforehand in order to be prepared for possible problems and flexibility to change plans during the process is vital. For safe and beneficial implementation of service user research approach, it is essential to have enough resources and time.

# Experts by Experience as Service Designers and Executives *by* [1] *Pasi Paksuniemi, Kakspy ry, Finland*

The mission of LOV ME Project by Kakspy ry (Social Psychiatric Association of South-East Finland) is to execute user driven experimental development processes. In these processes Experts by Experience and professionals join together to develop positive mental health services and activities for people living with as well as family members affected by mental illnesses. The user driven experimental development processes developed, experimented and used in the LOV ME Project are based on the ideas of Service Design and Recovery Orientation.

As a case example in this presentation we will explain how Experts by Experience developed and experimented with mental health care professionals a new service to the clients of psychiatric outpatient care: The Aito välittäjä (True Mediator) Experiment.

The idea for the Experiment was derived from the expressed need for someone to "*walk alongside in the path towards recovery*". Many rehabilitees have indeed expressed the challenge to leave home without company, and to pursue activities and experiences that would be beneficial for their own wellbeing. Aito välittäjä supports the rehabilitatee to find that spark in life again and to join communities of shared interests. At the same time the Experiment offers a possibility for the Expert by Experience to help others by utilizing personal experience of rehabilitation as well as to find meaningful step into work life. The professionals gain from the Experiment a new partner to work alongside with the clients. The service system changes as Experts by Experience join the faculty and bring a user perspective center to the development of new services.

Aito välittäjä Experiment has become an established part of the Helsinki City Psychiatric and Substance Abuse Rehabilitation Services.

# Female psychopharmacology: taking sex into consideration for a more tailored treatment

*by [1] Mafalda Mendes, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [2] Diana Pereira, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [3] Raquel Fernandes, entro Hospitalar Psiquiátrico de Lisboa, Portugal | [4] Violeta Nogueira, Centro Hospitalar Psiquiátrico de Lisboa, Portugal*

Although sex is a well-recognized variable of treatment response, women have been historically underrepresented in pharmacological clinical trials. This underrepresentation resulted in prescription practices in women that are based on an extrapolation of data derived from male subjects, possibly contributing for less favorable outcomes. The objective of this communication is to review the physiological mechanisms that cause different psychopharmacological responses in females and to analyze the different groups of psychotropic medications used in psychiatry in terms of sex variables, the final goal being to provide a concise and useful summary of the clinical implications of the findings in psychiatric practice and women's mental health.

A search was conducted using the databases "pubmed" and "GoogleScholar" using the keywords "psychoparmacology", "pharmacokinetics ", "pharmacodynamics", "female" and "sex". Studies have shown sex differences in gastric elimination capacity, intestinal transit, gastric acidity and bile composition, resulting in greater drug absorption in women. Higher body fat mass in female patients can result in an erratic distribution of lipophilic drugs, like benzodiazepines. CYP12A activity is lower in women, leading to higher plasma levels of olanzapine and clozapine. The recommended dosage of zolpidem in lower in women, due to reduced renal clearance. Women respond better to SRRI and men respond better to TCA. Oral contraceptives

can decrease lamotrigine and TCA levels, and its efficacy can be reduced by carbamazepine. Women are more susceptible to adverse effects, particularly weight gain, prolactinemia and tardive dyskinesia. Hormonal variations during the menstrual cycle can alter the pharmacokinetics of lithium and TCA, and may require SSRI periodic dose adjustment in premenstrual dysphoric disorder. Psychiatrist should be aware of female-specific psychotropic drug response and adapt their practice accordingly. More studies focusing on psychopharmacological treatment in women are needed to determine the benefit of female dose adjustment and adjuvant therapy.

# From rehabilitees to informants and co-researchers – theoretical and methodological standpoints for collaborative research project in Finnish Clubhouses *by [1] Outi Hietala, Finnish Clubhouse Coalition (Suomen Klubitalot ry), Finland*

The value of lived experience, service user involvement and new, more equitable partnerships between professionals are all essential dimensions of recovery orientation and co-development of services. It is important to bring similar elements to research as well. An increasing number of research initiatives have attempted to develop approaches based on the perspectives of service users themselves. Research has even been led and carried out by the people, who traditionally are seen objects for it.

OSSI-project (STEA/Funding Centre for Social Welfare and Health Organisations, 2020-2022) aims to involve Clubhouse members as participants and co-researchers. OSSI- project carries out collaborative research on Clubhouse members' experiences of community inclusion and out-of-community transition.

In this presentation I will discuss the theoretical and methodological aspects of the research project. The presentation draws mainly on ethnographic and participatory research traditions, where people's own views are sought to be incorporated into research as far as possible. In addition to this, the ambitious goal of the collaboration is to cover all phases of research, even research questioning and analyzing processes.  This approach should offer certain benefits in the richness, validity and relevance of the research project itself and it should be beneficial for participants own empowerment and inclusion. The research plan incorporates a commitment to rehabilitees/Clubhouse members to work as co-researchers, and involves them in the planning, implementation and dissemination of the project. The advantages of engaging members and gaining their perspective appear self-evident. Despite the apparent advantages, this should not be taken for granted. As well as the methodological questions, there are number of practical and ethical challenges that will be discussed.

# Gestational weight gain and child problem behaviours: a pooled analysis

*by* [1] *Elena C. Tore, Maastricht University, Netherlands |* [2] *Evangelia E. Antoniou, Maastricht University, Netherlands |* [3] *Renate H. M. de Groot, Open University of the Netherlands, Netherlands |* [4] *Marij Gielen, Maastricht University, Netherlands |* [5] *Roger W. L. Godschalk, Maastricht University, Netherlands |* [6] *Theano Roumeliotaki, University of Crete, Greece |* [7] *Luc Smits, Maastricht University, Netherlands |* [8] *Taunton R. Southwood, University of Birmingham, United Kingdom |* [9] *Marc E. A. Spaanderman, Maastricht University, Netherlands |* [10] *Nikos Stratakis, University of Southern California, United States |* [11] *Marina Vafeiadi, University of Crete, Greece |* [12] *Vaia L. Chatzi, University of Southern California, United States |* [13] *Maurice P. Zeegers, Maastricht University, Netherlands*

Maternal pre-pregnancy body mass index (BMI) is known to affect foetal development. However, it has not yet been clarified if gestational weight gain, correlated with pre-pregnancy BMI, is associated with childhood behavioural development.

We performed a pooled analysis of two prospective European birth cohorts to investigate the association between gestational weight gain and childhood problem behaviours, and the effect modification of maternal pre-pregnancy BMI. In total, 378 mother-child pairs from the Maastricht Essential Fatty Acids Birth cohort (MEFAB) and 414 pairs from the Rhea Mother-Child cohort were followed up from early pregnancy to 6-7 years post-partum. Over the course of pregnancy, maternal weight was measured three times in RHEA and four times in MEFAB. At follow up, parents assessed their children's behaviour with the Child Behaviour Checklist; T-scores of the three broadband scales (*i.e.,* total problems, internalizing and externalizing behaviours) were examined in this study. We computed cohort- and subject-specific gestational weight gain trajectories using mixed-effect linear regressions. Fractional polynomial regressions, stratified by maternal pre-pregnancy BMI status and adjusted for important confounders, were then used to examine the association between gestational weight gain and childhood problem behaviours.

Greater gestational weight gain in women with pre-pregnancy overweight/obesity was associated with higher problem behaviours. Compared to children of women with overweight/obesity who gained 0.2 kg/week, children whose mothers gained 0.5 kg/week had higher total problems and internalizing behaviours (with a 25-point difference, on a 0-100 scale), and higher externalizing behaviours (18-point difference). Inconsistent results were found in the pre-pregnancy normal weight group.

Although future studies are warranted to confirm these findings, a gestational weight gain of 0.5 kg/week or more in women with pre-pregnancy overweight/obesity might increase the risk of problem behaviours in school-age children.

# Identifying trauma-related barriers to developing social adjustment: A multi-

# dimensional intervention <span>by [1] Sayedhabibollah Ahmadi</span>

*Forooshani, Queensland University of Technology, Australia*

Young people from refugee backgrounds are usually affected by multiple traumas before, during or/and after their forced migration, and it can hinder the process of adjusting with the new social life. Based on the results of our previous studies, although current mental health/social services address general mental health issues or social needs of this population, the difficulties with social adjustment can remain unsolved even after receiving standard psychotherapies. In our research, through a mixed methods design including a serios of quantitative and qualitative studies, we found that some cognitive capacities of developing social adjustment can be impaired after experiencing trauma, and that is one of the potential reasons why current interventions have not had enough effectiveness on social adjustment of this population. We designed a pilot supplementary intervention to specifically target the impaired capacities of developing social adjustment. This intervention was also informed by the qualitative data collected from young people from CALD backgrounds. Our pilot results confirmed that this intervention can significantly improve the capacities of developing social adjustment and consequently it can help the young adults to benefit better from the usual social/mental health services they receive.

# Impact of military life on parents of single Canadian Armed Forces member

*by [1] Lisa Williams, Elena Goubanova, and Robert Morrow, Department of National Defence, Canada*

Enlistment in the military can bring about a range of stressors for families. There is a proliferation of research examining the impact of military life on spouses and children, however less literature exists on members' family of origin. Parents may experience significant stress, and particularly for single members, are also often a primary source of support. Thus, the Canadian Armed Forces (CAF) developed a study to examine the impact of military life on parents of single CAF members. Using a qualitative approach, 55 parents of single military members in seven major Canadian cities participated in focus groups or semi-structured interviews. During the focus groups and interviews parents were asked to describe the benefits of having a single son or daughter in the military, their main sources of stress, the impact on their own lives, and the manner in which they supported their children. In addition, parents were asked to describe their own needs for support from both informal sources as well as the CAF. Interviews were transcribed and analyzed thematically using NVivo. Results indicated that parents found positive benefits to a military career, however they also described experiencing stress related to deployments as well as concerns about their adult children's physical, mental, and social well-being. Parents also commonly mentioned providing a variety of support to their adult children including emotional, instrumental, and financial support. Finally, findings highlighted the importance of communication, familiarity with the military culture, and feelings

of connection to the military community to promote their own wellbeing and adaptation. By gaining a deeper understanding of parents' experiences, the CAF can ensure that appropriate services and programs are developed to best support them.

# Implementing the 'four core care plans'

*by [1] Peter Graham, Priory Healthcare, United Kingdom | [2] Rebecca Rylance, University of Liverpool, United Kingdom*

In the United Kingdom, care plans are a source of clinical information that regulatory bodies go to, to inform them of the care delivered .There are many issues with care plans such as the use of psychiatric language, a lack of a recovery focus and patients not recognising themselves in their own care plan. The Four Core Care Plans (FCCP); Keeping Safe, Keeping Well, Keeping Healthy and Keeping Connected, were developed by the author in collaboration with patients and clinicians with the intention of moving care planning from a 'paper exercise' to a living document which guides the care that the patient wants. The author recognised that care planning should not be exclusively the responsibility of nurses and should be owned by the multidisciplinary team (MDT). However, it is acknowledged that a new form alone would not change practice. To this end, in order to challenge practice and culture at scale, a systemic approach was required. The FCCP were piloted across a number of mental health care sites and were subsequently modified in response to feedback from patients and clinicians. They have since been adopted Organisationally and have been built into the patient electronic records system. The benefits of the FCCP have been significant, with the adoption of a recovery focused ethos and the use of the patients own voice evident in their care plan. Every member of the MDT, the patient and their families where appropriate know who is doing what intervention and when. The care plan reviews take place within the MDT meeting fostering shared decision making. Numerical metrics have been built in to the FCCPs and patients' self-rate their own recovery to measure success. Anecdotally the secondary benefits of the FCCP has resulted in improved communication between the MDT members and the shared management of risk.

# In through the back door? Development of an observer rating scale to study therapy processes in metacognitive training for psychosis *by [1] Jakob Scheunemann, University Medical Center Hamburg-Eppendorf, Germany | [2] Charlotte J. Osthues, University Medical Center Hamburg-Eppendorf, Germany | [3] Steffen Moritz, University Medical Center Hamburg- Eppendorf, Germany*

Metacognitive training (MCT, www.uke.de/mct) is a multimedia-based group intervention targeting cognitive biases related to delusions, currently available in 37 languages. The intervention uses a "back door approach": It first addresses cognitive processes by demonstrating fallacies of human cognition (e.g. jumping to conclusions) through playful and

delusion-neutral exercises, before proceeding to the symptom level. MCT shows how these fallacies, if exaggerated, can foster psychotic experiences. This approach makes the intervention both highly acceptable for patients as well as effective regarding positive symptoms in schizophrenia, as recent meta-analyses have shown. However, we do not really know the factors contributing to an effective session. To investigate the underlying therapeutic processes, we currently develop a specific observer protocol with a wide range of factors (e.g. contributions by patients, number of exercises) and evaluate it in exploratory fashion in routine care in our psychosis unit. For this, at the end of each session, patients answer a questionnaire covering the dimensions fun, group dynamic, hope, motivation and insight (whether the connection of MCT to psychosis becomes clear or not). Preliminary results from 40 sessions suggest, for example, that overall contributions by patients increases insight ($r = .31$, $p = .06$), more shared personal experiences, however, not ($r=.03$, $p=.85$). Furthermore, the total number of exercises does not affect evaluation, but if patients make more corrective experiences through them, sessions are rated better ($r = .43$) and hope ($r = .41$) increase (both $p < .01$). This suggests that trainers should foster active participation and corrective experiences in exercises, while the mere number of exercises or more shared personal experiences seem less important for the intervention. A validated observer protocol could be implemented in trials investigating MCT or related interventions. An improved understanding of processes in group interventions for psychosis can eventually improve care for patients with psychosis.

# Introducing the "Craig Lewis Guide to Surviving the Impossible" - A Radical Reality Approach For Healing *by* [1] *Craig Lewis, Better Days Recovery International, Mexico*

Craig began finding peace and learning self-love lessons in 2015. This was initiated via numerous compounded traumatic experiences all occurring at the same time. What most people don't know and/or understand, is that what Craig Lewis survived could have left him dead, and as he was unable to get the help required to be healthy; his life collapsed. Now it is 2020 and Craig lives in Mexico and is getting better and better. Having had prior success with his Better Days Curriculum; this workshop is an introduction to the spiritual life changing and transformative lessons learned, during the past 5 years of a successful author and mental health worker having his life burn to the ground, becoming homeless and desperate, and how he has built a beautiful life out of the ashes of what once.  This workshop is an introduction to this gorgeous healing curriculum created by Survivor, Advocate and Author, Craig Lewis.

Participants will be informed of this new reality approach toward healing. Participants will be informed about the process of deep introspective and painful steps taken to heal. Participants will be informed by a survivor whose life and career publicly burned to the ground and who turned that devastation into something of applicable life-changing value.

Via storytelling, sharing of the curriculum, engagement and discussion, Q&A

The author of this book and the presenter of this workshop; are the living proof of the results.

No matter what happens to a person, they have the capacity to improve themselves and this curriculum exists as a tool with which to help them succeed.

Contact: punx.in.recovery@gmail.com

# Investigation of Rate of Domestic Violence against Women Presenting to Legal Medicine Centers and its Coping Methods in Iran: A Descriptive Study

*by* [1] *Jamileh Mohtashami, Shahid Beheshti University of Medical Sciences, Iran (Islamic Republic of) |* [2] *Zahra Arab Khangholi, Shahid Beheshti University of Medical Sciences, Iran (Islamic Republic of) |* [3] *Saeedeh Hosseini, Shahid Beheshti University of Medical Sciences, Iran (Islamic Republic of)*

Although domestic violence is common in all communities and is not limited to any specific geographical zone, violence against women is more severe in traditional societies with lower cultural levels. The aim of this study was to determine the rate of domestic violence and its coping methods against women presenting to Legal Medicine Centers in Iran.

A total of 150 women sustaining domestic violence presenting to legal medicine centers in Iran were selected as participants of this descriptive study using convenience sampling method. Data were collected through demographic information, WHO domestic violence questionnaire, and a researcher-made inventory of coping with domestic violence against women and analyzed through Mann-Whitney test, correlation coefficient, and independent *t* test.

We found mental violence as the most common type of violence against women (96.70%) followed by physical and sexual violence. There was a significant correlation between women's age and problem-based strategy (P = 0.04), women's occupation and problem-based strategy (P = 0.02), marriage duration and coping strategy (P = 0.002), marriage duration and problem-based method (P = 0.004), consent at the time of marriage and excitement-centered strategy (P = 0.02), presence of disease and excitement-centered strategy (P = 0.02), and drug abuse and excitement-centered strategy (P = 0.02), and a reverse significant correlation between excitement-centered strategy(P = 0.001, r = -0.26) and sexual violence and between problem-based strategy and mental violence (P = 0.02, r = -0.19).

Considering the importance of violence against women and given that those who use coping strategies encounter violence less frequently, it is recommended that some training classes be held to provide suitable and effective coping strategies for women sustaining violence.

# LGBTQQIA & Addiction Intro for Providers

*by* [1] *Jesse Heffernan, Helios Recovery Services LLC, United States*

This workshop will be an intro to the The YMSM + LGBT Center of Excellence full-day training, "A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals (2nd Edition)," which is intended for any providers in contact with LGBT individuals. Since SAMHSA released the first version in 2001, equality for the LGBT community has shifted in a more positive direction. However, shame, stigma, bullying, homophobia, biphobia, and transphobia still create barriers for many LGBT people to access and receive affirming care.

Following this workshop participants will be able to :

1. Learn about specific needs and barriers to services of the LGBT Community.
2. An introduction to key terms.
3. Considerations for clinical work with LGBT Individuals.

# Lost in transition - from child and adolescent to adult mental health care

*by [1] Raquel Fernandes, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [2] Carolina Vieira da Costa, Centro Hospitalar de Lisboa Norte, Portugal | [3] Marina Teles Martins, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [4] José Salgado, Centro Hospitalar Psiquiátrico de Lisboa, Portugal*

Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) have undergone significant improvement over the last decade, both in secondary in-patient and community-based services, as well as the interface with primary care. However, concerns about the quality of transition for young people from CAMHS to AMHS have existed for some time.

We aim to characterize the state of art on the process of transition between CAMHS and AMHS. A review of the literature was performed using the keywords "transition", "CAMHS", "AMHS", "young people" . The challenges faced by young people moving from adolescence into adulthood have been well documented. Research has shown that there is a significant period of development and change from adolescence up to the age of 25 as well as an increased incidence of mental illness. Ensuring a smooth transition between CAHMS and AMHS is important since failure results in service delivery being weak when young people are particularly vulnerable, with long-term consequences for their mental health. Research has shown that transition is generally poorly planned, poorly executed and poorly experienced. Differences between CAMHS and AMHS in relation to thresholds regarding acceptance criteria, professional differences and service structures, as well as the lack of consistent protocols, were found to affect the transition process. Many different models of CAMHS- AMHS transitional care have been developed, including continuity of care, parallel care, transition planning meetings and information transfer. Fundamentally transition planning requires CAMHS and AMHS to work together and in partnership with other services and with young people and their families.

Careful planning of transition between services is essential to prevent arbitrary discontinuities in care as people reach key transitions. Further investigation is needed to build guidelines about transitional care and about specific services for adolescents and young adults in psychiatry.

# Mental Health of Healthcare Workers in Complex Emergencies

by [1] Inês Pereira, Centro Hospitalar Psiquiátrico de Lisboa, Portugal | [2] Joana Teixeira, Centro Hospitalar Psiquiátrico de Lisboa, Portugal

With global emergencies on the rise, there is a need for qualified health professionals in the field of humanitarian aid operations. These workers are subjected to inhospitable working conditions and their chronic high levels of stress contribute to the development of psychiatric disorders, even after mission completion. Aim is to understand the mental health repercussions of healthcare humanitarian workers. Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

About 70% to 89% of workers involved in disaster relief have experienced mental health issues related to their jobs. Humanitarian workers (including healthcare staff) are vulnerable to PTSD, with anxiety, depression, and burnout as the most common comorbid conditions. Emergency relief staff might refrain from asking for help due to unavailable mental health facilities during humanitarian missions, stigma towards mental health, and even due to a culture of "heroism" surrounding these workers. Therefore, mental health disorders among these individuals might be underreported, as organizations do not keep track of their workers. Moreover, relief workers are not routinely provided with adequate support measures; these are crucial for the staff's mental health, well-being, and proper and compassionate care of their patients. To date, there are no studies that specifically address mental health levels on healthcare humanitarian workers, whereby making it necessary to extrapolate the available data. This would be particularly relevant to understand the scope of the problem and call for action from humanitarian aid organizations.

The mental health of these professionals is of indisputable significance in the wake of geographically restricted humanitarian crises. However, with the current COVID-19 pandemic, it is expected that relief work will be of greater importance globally, with nefarious consequences for humanitarian workers which should be anticipated by organizations.

# Mental Health Stigma among Medical Students - a Portuguese Survey

by [1] Bárbara Almeida, Hospital de Magalhães Lemos, Porto, Portugal | [2] Ana Samouco, Unidade Local de Saúde do Norte Alentejano, Departamento de Psiquiatria e Saúde Mental, Portalegre, Portugal | [3]

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Mental Health Stigma (MHS) is a complex and multifaceted concept that affects individuals with mental illness. Recent research concludes medical doctors hold negative beliefs and attitudes towards the mentally ill, contributing negatively to MHS. As future physicians, medical students are important mediators of MHS and are, therefore, a key population on stigma research. With this work we aim to explore and evaluate medical students MHS. We conducted a transversal study with fifth- and sixth-years medical students from *Instituto Ciências Biomédicas Abel Salazar* (Porto, Portugal). The participants completed a survey with 2 parts: a sociodemographic questionnaire and the Mental Illness Clinicians Attitudes 2 (MICA-2) scale, at the beginning of the psychiatry and mental health clerkships. The statistical analysis was performed using SPSS 24. 113 students completed the questionnaire; 71.7% were female, with an average age of 23.7 years old; about 50.4% of the students were in the fifth year. In relation to psychiatric history, 19.5% had personal history, 49.6% had family history and 54.9% had a friend with a mental disorder. About 18.9% would like to be a psychiatrist. The mean MICA-2 total score was 36.8 (SD 6.9; min 22, max 56). Sixth-year students had more stigma than the fifth-year students (p value <0.05). Having personal psychiatric history and the desire to be a psychiatrist seemed to confer fewer stigmatizing attitudes. The present findings confirm portuguese students have MHS. However, when compared to students evaluated in other studies from different countries, the participants from our study show lower MICA-2 scores. Future research could fruitfully explore this issue further, namely how and which factors operate on students MHS. In addition, the discussion and further research on psychiatry clerkships programs, namely the integration of anti-stigma interventions, may improve students and future doctors' attitudes towards mental health.

# Mindfulness Training in Aviation For Better Mental Health *by* *1* *Bryson Kelpe, bmindful.de , Germany*

Mindfulness training derived from Mindfulness Based Stress Reduction has not been studied extensively in aviation mental health. Mindfulness originates from the Buddhist and meditative practices, but is broadly defined as "paying attention in a particular way or on purpose".   Research on mindfulness was popularized initially for chronic pain then depression and anxiety with the work of Kabat-Zinn.

For this research project, 119 pilots were surveyed for willingness to do mindfulness training, current stress coping mechanisms, and stressors. This research project utilized a participatory research approach by engaging aviation stakeholders for coproduction. A coproduction team made up of aviation stakeholders was engaged; the original group was 6 aviation professionals

with backgrounds in air traffic control, cargo, military, and passenger aviation. Their feedback helped shape the survey question development. A second coproduction team made up of 12 pilots that in additon to active flying also practice and teach mindfulness was also engaged.

Aviation mental health focuses on screening and fitness to fly while neglecting mental health promotion and mental health recovery to the detriment of pilots. Mental health in aviation is highly stigmatized with a pilot losing fitness to fly after three therapy sessions or a mental health diagnosis. The GermanWings flight 9525 crash only exacerbated stigma for pilots experiencing mental health distress. Pilot support programs are mandatory in the EU and USA but that is only a recent development. Aviation has a long history of peer-led programs and mindfulness training has the potential to be an additional peer program.

Using thematic analysis, the self report data from the pilots surveyed supports the literature on pilot mental health stressors (e.g. irregular sleep, lower quality sleep away from home, heavy workloads in a dynamic working environment, and inconsistent work schedules). 85% surveyed were open to mindfulness training for stress reduction and mental health.

# New approaches to mental health literacy – analysis of a Portuguese initiative

*by* [1] *Miriam Marguilho, Centro Hospitalar Psiquiátrico de Lisboa, Portugal |* [2] *Mariana Silva, Centro Hospitalar Psiquiátrico de Lisboa, Portugal |* [3] *Beatriz Lourenço, Centro Hospitalar Psiquiátrico de Lisboa, Portugal |* [4] *Marco Gonçalves, Centro Hospitalar Psiquiátrico de Lisboa, Portugal*

Mental Health Literacy (MHL) is a construct that derives from Health Literacy, which entails people's knowledge and motivation to access and understand health information in order to make informed decisions. In Mental Health, this also means decreasing stigma and enhancing help-seeking efficacy. Web-based interventions targeting MHL are generally efficacious, since they have the advantages of potentially reaching a large group of people at relatively low costs, to do so in more visual and interactive ways and to be frequently updated. In 2015, inspired by the growing role of electronic health information as a means to influence individuals in managing their health, we created an online platform to reach the Portuguese population: Saudemental.pt.

In this presentation we aim to share the latest data available from the descriptive statistical and critical analysis of our website, framing it with the current state of the art on this topic. Statistical data from our website was analysed using Google Analytics. The portal was visited by 88.527 users during the 3 years. There was a substantial increase in the number of visitors from 2016 to 2018. New users were accountable for 84% of visits. The majority were estimated to be male (54%) and under 35 years old (61%). Organic traffic - through search engine - was responsible for the majority of entries (74%), followed by direct traffic – through browser - (13,5%).

Saudemental.pt manifests its growing power to access a wide public, acting as a potential tool to improve mental health literacy of the general population, thus promoting an active role of

individuals and informed decision-making regarding their own mental health.

# New innovations in online volunteering - corona spring experiences at Sekasin-chat *by[1]Pihla Aaltonen, Mieli Ry, The Finnish Red Cross, Helsinki, Finland*

Sekasin-chat (Mental chat) is a one-to-one anonymous chat service aimed at anyone aged 12 to 29, and needing to talk. The service is available 365 days per year, most days from morning until midnight. Sekasin is co-ordinated by MIELI Mental Health Finland and The Finnish Red Cross,and delivered by trained staff and volunteers, from many organizations, all interested in young people and their well-being. During the very exceptional spring of 2020 many young people experienced fear, uncertainty, anxiety, even suicidal thoughts. Sekasin-chat was there to meet the need to talk about these feelings. Over the spring Sekasin-chat was kept very busy: many young people needed someone to talk to, and many others (e.g. youth workers unable to do face-to-face work, volunteers wishing to support those in need) wanted to provide a listening ear. This meant that between March and July, Sekasin-chat trained up over 400 new workers & volunteers to deliver the service. Training took place over webinars and video meetings and required some new innovations and quick thinking. What's remarkable is that it resulted in a steep rise in the amount of young people Sekasin-chat was able to support. Whereas in May 2019, 1995 young people got through to the chat service (17% of those who queued to get in), in May 2020 this number was 3584 (22%). As you can see, the service is very popular among young people, due to anonymity, long opening hours, accessibility from all over the country and over any online source, and the fact that no topic is dis-allowed. Offering flexible training and volunteering opportunities will, also in the future, be essential to our service's success, and we take away many useful lessons from this spring's experiences.

# Non-participant Observations of Irish Psychosocial-Trained Mental Health Nurses' Experiences on the Use of Psychosocial Interventions *by [1] Siobhan Smyth, National University of Ireland, Galwat, Ireland | [2] Jan DeVries, Trinity College, Dublin, Ireland | [3] Edward McCann, Trinity College, Dublin, Ireland*

Training mental health nurses (MHNs) in psychosocial interventions (PSI) have been shown to havemany acclaimed benefitsboth for the nurses and for their clients too. Researchers have revealed benefits regardless of the setting. In this study, the purpose was to explore MHNs' experiences of using PSI in their care of the person with a mental health problem. Consistent with thegoal of understanding experience, a qualitative approach was adopted; an in-depth

multiple case study design using a multiple method triangulation strategy was used. The data collection sources included observations, interviews and supplementary field notes. This presentation will focus on the non-participant observations with the MHNs. An adapted observational schedule guided the observational data.

Two key themes were derived from the data: I.MHNs Knowledge and skills of taught PSI in practice & II.Facilitators and barriers to supporting PSI nurses in practice. Overall,participantviews' towards PSI were positive but many practice challenges were noted. Given the topic matter, this study offered answers to the context, overall purpose and addressed the objectives of the research. PSI nurses' roles are currently perceived and operationalised as not following recent policy ideas and international trends. Addressing the identified barriers, together with changing organisational reform from policy makers and management towards acknowledging, and actively including PSI as every MHNs role is important, and should be a priority for all Irish mental health services. These findings are relevant within the context of current debates about PSI, and can be used to improve and contribute to mental health nursing in various settings and countries.

# Perceived Barriers to Mental Health and Substance Use Treatment among Women of Childbearing Age in the United States: NSDUH 2008-2014 *by [1] Taghreed Salameh, Koc University, Turkey | [2] Lynne Hall, University of Louisville, United States | [3] Timothy Crawford, Wright State University, United States | [4] Martin Hall, University of Louisville, United States*

Mental health and substance use disorders of childbearing-aged women are associated with deleterious health consequences; however, most women do not access treatment. Understanding barriers to treatment can assist in targeting interventions and policies to improve the health of this population. Compare perceived barriers to mental health and substance use treatment among pregnant and non-pregnant women over time.

A trend study was conducted using data from the National Survey on Drug Use and Health 2008-2014 from a propensity score-matched sample of pregnant ($n$=5,520) and nonpregnant women ($n$=11,040) aged 18 to 44 years. Data on stigma, cost, opposition to treatment, time/transportation limitation, not knowing where to go, and lack of substance use treatment programs were used.

The most frequently perceived barriers to *mental health treatment* among women ranked similarly in 2008-2010 compared to 2011-2014: cost (45.2% vs. 50.6%), opposition to treatment (41.9% vs. 41.4%), and stigma (28.2% vs. 24.7%). There was no significant difference in barriers to mental health treatment between the two time points among the total sample nor between pregnant and nonpregnant women. The rank order of barriers to *substance use treatment* in 2008-2010 among all women was cost (38.7%), stigma (18.2%), and

time/transportation limitations (17%), whereas in 2011-2014, stigma ranked first (35.5%), followed by cost (25.9%) and time/transportation limitations (22.2%). In 2011-2014, the women were significantly more likely than women in 2008-2010 to report not knowing where to go (8.2% vs. .9%, $p$=.003) and a lack of treatment programs (17.7% vs. 3.0%, $p$=.014) as barriers to substance use treatment.

Perceived barriers to mental health treatment did not change overtime; however, reported availability of substance use treatment programs decreased between the first and second time periods. Parity legislation and treatment initiatives should seek to increase services tailored according to the need of childbearing-aged women.

# Personal recovery in psychiatry. On embodiment, roots, and connection.

*by [1] Bernice Brijan MA, Tilburg University/University of York, Netherlands*

The theme of understanding mental vulnerability has recently been receiving renewed and growing attention in the Netherlands. One of the reasons for this is an increasing attention for personal recovery and rehabilitation. At the same time, on an international level the research discipline of philosophy of psychiatry is developing rapidly with regard to studies on the complex nature of mental disorders. In various research traditions it is described how experiences of psychopathology reflect changes in the sense of reality and belonging to the world. The phenomenological tradition, on which my research is based, provides us with the concept of existential feeling. Furthermore, the research tradition of embodied cognition moves away from the view that mental disorders are disorders of the brain. By taking seriously the role of the body in understanding our mental skills and other capacities, it is argued that mental disorders are disorders of persons in interaction with their environment.

However, it has not been addressed sufficiently what an understanding of mental vulnerability in terms of a changed relationship to the environment and to the world as a whole implies for our understanding of personal recovery. In this paper presentation, I will take up this topic and argue that in order to answer this question a deeper understanding of the existential dimension in mental disorders is required. The importance of phenomenology will be elaborated in order to show how the existential dimension in mental disorders can be understood from an embodied perspective in terms of meaning, direction, and orientation. This will pave the way towards a better understanding of the development of mental disorders with regard to psychological and social factors, and towards a further development of views on personal recovery. Moreover, it underlines the importance for professionals in mental health care to being attentive to existential themes.

# Physical Disability, Shame and Emotion

# Regulation Processes in Multiple Sclerosis: A Preliminary Predictive Model of Post-Traumatic Stress Disorder Symptomatology

*by [1] Carolina Gomes, Clínica de Saúde Psiquiátrica de Coimbra – Casa da Oliveira, Portugal | [2] Teresa Carvalho, Instituto Superior Miguel Torga, Coimbra; Center for Research in Neuropsychology and Cognitive-Behavioral Intervention (CINEICC), University of Coimbra, Portugal | [3] Luís Benedito, Instituto Superior Miguel Torga, Coimbra, Portugal | [4] Constança Coutinho, Instituto Superior Miguel Torga, Portugal*

Multiple sclerosis (MS) is a chronic inflammatory, neurodegenerative and immune-mediated disease of the central nervous system. It mainly affects young adults, is often disabling, and generates repeated stressful and potentially traumatic experiences. Although stressful experiences are a predictor of MS onset and relapse, knowledge about predictors of Post-Traumatic Stress Disorder (PTSD) in MS is scarce.

This study aimed to analyze a preliminary predictive model of PTSD symptoms composed of physical disability (PD), internal (IS) and external (ES) shame, and emotion regulation processes, namely experiential avoidance (EA) and self-judgment (SJ). Because of high PTSD-depression comorbidity rates, depressive symptoms were also included as a potential predictor in the model.

Aconvenience sample of 99 patients diagnosed with MS and without other neurological diseases participated in this cross-sectional study. A self-report protocol (sociodemographic and clinical questionnaire, Posttraumatic Stress Disorder Checklist for *DSM-5*, Depression Scale of the Depression, Anxiety and Stress Scales-21, World Health Organization Disability Assessment Schedule, External and Internal Shame Scale, Acceptance and Action Questionnaire-Trauma Specific, Self-Judgment Subscale of Self-Compassion Scale) was administered.

The results showed that all variables presented significant correlations with PTSD symptoms and were independent and significant predictors in simple linear regression models. Thus, a multiple linear regression model including all predictors initially hypothesized was performed. The model identified PD, EA and SJ as significant predictors and explained 55% of the variance of PTSD symptomatology.

The data allows to identify and understand the joint effect of some predictors of the PTSD symptoms in patients with MS. Despite the known PTSD-depression comorbidity, PTSD symptoms are explained only by PD, EA and SJ. Psychological interventions aiming at reducing the suffering resulting from PD and making emotional regulation strategies more flexible can minimize the PTSD symptomatology in the target clinical population, promoting their mental health and eventually mitigating MS symptom exacerbation.

# Pregnancy delusion in an adolescent teen - a case report

*by [1] Catarina Manuel, Hospital Professor Doutor Fernando Fonseca, Portugal | [2]*

Tânia Duque, Hospital Professor Doutor Fernando Fonseca, Portugal | 3 Joana Marau, Hospital Professor Doutor Fernando Fonseca, Portugal

Pregnancy delusion occurs primarily in developing countries, and especially where there is strong familial and cultural pressure on women to be fertile. The delusion starts in a climate of apprehension and develops when sensory perceptions are interpreted as signifying pregnancy, despite evidence to the contrary.

Demographic data revealed that about half of the patients with pregnancy delusion were aged 20-40 years. Therefore, it is rare in adolescence. In the literature, the most common diagnoses in patients experiencing a pregnancy delusion were schizophrenia, bipolar disorders, and depression. Good treatment response was noted in 64.3 % of the cases.

We hereby present a case of delusion of pregnancy in an adolescent teen and discuss its differential diagnosis during follow-up.

Case Presentation

A 16 year old Muslim girl from Guinea was referred to the child and adolescent psychiatry outpatient clinic by her general physician due to a great fear/belief of being pregnant, accompanied by symptoms she attributed to pregnancy (colics, breast pain, swollen abdominal veins, distended abdomen), visual and auditory hallucinations, overvalued thoughts and actions around this subject. These manifestations started four years before her referral and worsened 3 months prior to her first consultation in our clinic. The symptoms described always occurred the week before her period and they remitted partially after menstruation.  When asked, she always denied previous intercourse.

During follow-up, no signs of pregnancy were visible. She started treatment with risperidone, sertraline, and clonazepam. She experienced an affective switch with sertraline and maintained the same symptoms the week before her period.

The following diagnoses were considered: Obsessive Compulsive Disorder, Delusional Disorder and Pseudocyesis.

# Prescription attitudes towards the use of long-acting injectable antipsychotics in a first-episode psychosis

by  1 Carolina Machado, Hospital de Magalhães Lemos, Portugal | 2 Bárbara Alemida, Hospital de Magalhães Lemos, Portugal | 3 Gustavo França, Hospital de Magalhães Lemos, Portugal

Rates of non-adherence to antipsychotic medication are high, with values above 50%. Poor adherence to oral medication has been cited as a modifiable reason for poor prognosis and  as a rational for prescribing long-acting injectable antipsychotics (LAI-AP).

Psychiatrists have often been shown to underestimate low adherence, and this finding, along with the belief that injectables should be reserved for non-adherent patients, may contribute to underutilization of LAI-AP in the first-episode psychosis (FEP).On the other hand , the guidelines don't always agree as presenting FEP as a suitable condition for LAI- AP prescription.

Our study aims to assess the prescription attitudes towards the use of LAI-AP in FEP, taking into account several clinical and sociodemographic variables. The study will also evaluate any significant discrepancies between psychiatry trainees and psychiatry consultants.

For this purpose, we did a literature review on this topic and we created an anonymous questionnaire. In the first part of this questionnaire, we collected data about psychiatric training, years of clinical practice, average number of patients with FEP treated per year and average percentage of FEP taking LAI-AP. In the second part, several statements associated to negative and positive attitude towards LAI were presented in a Likert scale. In the third part, many clinical and sociodemographic variables known to influence the prescription of LAI in "non FEP" patients were also assessed.

We distributed the questionnaire in a Psychiatric hospital(Hospital Magalhães Lemos, Porto, Portugal), where are currently working eighteen psychiatrists and twenty- five psychiatry trainees.

Data are currently being processed and analyzed. We expected that trainees prescribe more LAI-AP in FEP and have less stigmatizing ideas about it. Concerning variables favouring LAI prescription in FEP we expect similarities with "non FEP" prescription, with past aggressivity and poorer baseline functionality being the
most pointed.

# Prevalence and associates of psychological disorders among female domestic workers in Panchkula, India. *by* [1] *Ritika Malhotra, Tampere University, Finland, Finland*

Domestic workers have been recognised as one of the most vulnerable groups of informal labour sector, globally. In India, these workers, work part- or full-time doing households' chores. Because of their illiteracy, poverty, gender (mostly women), lack of legal terms of engagement and solidarity, domestic workers are often exploited. Concerns and challenges of domestic workers have been studied extensively in India. However, no study has been done on the mental health of these workers. The present study aims to fulfil that knowledge gap and attempts to influence public perception and the country's social security legislation.

The primary objective of the study was to determine the prevalence of depression, anxiety and stress among female domestic workers in Panchkula (India). One hundred and ten domestic workers were selected in two stages through random sampling technique from

domestic workers of Panchkula. Data regarding socio- demographic profile, work practices and facilities were obtained through interview and recorded on a pre-tested structured questionnaire. DASS-21 was used to screen the respondents for psychological disorders.

The prevalence of depression, anxiety and stress among the participants was 8.2%, 13.6% and 41.8%, respectively. Most cases of depression, anxiety and stress were mild /moderate, with only one case of severe stress. Higher quantum of work, migration from other states of India and lack of flexibility in reporting-time for work were identified as associates of psychological disorders among the study population.

The mental health of domestic workers deserves further multi-centric studies to quantify the problem and identify the determinants of poor mental health. Societal support, both from governmental and voluntary organisations through legislative and educational approaches, is essential for this vital but vulnerable workforce that is playing a significant role in the socio-economic development of India.

# Psychotherapy training during Psychiatry residency: what, when and how? *by [1] Ana Isabel*

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UEMS' (*Union Européenne Des Médecins Spécialistes*) Training Requirements For The Specialty Of Psychiatry state that "Training should at least include practical experience of different areas of psychiatric practice including (…) psychotherapy". In line with this recommendation, the Portuguese psychiatry curriculum suggests that trainees acquire practical competences in psychotherapy for at least one year during their residency. However, there is no official guidance or structure in Portugal for this training, leading to major asymmetries in the residents' curricula.

To assess current trends in psychotherapy training during psychiatric residency and review the literature on this issue. An online survey was applied to Portuguese psychiatry residents regarding their experience and opinions about psychotherapy training. A literature review on this issue was performed using Pubmed.

89 residents (71% female; equally distributed among different years of training) responded to the questionnaire. The overall majority of participants recognize psychotherapy (regardless of the model) as an essential competence in clinical practice. In line with this, 87% of our sample is currently having (or has previously had) theoretical training in psychotherapy, and 21% is currently receiving (or has previously received) clinical supervision in psychotherapy. The most common psychotherapy models of training are CBT (62%), Interpersonal Psychotherapy (31%) and Family Therapy (18%). Most participants are getting their psychotherapy training outside of

their placement institutions (namely in dedicated psychotherapy societies or post-graduate institutions), on overtime after working hours, with considerable personal investment and significant monetary expenses (18% report spending over 5000€).

Psychiatry residents all over the world are interested in psychotherapy training and consider it an essential competence in their clinical practice. However, national and international recommendations are only partially implemented, and psychotherapy training during residency varies considerably in availability, quality and content. Efforts should be made to facilitate access to psychotherapy training for all trainees.

# Psychotropic molecules and literature: A renewed chemical vision

*by [1] Sérgio Paulo Jorge Rodrigues, University of Coimbra, Chemistry Center and Chemistry Department, Rua Larga, 3000-545 Coimbra, Portugal, Portugal*

The development of psychotropic molecules for serious mental illnesses has contributed, since the second half of the 20th century, to reduce the suffering of people who were previously subjected to treatments that we now consider cruel and ineffective.

Although excessive medicalization and the widespread use of these molecules are currently being discussed, particularly in less severe cases, it is undeniable that their development has provided the possibility of alleviating the suffering of critically ill patients.

This communication proposes a brief review of the chemical history of the development of these molecules, accompanying the works of literary authors who could have benefited from them, such as Silvia Plath, among others, as well the works of writers that were also medical doctors, such as Fernando Namora, Oliver Sacks, António Lobo Antunes, and Robin Cook, who refer to them in their works, and to authors who have already benefited from these molecules, such as the philosopher Louis Althusser and the writer David Foster Wallace, and others.

# Recovery: My road to recovery

*by [1]Timo Kallioaho (MA), Mental health service user representing Mental Health Association in Seinäjoki Region and ENUSP (= European Network of [Ex-]Users and Survivors of Psychiatry)*

I got acquainted with this issue little by little beginning in 1980s and further in 1990s until the present years. This timeframe has been a long one starting in 1980 with my university studies. In my case, the situation was just simply like for many others – I was diagnosed in mid-1980s with a psychiatric disorder (OCD) which made it much more difficult to concentrate on the studies → in Autumn 1986 I became an in-patient at a hospital (altogether 6 years between 1986 and 1992). When leaving the university, I only had my Master's Thesis left for my diploma.

Even though my life seemed to be hopeless, there still was HOPE which composed one basic element in my upcoming Empowerment and Recovery years later. And the turning point was the Spring 1992 when I was sent to Stockholm for a neurosurgical operation → I could start a new life outside of the hospital.

There can be seen clear phases in my advocacy on my road to empowerment/recovery – first in Finland (where the concept of recovery was unknown in mid-1990s) and other Nordic countries and  much later in other parts of Europe. Getting my self-confidence back through finishing my Master's Thesis in 2003 was very important for me in order to be able to become more active in mental health voluntary work on the European level since 2007. Since 2014, I've been a Board member of ENUSP → opportunity to stay connected with other (ex-)users and survivors in Europe → e.g. our annual seminars in different European countries → a way to further become more and more acquainted with the concept of recovery (e.g. visits to European Recovery Colleges). Recovery-oriented practice in mental health settings is nowadays also gaining foothold in Finland, and progress can be seen.

# Simulation in Undergraduate Mental Health Nursing Education *by* [1] *Marianne Annion RN;MSc, Tallinn Health Care College, Estonia*

Mental health disorders are becoming a major problem in Estonia. There is an increasing number of patients with some form of mental health problem, disorder or illness. Every healthcare institution must provide qualitative nursing care for those patients. Mental Health Simulation enables for nursing students to practice mental health nursing skills in a safe environment.

The aim of the development project is to launch simulation study in nursing basic education at the Mental Health Nursing School at Tallinn Health Care College and to study students' experiences with simulation education.

The development project is being carried out in the Department of Nursing, Tallinn Health College, within the framework of Mental Health. The research methodology is empirical, quantitative survey and qualitative content analysis.
The main results of the quantitative analysis showed that the quality of the learning process was generally satisfied, using a 1- to 5-point scale. The mean score of the questionnaire analysis estimates was 4.7 and the significance score was 4.8.

The emotions that emerged in the learning process were: fear, anxiety, empathy, compassion and irritability. Students found simulation learning useful, productive, thought-provoking, and offered a better opportunity to learn theory. Students experienced increased empathy, confidence, and diminished fear. As a result of the development project, simulation training is integrated into basic nursing education at Tallinn Health Care College, the subject of mental health.

# Snapshots of recovery: A photographic

# exploration of experiences and meanings of recovery in Romanian mental health service users *by [1] Lucian Milasan, De Montfort University (Leicester) , United Kingdom*

Following post-communist social and economic changes, Romania is currently transitioning from institutionalised mental health services to a recovery-focused approach. In this context, it is important for Romanian policymakers, service providers, and mental health professionals to understand the view of service users on recovery from mental distress.

This study aimed to explore the lived experience of recovery from the perspective of Romanian mental health service users in order to identify the meaning they attached to recovery, and investigate potential socio-economic, cultural, and historical particularities of recovery from mental distress in Romania.

A qualitative phenomenological design was employed to explore the experiences of recovery from the perspective of fifteen adults with various mental health problems purposively selected from a community day centre in Romania. The phenomenological design was enriched with elements of photography to prompt meanings of recovery in the research participants involved in photography workshops and photo-elicitation interviews.

The outcome of this study was a better understanding of the experience of recovery in Romanian adults living with mental distress. Interpretative Phenomenological Analysis corroborated with participants' interpretation of their own photographs, revealed recovery as a complex, multi-layered, and non-linear phenomenon including medical, psycho-social, existential, and occupational parameters. Awakening, healing, and reconstructing life were identified as key recovery themes.

The findings of this study provided a cultural dimension of recovery in Romanian mental health users that adds to the knowledge emerging from the current recovery frameworks. Furthermore, the recovery themes identified in this study support a personal dimension of recovery, but also indicate that recovery is a complex phenomenon which cannot be fully understood unless situated in a socio-political, cultural, and historical context. The use of participatory photography was crucial to revealing the picture of recovery through deep insights and visual representations of recovery that generated rich narrative accounts.

# Social Empowerment of Marginalised Young Men - Co-Development of Digital AI application (Mirror Application) *by [1] Kari Hyvärinen, Metropolia University of Applied Sciences, Finland*

Social seclusion of young men (in particular) is a growing problem in Finnish society.

There is an increased need for supportive methods in the search of solutions for the self-direction of young people who are experiencing difficulties in finding their place in society via training and work placement. They might be suffering from unemployment, lacking perspective in life or encountering obstacles which prevent them from continuing their studies or employment. The field of service providers is wide. However, the challenge is how to bring both parties together.

The aim of this paper is to describe the results of the ESF-funded project (S21372) which aims at developing a web-based application to improve life management of young men, to prevent their risk of exclusion by social reinforcement in the direction of education and employment. The novel value of the project is the use of artificial intelligence in the digital application.

The operational model is based on the self-determination theory (Deci & Ryan) on the basis of which a four -step model is formed: Recognition of the passive behaviour, Awaking the desire for change, Developing competencies and Supporting change.

The actors in the project were a multi-professional team of teachers, students and other staff members from (Artificial intelligence, health technology, Service Design, Social Work and Health Promotion (Mental Health Nursing). In total 16 young men from the target group participated in co-development work, which took place in four individual workshops (eight weeks each) during 2019-2020.

Three Outputs were developed in parallel within the Multidimensional project: 1. Gaining knowledge of awakening and supporting young men's desire of change, 2. Testing the Model and 3. Building the Digital AI application (Mirror-application) in co-operation with the target group. The results of the project will be presented at the conference.

# Suicide bereavement: clinical challenges and interventions

*by* [1] *Margarida Araújo, Hospital Magalhães Lemos, Portugal |* [2] *Filipa Caetano, Hospital Magalhães Lemos, Portugal |* [3] *Ana Samouco, Unidade Local de Saúde do Norte Alentejano, Portugal |* [4] *Andreia Norton, Hospital Magalhães Lemos, Portugal*

Suicide bereavement describes the period of grief, mourning and adjustment after a suicide death. The lifetime prevalence of losing a relative or a close friend to suicide is estimated at 22% and it may be associated with the development of psychosocial disturbances. For mental health professionals, losing a patient by suicide may trigger reactions on personal and professional levels.

We aim to provide a literature review on the suicide bereavement phenomena, with emphasis on its specificities, associated risks, impact on mental health professionals and interventions. Literature research through *PubMed* database applying the search terms: suicide, bereavement, survivors, mental health professionals.

Bereavement after suicide frequently faces specific challenges. Besides the sadness and disbelief typical of all grief, investigations reveal that guilt, rejection and stigma are more

commonly reported, comparing with bereave by other causes. These persons experience unique features, such as feelings of abandonment or anger at the deceased and present a more prolonged and intense grief. Bereavement by suicide is a specific risk factor for suicide when compared with bereavement due to sudden natural causes, blood-related to the deceased or not. It is a risk factor for major depression, post-traumatic stress disorder and other psychiatric disorders. One of the major problems is the related suicide stigma. In terms of interventions, support groups appear to be useful. Other interventions include therapeutic and educational approaches, involve the social environment of the bereaved, and comprise sessions led by trained facilitators. For mental health professionals, support from colleagues is helpful, and professional reviews provide opportunities for learning and improved management of suicide and its aftermath.

Suicide bereavement predisposes to pathological grief, suicide and other mental health problems. It is of crucial importance to be aware of this risks and provide prompt interventions.

# The experience and patterns of psychoactive use of older adults in the UK and Brazil. *by [1] Dr Chris Wagstaff, University of Birmingham, United Kingdom | [2] Prof Sandra Pillon, Faculty of Nursing at Ribeirao Preto - Universidade de São Paulo, Brazil*

Nationally & internationally psychoactive substance use amongst older adults is growing. However, older people are ignored in addictions research and further research is needed into the modern-day phenomenon of illicit drug use in the over 50 population.

The aim of the study is to develop a broader understanding of the experiences of people who are 50 plus who use illicit substances and to have a better understanding of their patterns of substance use.

In this study we interviewed participants who were 50 plus about their experiences of using illicit substances and completed the WHO ASSIST screening tool to understand the patterns of substance use amongst this population.

The study was replicated in the UK and Brazil.

Three themes were iteratively derived from the semi-structured interviews: Pleasure, routine and "So what?"

The quantitative results indicate that most participants smoke tobacco and drank alcohol, as well as used illicit substances.  However, most interestingly, the research team were surprised that more people within the sample took cocaine (both snorted and smoked) than smoked cannabis. Additionally, more participants smoked both crack cocaine and cannabis than smoked only cannabis.

Discussion of the idiosyncratic nature of the recruitment process and acknowledgement of the

lack of diversity amongst the research participants.  Whilst there is a need for further training there also needs to be further discussion as to whether treatment packages for older adults who use substances necessarily need to be different from other age groups.

There is need to greater investigation into the patterns of substance use in people over 50, separating those with and those without a mental illness and to research specifically people who started taking illicit substances later in life as oppose to lifetime users.

# The Impact of the COVID-19 Crisis on Suicidality - Experiences from Finland

*by  [1] Frans Horneman, MIELI Mental Health Finland, Finland*

The manual based Attempted Suicide Short Intervention Program (ASSIP, Finnish abbreviation: LINITY) was developed in Switzerland and it has been carried out in Finland by a non-governmental organisation MIELI Mental Health Finland since 2013. The intervention is carried out at the Suicide Prevention Centre, which operates in two cities, Helsinki and Kuopio. Clients who have attempted suicide are referred to the LINITY/ASSIP intervention mainly through emergency care services and psychiatric outpatient clinics. The intervention is voluntary and it does not replace other forms of care. LINITY/ASSIP includes three to four sessions with a crisis worker. In addition, the clients will be sent semi- standardised letters over a period of two years.

The overall impact of the coronavirus crisis on suicidal behaviour in Finland is not yet known. During the spring of 2020 the police recorded a total of 186 suspected suicides, in comparison to 168 suicides in the spring of 2019. According to national police board data from 2020, the number of suspected suicides was 15 % higher than in March and April in 2019. The increase in suicides seems to be regional. For example, in the cities of Tampere and Jyväskylä the number of suspected suicides doubled compared to last year.

Due to the coronavirus crisis service providers in Finland were forced to cut down mental health services. In response to the circumstances, the Suicide Prevention Centre explored whether the intervention could be carried out remotely. The transition was fast and exploratory, as all sessions were carried out utilising video and telephone connections. The development is still ongoing; however, client feedback supports the notion that remotely delivered LINITY/ASSIP is a feasible method for suicide prevention.

The LINITY / ASSIP intervention and the experiences from remote client contact during the coronavirus crisis are introduced and discussed in this presentation.

# The importance of integrating the Adverse Childhood Experiences (ACEs) evidence

# base into mental health multi- disciplinary team practice *by* [1] *Mary Kennedy, Trinity College Dublin, Ireland*

Growing up in a home where someone has a diagnosis of mental illness is an ACE. Mental illness is, however, not only identified as an ACE, but it is also recognised as one of the negative outcomes that those with ACEs can encounter throughout their lifespans. The ACEs evidence base has consistently stressed the importance of mental health professionals not only asking about ACEs but also understanding how to participate in the associated prevention, intervention, and response processes. The evidence base has evolved significantly since the seminal ACE study in the late 1990s, despite this evolution, most mental health professionals do not receive education about it in their core training. The proposed oral presentation will examine the importance of integrating the ACEs evidence base into multi-disciplinary team practice in mental health settings. It will introduce participants briefly, to the prevalence of ACEs amongst mental health populations across several settings (acute, inpatient, community, probation, prison and child and adolescent). The presentation will then progress to critically analysing what the evidence base tells us about the integration of ACEs education for professionals before entering practice. The oral presentation will close with an exploration of the importance of understanding current ACE related topics such as the contribution of social determinants of health to poor outcomes and the adoption of trauma-informed approaches in non-therapeutic settings for mental health professionals. The proposed presentation will provide a concise overview of the significance of implementing the ACEs evidence base into practice for mental health professionals across all sectors. The main aim of the presentation is to start a discourse about how the appropriate integration of the ACEs evidence base can help those with a diagnosis of mental illness.

# The importance of underreporting in clinical samples: New indexes for detecting subtypes of Defensiveness and Social Desirability

*by* [1] *Rosa Novo, Faculty of Psychology of University of Lisbon, Portugal |* [2] *Bárbara Gonzalez, University Lusophone of Humanities and Technologies, Portugal |* [3] *Magda Roberto, Faculty of Psychology of University of Lisbon, Portugal*

Response biases in psychological assessment, such as overreporting or underreporting of personality characteristics and psychopathological symptoms, can lead to misleading decisions in the mental health context, with negative impact both for the patient and the institution. Traditionally, overreporting has been the main focus in clinical samples, but underreporting may be more difficult to distinguish from honest responding than is overreporting, and the development of detection strategies for underreporting is less advanced. Ongoing research has made clear that all multiscale inventories are highly susceptible to "Faking Good" or "Positive Impression Management" often without detection.

Traditionally, the underreporting has been assessed as a whole, without consideration of subtypes, and most of the existing studies use simulation research designs and not real word comparison groups.

Therefore, this work has two main goals: assessing the validity and utility of a new index comprising *L, K* and *S MMPI-2 validity* scales scores in the detection of underreporting, and testing two specific indexes that characterize the two underreporting subtypes: "Defensiveness" and "Social Desirability".

A clinical sample of 347 outpatients with diverse psychological and/or psychiatric conditions, 70% feminine ($M_{age}$ = 39.93; $SD_{age}$ = 13.16) were assessed with the MMPI-2, a wide psychopathology and personality self-report instrument with validity scales, and compared to a community non clinical sample.

Results present that the global underreporting composite indicator (LKS ≥ T65) only identifies 1% in the clinical sample and 1.5% in the community one, showing small differences between the two. Defensiveness and Social Desirability indexes show that high values (≥ T65) occur, respectively, in 9% and in 22% of the clinical sample, against 12% and 28% in the community one. This indicates the relevance of specific underreporting subtypes indicators and that, although of small magnitude, underreporting also occurs in clinical samples and must be analyzed.

# The KIDSCREEN-27 scale: translation and validation of the Slovenian version

by  [1] *Leona Cilar, University of Maribor Faculty of Health Sciences, Slovenia |* [2] *Majda Pajnkihar, University of Maribor Faculty of Health Sciences, Slovenia |* [3] *Owen Barr, Ulster University, School of Nursing, United Kingdom |* [4] *Ulrike Ravens-Sieberer, Center for Psychosocial Medicine, University Medical Center Hamburg, Germany |* [5] *Gregor Stiglic, University of Maribor Faculty of Health Sciences, Slovenia*

Adolescents today are facing many stressors that can impact their mental well- being. Factors like schoolwork, achievements, interactions and relationships can have a major impact on their well-being. Poor mental health may have a negative impact on their development and the transition to adulthood and can impair employment opportunities and be costly for individuals, society and the country. Therefore, validated and reliable instruments to support mental health are crucial in measuring the support adolescents receive in correlation with their mental well-being. The aim of this study was to validate a questionnaire for assessment of quality of life in relation to social support among adolescents in Slovenia.

The KIDSCREEN-27 scale was translated into Slovene, using a back-translation- based procedure by following international guidelines. A 6-steps method of validation was used to validate the KIDSCREEN-27 scale.

Adolescents between the age of 10 and 19 participated in the study. Out of 137 study participants, 57 were from primary and 80 from secondary schools. All five subscales of the

KIDSCREEN-27 formed a scale, which was unidimensional with good homogeneity and reliability. The confirmatory factor analysis showed poor fit in the user model versus baseline model metrics (CFI = 0.758; TLI = 0.730) and good fit in root mean square error (RMSEA = 0.098; p($\chi$2) < 0.001). A scale reliability for the KIDSCREEN-27 was calculated using internal consistency measures of Cronbach's $\alpha$ (0.89), beta (0.64), G6 (0.94) and omega (0.88). The questionnaire showed good psychometric properties and can be used among adolescents in Slovenia to find out about their quality of life.

# The Mental Health of someone raised within fundamentalist Christianity: Holly's story.

*by [1] Gill Harvey, Gill Harvey Counselling, United Kingdom*

This small-scale qualitative study methodologically combined relational-centred reflexivity with the collaborative narrative approach.  The focus was on hearing, gathering, and representing the unique stories of counsellors, as well as some of their clients, in terms of the possible influence of growing up in a religious environment, on mental health and wellbeing. Co-researchers were drawn from the Abrahamic faiths and it is important to acknowledge that participants from other religions may have produced different results.

Following advertising, much interest was expressed in possible participation, with twenty counsellors undergoing online preliminary interviews during Summer 2019.  Purposeful sampling was then used to gain diversity of representation across the Abrahamic faiths.  Eight co-researchers were invited to proceed including Holly, data collection being via face- to-face, unstructured interviews. Following transcription, co-researchers  separately analysed the transcript prior to a joint interpretative interview taking place which then produced a blended text for each participant.

In a similar way to other contributors, Holly recognised some benefits to her upbringing e.g. knowledge of religious matters from an early age, a sense of belonging and a continuing faith which she believes sustains her mental health now.  However, historically she experienced chronic depression and several mental breakdowns and stated her belief that her  childhood experiences were influential on her choice of churches and  relational breakdown as an adult. She also related similar influences in some of her work with clients from a different Abrahamic faith.

Research on this topic is much needed with psychoeducation for professionals being regarded as crucial.

# The psychological aspects for the formation of Security and Liberty policies <span style="font-style: italic; font-weight: normal">by 1 Daniel Wildt Rosa, Faculty of</span>

*Economics of the University of Coimbra, Portugal | 2 Joana Proença Becker, Faculty of Psychology and Education Sciences of the University of Coimbra, Portugal*

One of the functions of the State is to regulate social relations, with the objective of guaranteeing the conditions for the adequate development of the human personality. Often, this activity results from a dialogue between Freedom and Security, presented as if the amplitudes of these values were inversely related. However, this relation occurs in a purely objective field, insufficient for the State to satisfy social aspirations. In order not to deny their human nature, the concepts of Freedom and Security must also be understood in their subjective aspects. The present study aimed to analyze this binomial, through a narrative literature review, assuming that it must understand the emotional elements that compose it. Therefore, as feelings, a new approach could be explored, considering the psychological sciences to guide politics and ensure greater efficiency in dealing with Freedom and Security. In this sense, for example, it is not possible to recognize the exercise of freedom practiced by those who do not feel safe enough to hear their own will, nor to admit that there is security in the spirit of those who do not hold their own destiny because they are subjected to another.

# The Portfolio of Inspiring Practices in Psychosocial Care <span style="font-style: italic; font-weight: normal">by [1] Heloisa Passos e Martins, Escola Nacional de</span>

*Saúde Pública da Universidade NOVA de Lisboa, Portugal | [2] Nina Isabel Soalheiro dos Santos Prata, Escola Politécnica de Saúde Joaquim Venâncio- Fiocruz, Brazil*

The present work reports the development of one of the products of the research "Challenges for mental health in primary care: building collaborative strategies, care networks and psychosocial approaches in the Family Health Strategy (FHS) /Rio de Janeiro". The research works from the perspective of dialogue and defence of the strategic function of both policies, based on the principles: integrality and territorialisation of care. Here we present an excerpt of the theme, a Portfolio of Potentially Inspiring Practices, which aims to strengthen the performance of the Brazilian Health Unic System (SUS) workers and encourage the qualification of health practices and actions in Primary Care.

Mental health, in addition to a specialty that requires specific actions in a basic team, is also the one that contributes to the recognition and acceptance of psychological suffering in its relationship with the social, existential and biographical territory of patients. An understanding of the health-disease-care process, where mental suffering is a particular manifestation, but inseparable from the social context.

We intend to give visibility of national and exemplary practices, to the FHS workers and the community, that can be identified as psychosocial approaches and go beyond biomedical

guidelines, iatrogenic specialties and medicalizing characteristics. In addition to the descriptive reports, the Portfolio includes theoretical contextualization and analyses of collective practices chosen by the researches as exemplary: group practices, cultural initiatives, educational and political actions.

The construction of the Portfolio allows us to see a scenario of great vitality and creativity in the experiences in primary care/FHS, despite the adverse political situation. There is a fertile field to be explored by research with an evident strengthening of the use of non- biomedical knowledge, despite its hegemony in the field of health in general.

# The self-reporting instrument of psychiatric nursing at Oulu University hospital *by* [1] *Niko Borén, PPSHP Oulu University hospital, Finland |* [2] *Eeva-Maija Vilmi, PPSHP Oulu University hospital, Finland*

Modern psychiatric nursing care requires up-to-date evidence-based data for management processes and the allocation of appropriate nursing staff.

The purpose of the self-reporting, structured instrument of psychiatric nursing, developed at Oulu University Hospital, is to gather comprehensive information on the content and time management in modern psychiatric nursing. Information gathered with the instrument can be used to identify and develop key processes in psychiatric care.

Data collection covering four one-week work periods and was conducted in Psychiatric wards at Oulu University Hospital using the Webropol survey tool. The nursing staff completed the instrument in September 2017, November 2017, February 2018 and May 2018. They evaluated which was their main task for each 15-minute period of their work shift and recorded this in the data.

Preliminary Results, from the three psychiatric wards, showed that nursing staff used an average of 60% of their working time on value-added nursing activities, such as the implementation of psychiatric research, treatment and symptom management and safety. On average, 36% of working time was spent on essential activities, such as coordination of care. An average of 3% of working time was related to non-value-added activities, such as maintaining the operating environment and personal breaks.

Based on the self-reporting instrument of psychiatric nursing developed in Oulu University hospital, indicated that the psychiatric nurses' use of working time is primarily focused on value-added nursing activities. The instrument itself showed to be useful for comprehensive evaluation of working time of nursing staff in psychiatric care settings. The data gathered using the instrument also allows analysis of the broader concept of work, such as the profile of the working units. The gathered information can be utilized for the evaluation and development of nursing functions and the management of the work time of psychiatric nursing staff.

# TurvaSiipi Project by [1] Heikki Ellilä, Turku University of Applied Scieces , Finland

The TurvaSiipi project aims to develop a new procedure to prevent violence and aggression in psychiatric inpatient units, and consequently increase job-related safety and well-being as well as job management among nurses working with challenging patients. The new developed procedure is a security room intervention that is based on prevention, environmental changes and enhanced communication.

The objective is to strengthen violence prevention by introducing the Brøset Violence Checklist. In addition, the project aims to replace the traditional coercion room with a new security room-intervention, so that nurses' safety and well-being are not compromised, but therapeutic interaction between patients and nurses increases. Furthermore, another main target is to enhance patient safety as well as strengthen patients' autonomy and thus increase the overall quality of care.

Within the project, there is an ongoing quasi-experimental research, using study group and control group that is examining the effectiveness of the security room intervention to nurses' perception of the ward atmosphere and job satisfaction as well as the number of threatening incidents and compulsory procedures used in psychiatric units. In addition, the research project is collecting data about patients' and nurses' perception of the security room intervention with qualitative methods to further develop the intervention.

TurvaSiipi is a collaboration project between Turku University of Applied Sciences, the Department of Nursing Science at the University of Turku and the psychiatric field of the Hospital District of Southwest Finland. It is funded by the Finnish Work Environment Fund.

# Using an expert panel method in mental health research: Lessons learnt in focus group discussion by [1] Joonas Korhonen, Turku University of Applied Science, Turku, Finland; Department of Nursing Science, University of Turku, Turku, Finland, Finland | [2] Gerhard Grobler, MBChB, Mmed (Psych), Principal Specialist, Senior Lecturer, Steve Biko Academic Hospital and Department of Psychiatry, School of Medicine, University of Pretoria, South Africa, South Africa | [3] Anna Axelin, PhD, Associate Professor, Department of Nursing Science, University of Turku, Finland, Finland | [4] Mari Lahti, PhD, Post-Doctoral Researcher, Principal Lecturer, Turku University of Applied Science, Turku, Finland; Department of Nursing Science, University of Turku, Turku, Finland, Finland

This study explored the content validity of the Mental Health Literacy Scale in African context using a heterogeneous expert panel method.  The method employed the expertise of Professional Research Experts (PREs) and Clinical Experts (CE) from sub-Sahara Africa in content validation. This innovative method, involving these two specific expert groups is still rarely used in mental health research. One identified gap lies between the professional researchers' and clinical experts' knowledge on mental health. This study used CEs as experiential experts to better understand and improve the context-specific relevance in the

validation process of an instrument measuring mental health literacy (MHL), the Mental Health Literacy Scale (MHLS).

The study population comprised two expert panels (N=21) divide into separate groups to evaluate the instrument's content validity in two phases between April and May 2018. CEs (n=10) from a primary health clinic in Lusaka, Zambia were recruited to secure a cultural understanding of mental health in low- and middle-income contexts. PREs (n=11) from the MEGA project team were recruited to secure a theoretical understanding of MHL as they had a scientific training and understanding of youth and adolescent mental health. Experts were asked to rate Content Validity Indexes (CVI) of all 35 items of the MHLS followed by in-depth discussion.

PREs' and CEs' opinions differed in the study. Especially CEs had difficulty in separating their attitudes and cultural knowledge toward mental health illnesses from the evaluation process of the items' relevance. This issue was raised out during the panel discussion and may state that CEs were unfamiliar with expert panel method or did not have adequate knowledge to evaluate the MHLS.

As Primary Health Care Workers are at the forefront of promoting and delivering mental health care in their communities, more contextual studies in needed to better understand their knowledge.

# Ward atmosphere in psychitaric units – nurses' perception *by [1] Mari Lahti, Turku University of Applied Sciences ,Finland*

Nurses working in psychiatric hospitals often encounter threatening incidents that jeopardize their safety. These incidents may reduce nurses' occupational safety and satisfaction as nurses often experience them as stressful and they may also lead to sick leaves. Hence nurses' occupational safety and satisfaction in psychiatric units can be improved by preventing threatening incidents. This study is a part of larger TurvaSiipi- project, in which alternative space for traditional coercion room is evaluated in psychiatric units.

The aim of the study is to describe nurses' perception of the ward atmosphere in psychiatric units. Cross-sectional descriptive design was applied. Data were collected from six psychiatric units in Finland at 2019 using Ward Atmosphere Scale [©](WAS-R) instrument and analyzed using statistical analyses. In total, 74 nurses participated in this study. Slightly over half (55.4%) of the participants were female and their mean age was 41.6 years, ranging from 19 to 65 years. Majority (68.9%) were registered nurses and the average work experinece in total was 13.51 years, ranging from 0.5 to 43 years. Work experinece in their current unit had average 6.17 years, ranging from 0 to 33 years. The detailed findings regarding participants' perception of the ward atmosphere will be presented in the conference.

It is important to recognize ward atmosphere to further develop activities that support satisfaction and well-being of the nurses. More detailed conclusions will be presented in the

conference.

# What it means to become a co- researcher? First experiences from a co- research project in Finnish Clubhouses *by* [1] *Antti Pitkänen & Sauli Savela, Finnish Clubhouse Coalition, Finland*

The international Clubhouse model is based on equal opportunities for participation and influence. Therefore it is important to also carry out research based on these principles. OSSI-project (STEA, Funding Centre for Social Welfare and Health Organisations, 2020-2022) is a collaborative research project in which these principles are implemented e.g. through the involvement of co-researchers.

We have been working as co-researchers of OSSI-project since spring 2020. In this presentation we will describe and discuss our interests and experiences of co-research: how should it be implemented in such manners, that it becomes beneficial for us and our fellow Clubhouse members? How could participation in research process promote ones own empowerment and inclusion - not only inside Clubhouse communities but in society more generally?

# Why to release challenging past life experiences? *by* [1] *Swanette Kuntze, KCC, Portugal*

We sometimes carry wounds and emotions not only from experiences in our present life, but also from events in past lives. To become free from our limitations and to accelerate our dimensions of the soul, it is extremely beneficial to dissolve old patterns, clear old vows or resolve unhealed traumas that can cloud our abilities in this life. Emotional imprints of any unhealed trauma from previous incarnations are present in our deep subconscious. They can influence our responses and emotional states in unpredictable ways in the present time. To tune into an integral and positive soul experience we have to dissolve the traumatic content from past lives to see though difficulties or challenging situations that otherwise might distract or de-stabilize us in this time.

people will understand

- what are trapped emotions, traumas
- what are the Akashic Records
- the connection of the present life and former incarnations
- the impact of experiences in former lives on the current one
- how to clear what is holding them back
- how to live a fullfilled life

Professional Biography:

Swanette Kuntze is an Intuitive Consultant, Holistic Coach and Energy Healer. She also has a medical background and is a qualified environmental engineer.
As a spiritual changemaker she creates solutions for the challenges our modern world is facing – for both the outer crisis in society and environment as well as the crises of the inner human world.
Swanette sees things most people don't see and can see patterns that are often out of sight for most people.

Swanette is supporting people in their individual ascending process healing them physically, emotionally, mentally & spiritually. Therefore she helps the cellular body to empty the reservoirs of outdated memories, releases trapped emotions and limiting beliefs, and cuts the energetic cords taken over from others, in the genetic karma or Akashic Records.

# Women's mental health – Psychiatric causes of mastalgia *by [1] Filipa Caetano, Hospital de Magalhães Lemos, Portugal*

Introduction: Mastalgia, the most important breast-related symptom, refers to the pain that arises from breast tissue. When there is no identifiable cause, the symptom is seen as part of a psychosomatic illness. Objectives; Review the existing literature on Mastalgia, focusing on the mental health of patients and the subsequent psychiatric comorbidities. Methods: Literature search on Pubmed and Google Scholar.

Idiopathic mastalgia is often poorly managed because of its subjective nature and unclear etiology. When patients are resistant to the traditional pharmacological treatment, they should be assessed by a multidisciplinary team, including a mental health professional. According to several studies, higher scores on depression and anxiety scales have been associated with the presence and severity of mastalgia. These patients also exhibited higher levels of somatosensory amplification, stress, and health anxiety than the average population. Psychiatric diseases associated with mastalgia include generalized anxiety disorder, panic disorder, depression, post-traumatic stress disorder, and somatoform disorders. In treatment-resistant mastalgia, psychotherapeutic and/or psychiatric medications can be helpful.

There is extensive evidence that positive mental attitude, low stress levels, absence of depression, and good external social support can improve the management of chronic pain. Also, adequate treatment of co-existing mental health issues may influence patients' coping strategies and their overall perception of mastalgia. Conclusions: Addressing mastalgia patient's mental health is of extreme importance since the proper treatment of the psychiatric symptoms of the patients might reduce the pain syndromes. Based on the foregoing reasons, performing a psychiatric evaluation of patients with mastalgia is of great importance.

# POSTER PRESENTATIONS

Abstracts for poster presentations

(In alphabetical order based on the title)

# A Quality Improvement Project to Improve the Timely Distribution of Perinatal Mental Health Discharges

*by* [1] *Hari Pai, King\'s College London, United Kingdom |* [2] *Avni Vadgama, King\'s College London, United Kingdom |* [3] *Abinaya Sivapalan, King\'s College London, United Kingdom*

To meet Standards for Perinatal Mental Health Services set by the Royal College of Psychiatrists, it is imperative that certain guidelines are followed with regards to discharge notifications. We acted upon this by implementing timely targets set by the standards for discharge notifications in the Kent and Medway, Maternal Mental Health NHS Trust.

Aims were to ensure
1) That 60% of all discharge notifications produced were distributed to the patient and their respective GP within 24 hours
2) 100% of the full Multi-Disciplinary Team discharge summaries were sent to members of the healthcare team within 10 days

Data collection for two Plan-Do-Study-Act (PDSA) cycles was carried out between September 2019 and January 2020. Data was collected before interventions in September 2019. In November 2019, the first PDSA cycle of introducing A4 page discharge notifications with a carbon copy was done. The second PDSA cycle of introducing forward- planning of discharges when clinicians are on site, was carried out mid-January 2020.

PDSA cycle 1 brought an improvement of 50%. This did not meet the goal of 60%, so PDSA cycle 2 was implemented and this caused an 83% increase. The % of MDT discharge summaries sent in time stayed consistent at a median of 86%.

Initially, adherence to producing timely discharge notifications did not meet our expectations (50% average uptake). By allowing clinicians to forward-plan their discharge notifications they had increased flexibility on meeting targets which led to an improved outcome following PDSA 2.

Ultimately the implementation of these guidelines should improve patient flow within tertiary care centers and thus the NHS by contributing to a smooth transition back into primary care. Sustainability however is an issue here due to the increased paper use so use of virtual discharge notifications may be considered in the future.

# A treatment strategy for meeting the life as it is

*by* [1] *Hilde Våbenø Markussen, Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway +St. Olavs hospital, Trondheim University Hospital., Nidaros District Psychiatric Centre., Norway |* [2] *Lene Aasdahl, Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway + Unicare Helsefort Rehabilitation Centre, Rissa, Norway, Norway |* [3] *Petter Viksveen, Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger., Norway |* [4] *Berith Hedberg, Jönköping Academy for Improvement of Health and Welfare, Jönköping University, Sweden |* [5] *Marit By Rise,*

*Department of Mental Health, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim., Norway*

Increasing mental health problems and a scarcity of treatment resources put pressure on service innovation in mental health services worldwide. Since young adults were increasingly seeking help for mental health problems, a District Psychiatric Centre (DPC) in Norway started in 2016 a brief treatment program, intending to give them early and effective help.

Aim is to explore how patients and therapists experienced brief therapy. Individual interviews with 12 patients and group interviews with 8 therapists. Data was collected between summer 2019 and spring 2020 and analyzed according to Systematic Text Condensation.

Experiences from both patients and therapists constitute five themes;

1) Time limitation as a frame for treatment: Time limitation was described by the therapists as a cornerstone in brief therapy and the patients said they had to accept the time limitation before treatment could start.

2) Clarification of expectations for accountability, willpower, and self-effort: Both therapists and patients described that the treatment was based on a joint clarification of expectations, committing both parties during therapy.

3) Defining a limited change-project: Both patients and therapists described brief therapy as focusing on a limited project, and that patients were not supposed to change their whole life.

4) Providing tools instead of searching for causes: Both patients and therapists described that the brief therapy process did not entail investigating causes for the patients' problems. 5) Learning to cope - not being cured: The therapists described brief therapy as having a different goal than finding a final cure, namely to learn ways to "master life as it is".

# Barriers to Access to Care Evaluation: Portuguese adaptation of a mental healthcare psychometric instrument

*by 1 Rita Ferreira Dionísio, Faculdade de Ciências da Saúde da Universidade da Beira Interior, Portugal | 2 José Augusto Simões, Faculdade de Ciências da Saúde da Universidade da Beira Interior, Portugal | 3 Inês Rosendo, USF Coimbra Centro, FMUC, Portugal | 4 Ana Filipa Miranda, USF Sete Caminhos, Portugal | 5 Nuno Madeira, Serviço de Psiquistria CHUC, Instituto de Psicologia Médica CHUC, Portugal | 6 Tiago Santos, Serviço de Psiquiatria e Saúde Mental CHBV, Portugal | 7 José Antunes, USF Arte Nova, Portugal | 8 Eliana Bonifácio, USF Aveiro-Aradas, Portugal | 9 Ana Esperança, USF Flor de Sal, Portugal | 10 Inês Leite da Silva, USF São João de Ovar, Portugal | 11 Sofia Morais, Serviço de Psiquiatria CHUC, Portugal | 12 Natália Guerreiro, USF Briosa, Portugal Introduction:*

Despite the rising prevalence of mental illness, studies show that there is a delay in the access to mental health care. This delay may be due to many factors that have been studied. The aim of this study is to validate an instrument in Portugal that identifies the main barriers to seeking mental healthcare in patients with a mental illness. Methods: A translated version of Barriers to Access to Care Evaluation (BACE-3) was included in a survey that was filled in by patients with mental illness attending appointments in primary and specialized care. Other scales were included, such as Illness and Help-Seeking Behavior Scale (IHSBS), an adaptation of the 36-Item Short-Form Health Survey (SF-SP) and the Stigma Scale (SS). Results: The sample consisted of 202 participants. We obtained a Cronbach's a of 0,95 both for all the BACE-3 items and the treatment stigma subscale. BACE-3 and its subscales presented a significant positive correlation with the

SS with correlation coefficients of 0,57 (p < 0,001), 0,66 (p < 0,001) and 0,42 (p < 0,001), respectively. A negative significant correlation was found between the physical health component of SF-SP scale, and the BACE-3 scale (rs = -0,23, p = 0,006), the stigma-related (rs = -0,16, p = 0,043), and the nonstigma related items (rs = -0,26, p = 0,001). Regarding the psychological health component of the SF-SP scale, a significant negative correlation was found, with BACE-3 (rs = -0,22, p = 0,009) and with stigma-related items (rs = -0,21, p = 0,009). Discussion: The scale being studied showed good validity. However, due to the small sample size, further studies will be needed to do a test-retest evaluation. Conclusion: The European Portuguese version of BACE-3 scale effectively evaluates the main barriers to access to mental healthcare in people with mental illness.

# Better Employee Wellbeing, Better Productivity – Co-development model in Small and Medium-sized Enterprises *by* [1] *Kari Hyvärinen, Metropolia University of Applied Sciences, Finland*

Employee wellbeing is the foundation of sustainable entrepreneurship. Work is sustainable when employees are enabled to influence their work. There is greater need to improve the knowledge in diversity management in Finnish SME's, i.g. in Private Nursing Homes and in other Health Care Sector Enterprises.

The aim of this paper is to describe the results of the ESF-financed (S21057) project, which aims at recognising and utilising the expertise of work communities in order to promote well-being at work and productivity. The actors in the project are two Finnish Universities of Applied Sciences (Metropolia and LAB). The project explores how small and medium-sized enterprises (SME) contribute to the well-being and productivity with co-development. Specific attention was focused on ageing (>54 years) and multicultural staff members.

The co-development model includes wellbeing surveys, interviews and facilitated workshops with a problem-solving and empowering approach. The project carried out a co-development process in 21 SMEs, employing a total of more than 300 employees. Occupational well-being is examined from three perspectives: work, employee and work community. The resource- based approach of the perspective is based on Kanter's theory of structural change, focusing on organisational structures rather than individual characteristics. A development tool of improving the occupational well-being and productivity was produced in the project. Te model is suitable for the public sector.

The co-development model enabled companies both to recognise and to improve factors related to better work-wellbeing and productivity. Use of the model requires commitment of both management and employees.

Successful companies enhance holistic employee wellbeing and promote employees equal opportunities to participate and to influence the development of work practices and working conditions. The co-development model improves work-wellbeing alongside productivity in small

and medium-sized enterprises.

## Body Changes and Body Satisfaction Network Analysis: a comparison between gender identities in an adolescent sample
*by* [1] *Greta Riboli, Sigmund Freud University, Vienna, Austria*

In adolescence, much of the experienced distress results from body dissatisfaction, often related to the body changes typically experienced during this dynamic phase of life. Sexual and physical development involves a major psychological change. It is believed that the bodily satisfaction associated with these important changes may differ depending on the gender identity of people. The current study analyzed the configuration of body satisfaction in cisgender female at birth adolescent (FaB), transgender binary FaB adolescent, and non- binary FaB adolescent.

A total of 233 adolescents from 14 to 18 years old fill in an online survey on body satisfaction. Three configurations of body satisfaction were carried out using a partial correlation network analysis.

In the cisgender group, the weight is the node with the strongest connections to as many nodes as possible. While in the transgender binary sample uterus-ovaries is the body part with the strongest connection. And, finally, in the non-binary sample, the chest is the strongest body part of the network.

The results of the present study contribute to a major comprehension of differences in body satisfaction in a female assigned at birth adolescents and contribute to filling a lack of information about the different challenges faced by the different genders.

## Can crisis beds be used as an alternative to hospital admission?
*by* [1] *Lowri, Merseycare NHS Trust, United Kingdom*

Aim is to examine the effectiveness of the use of crisis beds provided at Stepping Stones YMCA as an alternative to a hospital admission.

The purpose of the service is to offer an alternative to hospital admission. The service provides a 'step-up' from the community to support the resolution of a crisis. The use of this crisis provision supports service users who are experiencing crisis and for whom following assessment, admission to an adult mental health acute bed is not required but need a more supportive environment. There are 4 bedrooms available for Crisis Resolution Accommodation and the maximum length of stay is 7 days. Referrals can be accepted from Crisis Resolution and Home Treatment (CRHT) who act as the gatekeepers and also provide crisis resolution and home treatment support at Stepping Stones, alongside the support

provided by YMCA.

Data was collected assessing whether patients admitted to the crisis beds between 1st July – 1st November 2019 also required hospital admission during their episode of care with the CRHT team. Only 8 (12%) of the 68 patients admitted to stepping stones crisis beds needed subsequent admission to hospital.

Based on the assumptions that had people not accessed the crisis accommodation beds they would have been admitted to hospital, 88% of patient admitted to stepping stones were able to avoid hospital admission.

# Case Study & Systematic Review of Symptoms and Interventions of Catatonia in Autistic Spectrum Disorder

*by [1] Dr Syeda Hasan, NHS-Mersey Care NHS Foundation Trust, United Kingdom | [2] Dr Dipti Patil, Pennine Care NHS foundation Trust, United Kingdom*

Catatonia is a syndrome of motor dysregulation characterized by mutism, immobility, negativistic, posturing, staring, rigidity, stereotype, mannerism, echo phenomena, perseveration repetitive speech, and imitative movements

Catatonia in Autism requires varying levels of support and therapeutic interventions at different stages .Historical view of Catatonia in autism indicated rare diagnosis at an early stage. Often misdiagnosing and delay in treatments could lead to total immobility ,dependence on all aspects of daily living and can be  life-threatening.

Both with early diagnosis and early interventions mostly needed to navigate different challenges during this illness. Despite recommendations for such treatments and interventions, currently there is less clarity around treatment pathways for Autistic Catatonia patients and lack of established treatment approaches to support their needs.

This Literature review has been undertaken to understand the presence of Catatonia symptoms in individuals with Autism,the use of appropriate therapeutic interventions  in different stages of illness and supportive treatments   to improve long term functional outcomes.

Systematic Review ( RCT, Cohort & Case studies) has been undertaken to examine the symptoms and effects of interventions for Catatonia in Autistic population .10 databases with complementary searches have been used from last 10 years including all age groups - both genders -all type of articles have been considered
Inclusion & exclusion criteria used for themes identified.

Effective Treatment as per clinical evidence included electroconvulsive therapy(ECT), and Medications (benzodiazepines). Evidence of Behavioural and environmental modification in the treatment of Autistic Catatonia in existing literature is found to be very limited .
Autistic catatonia patients have a complex presentation with complex needs in terms of

treatment and interventions. Benefit from the treatment in longer term with early recognition of symptoms within current practice needs more attention . Reporting of symptoms & effects of therapeutic intervention needs to be improved, in order to optimize the therapeutic landscape.

# Cervical Screening Amongst Female In-patients in Adult Mental Health Units in Mersey Care, Liverpool
*by [1] Dr. Megan Clark, NHS Mersey Care, United Kingdom | [2] Dr Indira Vinjamuri, NHS Mersey Care, United Kingdom*

The UK cervical cancer screening (CCS) programme has successfully led to lower rates of invasive cervical cancer and associated mortality. However, CCS is reportedly lower amongst women with mental health disorders and associated with higher mortality rates.

This audit aimed to compare and determine rates of CCS uptake in women admitted to psychiatric units within the Mersey Care (MC) NHS trust.  Our objectives were to identify factors limiting patient access to screening and identify strategies to improve uptake.

Electronic medical records of 63 eligible women were studied over 2 weeks to determine whether CCS was up to date. Questionnaires were used to determine qualitative factors influencing patient use of screening services.

Of all women studied, 68% had been detained under the Mental Health Act. Only 32% had up-to-date CCS within the last 3 to 5 years, with 43% either missing GP appointments or letter invites. The questionnaires (by 56% of eligible women) showed that missed screenings were primarily due to 'fear' of the test (46%) or mental health (27%).

Compared to the general UK population, women admitted to MC had lower uptakes rates onto the CCS programme. Mental health and fear were the largest factors negatively impacting access to screening services. This study demonstrates that the current national standard is not being met in this cohort of women with severe mental illness.

We suggest eligible women for CCS to be included within MC admission proforma. Screening services, support and empowerment could be offered to female in-patients, especially those within mental health services. Identifying women at risk of poor access to services is essential, so allied health care professionals can facilitate and support uptake to screening.

# Developing a treatment model for Satapsykiatria eating disorder unit
*by [1] Taija- Tuulia Yli-Mattila, Satakunnan sairaanhoitopiiri, Finland | [2] Minna Wahlman, Satakunnan sairaanhoitopiiri, Finland*

During the last decades, the treatment of patients with an eating disorder has been studied and

developed. There has been a nationwide trend to treat these patients in specialized eating disorder units. The results obtained in these units have been impressive. The length of treatment may be long, but according to research, the treatment outcome is favorable and most patients recover fully.

There are several evidence-based psychosocial treatments for this patient group. On the other hand, it has been very difficult to find differences between therapies in psychotherapy studies. It is important to have multiple treatment options to provide suitable interventions to different kinds of patient groups, taking into consideration individual factors and needs. Patients in different age groups also benefit from different treatments. According to studies, early identification of the illness, comprehensive treatment, suitable interventions and highly qualified health personnel produce the best treatment outcomes. The aim of this study is to investigate how different psychosocial treatments are used in Finnish eating disorder units. There are no previous studies on this subject so it is important to get a thorough nationwide perspective on this matter. The data will be collected during the summer of 2020 using an e-mail questionnaire sent to all units in Finland.

The treatment model for the Satapsykiatria eating disorder unit will be developed by combining the results of this survey and an additional literature review. The Satapsykiatria eating disorder unit comprises a day ward and an outpatient clinic. The unit is open on weekdays and the staff is multiprofessional, serving all patients over 12 years of age.

The goal for this new unit is to develop the treatment of eating disorders, provide various evidence-based psychosocial treatments, and ensure close collaboration with primary health care and the third sector.

# Developing the charge nurse assignment in acute psychiatric ward *by [1] Tuomo Mikkonen, Helsinki, University Hospital, Finland*

Charge nurse is a registered nurse who has been assigned by a nurse manager for each work shift. Charge nurse is responsible for the coordination of services and resources during the work shift including staffing, unusual situations, disaster scenarios, supervision and directions on all clinical and administrative issues that must be resolved or initiated. Moreover, charge nurses are crucial in achieving safe, effective outcomes and they serve as representative for both unit and patient needs. Good leadership by charge nurses also reduces staff retention and increases work satisfaction and patient outcomes.

Helsinki University Hospital has provided general guidelines for charge nurse assignment, but precise instructions were needed to reduce the barriers in functioning as a charge nurse. In this practice development project we aimed to develop a clear instructions for charge nurses on acute psychiatric ward P3 in Helsinki University Hospital.

Method of surveying the results of this practice development project is to produce and send short questionnaire to members of staff before and after new instructions for the

assignment. Questionnaires will measure work satisfaction and clarity of the assignment. Results will be released in autumn 2020 and will be available at ECMH, where we will present a poster about the project.

# Development of intensive outpatient care in psychosis responsibility area of TYKS psychiatry -Operations model of intensified outpatient care for patients in need for acute psychiatric care *by* [1] *Katariina Hannula, Turku University Hospital, Finland*

Large outpatient care units should support the acute care of psychiatric, even quite demanding, patients. Consulting work, mobilized units and home visits should be addressed when planning sufficient acute nursing care service.

Based on the literature review the majority of patients prefer the care provided should be happened at their own homes instead of hospital care. Several studies have proved that IHT (Intensive Home Treatment) and CRT (Crisis Resolution Teams) can offer an alternative to the traditional care in a hospital. Both IHT and CRT can reduce the need for hospitalization and be cost-effective by reaching the same levels of treatment outcome and patient satisfaction as a care in the hospital. An important fact in the care happening in patient's homes is the accessibility of the staff 24/7.

The purpose of this developmental project is to improve the operative model of intensified outpatient care for patients needing acute psychiatric care. Development work will be done in co-operation with outpatient care services and with emergency service unit for patients with mental health and addiction problems.

As a part of this developmental project, a composed literature review was made, based on both nationally and internationally published research on intensifying the outpatient care. In the research part included in this project, there will be two group interviews, using a theme interview as a research method. The interviewees are members of the staff from TYKS psychiatry.

As a result of this developmental project, an operational model is established. The target of the model is to describe the existing means of intensifying the outpatient care and suggest how the care should be organized in the future when a patient is in need of an acute care. Preliminary version of the model shall be presented.

# Dual diagnosis prevalence in children and adolescent addictology *by* [1] *Tomáš Jandáč, Charles Univ, Fac*

*Med 1, Czech Republic | [2] Lenka Šťastná, Charles Univ, Fac Med 1, Czech Republic*

Children and adolescent addictology has its new dawn nowadays. Most of young people don´t use alcohol, substances or computers in risky manner but when the risky manner occurs it is often with severe process including for example dual diagnosis. The World Health Organization defined psychiatric comorbidity as a current occurence of more symptoms or mental disorders in an individual. Compared to this the term dual diagnosis refers to a more narrow relation between two disorders and it also expresses etiology. According to brief review the prevalence of mental disorders in adolescents struggling with substance-related and addictive disorders is between 22 % to 45,5 %. The most common diagnosis next to addictive disorder are behavior disorders, then psychotic disorders, anxiety disorders and adjustment disorder. The main aim of our poster is to introduce to the systematic review of studies published from 2000 until 2020 which inestigate dual diagnosis in children and adolescent addictology, examine the relationship between a type substance- related and addictive disorder (a type of abused substance, a manner of abusing) and a type of a second and more psychiatric disorders. As a method we use a systematic search of literature employing the PRISMA method identified and evaluated original studies published in the EBSCO, MEDLINE/PubMed, JSTOR, and ScienceDirect databases. The results of the systematic review can help describe the target group of children and adolescents who struggle with addictive disorders.

# Engaging leadership: a mutli-rater investigation of leadership behavior *by [1] Wouter Robijn, KULeuven, Belgium*

Mental health and well-being are important issues in the current workplace. As leaders are one of the most important factors for a healthy workplace, engaging leadership, an emerging positive leadership construct, was recently conceptualized. It proposes that a leader who satisfies the basic psychological needs of his followers through inspiring, strengthening, connecting, and empowering, engages these followers. Previous research has shown how these leadership behaviors will impact mental health in the workplace, by lowering burn-out symptoms and increasing levels of work engagement. How different types of raters see this behavior is still unknown. This study aims to broaden our understanding of leadership assessment and engaging leadership by investigating the different dimensions in the eye of self, but also three types of other-raters. 67 leaders participated and, apart from a self-rating, they were rated by their supervisor, one or more colleagues (i.e. leaders on the same hierarchical level), and several followers. A traditional MTMM-matrix and SEM-based MTMM analysis were used. We found that a general engaging leadership construct was more appropriate than diversifying in different dimensions. Furthermore, there were method effects and the study revealed a strong halo-effect, which was prominent in all the other-ratings. This study adds to the leadership literature by investigating leadership behavior from a multi-rater perspective, but also to the mental health literature for unraveling a mechanism for achieving better mental health in the workplace.

# Ethics in the care of alcohol intoxicated patients in the emergency departments *by* [1]

*Tiina Hakala, Satakunnan sairaanhoitopiiri, Finland | [2] Jari Kylmä, Tampere University, Finland | [3] Marita Koivunen, Satakunnan sairaanhoitopiiri, Finland*

According to earlier studies, nurses' negative attitudes, lack of interest, and inadequate resources are related to the way in which nurses treat patients with alcohol intoxication in the emergency departments (EDs). Nurses do not necessarily consider interfering in alcohol abuse as part of their work. Patients' repeated visits in ED and lack of commitment to care frustrate nurses.

The aim of the study was to describe nurses' views of ethics in the care of alcohol intoxicated patients in the ED. The data were collected in two phases. In the first phase, ED nurses (N=6) were interviewed about their attitudes towards alcohol intoxicated patients. In the second phase, an online training programme was developed to strengthen the attitudes and skills of nursing staff in the care of patients with alcohol intoxication. As part of the online training, the nurses wrote essays on their experiences of encounters and care of alcohol intoxicated patients from the perspective of attitudes. The second data set consisted of the essays (N=17). Both data were analysed using inductive content analysis.

From an ethical aspect, it is important to encounter patients respectfully, professionally and without making them feel guilty. The nurses pointed out that nurses' genuine presence and interest is important in helping the patient. Nurses should see the alcohol user as a family member and see the person behind the alcohol use. It is important to provide an opportunity for treatment and treat the patient as a dignified human being.

The nurses identify ethical challenges in the care of alcohol intoxicated patients in the ED. Discussion about ethical issues in the work community can increase and maintain the skills of nursing staff in dealing with ethical challenges. The use of work supervision may also help nurses to deal with ethical issues.

# Exploration of Seclusion and Physical restraint on Patients with Autism in Forensic Care A Triangulate Exploration of (Professionals, Patients and Family/Carers.) *by* [1] *Madeeha Rahim Rasool (MBPsS), University of Derby, United Kingdom*

Restrictive interventions (RIs') to manage risk behaviour in forensic care for patients with autism is an area of focus for governing bodies (such as the Care and Quality Commission) of health and social care settings within the UK. Current research seeks to align this focus with the gold standard of care of involvement highlighted by bodies such as the CQC and NHS. The aim of this review was to gain a deeper understanding of the needs and difficulties of these patients and the impact of restrictive interventions (Seclusion and Physical restraint).

Key data bases in the field of psychology and nursing were used to extract relevant papers. Key words such as "Autism and seclusion", "Autism and restraint", "Seclusion training", amongst others, were used. Furthermore, papers that did not relate to Autistic patients, or forensic settings, were excluded. Papers that referred to long term seclusion or mechanical/chemical restraint were also excluded, as the focus is on physical restraint and short term seclusion.

This preliminary investigation highlighted that 22% of papers focused on patients with Autism/Learning Difficulties in a forensic setting. Which highlights that there is a need to explore Autistics specifically. Only 10% of the studies referred to or included family. A much larger percentage focused on nursing perspectives alone.

The literature review revealed that there is a gap in knowledge and an investigation of RIs' from this triangulate perspective is needed. There is also a need for research to specifically focus on patients with autism to gain a deeper understanding of the needs and difficulties of this particular group and the extent to which current restrictive interventions cater to them.

Laure et al,2016 highlighted the importance of family involvement and Gagon et al; 2013 found that there is a shortage of family involvement. This therefore highlights the need for the triangulation approach.

# Factitious Disorder Imposed on Another: a case report

by [1] *Teresa Matos Queirós, USF Fernando Namora, Portugal |* [2] *Diogo Moderno Costa, USF Cruz de Celas, Portugal |* [3] *Ricardo Ramos, USF Fernando Namora, Portugal*

Factitious Disorder Imposed on Another is a rare disorder characterized by the onset of persistent or difficult to explain signs or symptoms of illness. They can be physical or psychological and are often resistant to various treatment attempts. Usually there are inconsistencies between what is reported and the physical examination findings.

This case report follows a nuclear family, consisting of a forty-year-old man, thirty-seven- year-old woman and their 4-year-old daughter. The child showed developmental delays (lack of learning stimulation, delay in the taking of her first steps and development of speech and language skills). In her numerous visits, she was usually accompanied by her mother. Many reasons were cited for requesting medical appointments, with descriptions that often seemed exaggerated and did not always coincide with the physical examination findings. The mother reported several problems, namely, the reluctance of her daughter to sleep alone, her inability to eat anything but crushed food and her need to wear a diaper during the day, despite already having sphincter control. All the necessary interventions were implemented in order to correct these problems, but none of them seemed to be successful.

In addition to the consecutive visits to the healthcare unit with her daughter, the mother would gradually begin to request medical evaluations for herself, exhibiting complaints that seldom matched clinical findings. She would request medical leave from work, citing economic problems and the poor relationships she maintained with her husband and coworkers.

This behavior prompted a referral of the woman to both a psychiatrist and psychologist for suspected Factitious Disorder Imposed on Another.

In conclusion, child care health consultations in primary health care are particularly relevant and allow for the early detection of family or social dysfunction, in addition to other illnesses that may jeopardize the child's normal development.

# How use of social media and social comparison affect mental health' by [1] Rosa Milne, NHS Grampian, United Kingdom | [2] Dan Warrender, Robert Gordon University and NHS Grampian, United Kingdom

Social media has become a mainstay of popular culture, particularly among young people, but our understanding of its effects on mental health is at an early stage. This poster summarizes our article, published in the Nursing Times in February 2020, which looks at the evidence linking social media with mental health problems and how the increased opportunity to make social comparisons on social media could be an important contributor. The poster and article address thoughts on the actual and ideal self, theories on social comparison, consider research which evidence links between social comparison, social media use and the possible detrimental effects on mental health. We also propose nursing interventions that may be beneficial to assist service users in understanding their use of social media. This article explores the potentially negative effects of social media on mental health, in particular, the increased opportunities on social media to make unhelpful social comparisons. Identifying social media as a possible contributor to a person's mental distress could offer valuable opportunities for psycho education and health promotion.

# Impact of the COVID-19 pandemic on mental health - the reality of a Portuguese Family Health Unit by [1] Álvaro José Silva, MD, General and Family Medicine, Condestável Family Health Unit, Batalha, Portugal. PhD Student in Palliative Care, Faculty of Medicine of Porto University., Portugal | [2] Cristiana Miguel, MD, General and Family Medicine, Condestável Family Health Unit, Batalha, Portugal., Portugal

The focus about the novel coronavirus outbreak has been on the spread of the COVID-19 infection, but psychosocial consequences are emerging. Literature reports negative psychological effects of quarantine, from emotional disturbance to anger, confusion, post-traumatic stress and depression. With this research we aimed to see the pandemic's impact on our population's mental health, more specifically to understand if anxiety/depression complaints had increased in our Unit during the first months of this pandemic and if reassessment occurred in adequate time.

Population: patients from a portuguese Family Health Unit with symptoms or diagnosis of Anxiety or Depressive Disorders coded on electronic clinical records, march- june 2020. Excluded: <18-years-old. Study: cross-sectional, descriptive, retrospective. Data: patients' clinical registries

(MIM@UF®, SClínico®, PEM®). Assessed criteria: age, gender, comorbidities, previous psychiatric disease, frequency of consultations in previous year, association to pandemic, reassessment in adequate time (within 8 weeks for depression and 12 weeks for anxiety disorders).

There were 5.6 times more appointments due to anxiety/depression complaints through march-june 2020, compared to the same period in 2019 (n=159 *vs* 21). From 15623 patients assisted in our Unit, 65 met the inclusion criteria, with anxiety (61.5%) or depressive (38.5%) complaints during this period, 71% female, with a mean of 58-years- old. Psychiatric antecedents were present in 40%, 39% of which presented worsening of symptoms. Despite the increase in anxiety/depression cases during the COVID-19 pandemic, 75% patients do not link their clinical situation to the pandemic itself. 20% of these patients did not have an adequate reassessment. Healthcare professionals should be more alert to the need of monitoring these patients, especially in a pandemic context.

# Implementation of a non pharmacological interventions for behavioural and psychiatric symptoms of dementia on a Finnish geropsychiatric ward. *by [1] Paul Leeson, HUS Helsinki University Hospital, Finland | [2] Eija Kulmala, HUS Helsinki University Hospital, Finland | [3] Leena Oila, Helsinki University Hospital, Finland | [4] Niina Bashan, Helsinki University Hospital, Finland*

Implementation of a non-pharmacological interventions care model for behavioral and psychiatric symptoms of dementia on a Finnish geropsychiatric ward.

In March 2019, Helsinki University Hospital geropsychiatric ward 1 changed its patient profile to focus on the treatment and care of patients with behavioral and psychiatric symptoms of dementia. A major component of the new nursing care model on the ward was the introduction and implementation of a non-pharmacological intervention care model. This model was developed by Chief Doctor Risto Vataja based on Professor Helen Kales's DICE model.

Phases of implementation:

1. Renovation of the ward to create a dementia friendly environment.
2. Implementation of the new care model involved training of all ward staff on the use of the assessment instruments (NPI-Q, CAM and CORNEL) and the following non-pharmacological care plans individualized for each patient.Collecting information about the personal preferences and life history of the patient in order to provide more individualized care.
3. Development of individual and group activities based non-pharmacological interventions, such as music, games, arts and crafts, exercise and outdoor groups. Due to time constraints on nursing staff a specialist art and crafts instructor was employed full time on the ward.

4. Creating a individualized non-pharmacological care plan to provide assistance to patient's subsequent care provider, such as care home or relatives.

# Internalized Stigma in Methadone Maintenance Therapy *by [1] Bárbara Almeida, Hospital de Magalhães Lemos, Porto, Portugal | [2] Hernani Carqueja, Centro de Resposta Integrada, Porto Ocidental, Porto,, Portugal*

Mental illness-related stigma creates serious barriers to access employment, education, housing, health and social care. There are different types of stigma, one of them is self or internalized stigma. Drug addiction is one of the most discriminated diseases in psychiatry, in many levels – structural, interpersonal and intrapersonal.

With this work we aim to study the internalized stigma and quality of life in the context of Methadone Maintenance Therapy (MMT) in a Portuguese sample.

We conduct a survey at *Centro de Resposta Integrada Porto Ocidental* (Porto, Portugal); it consisted in three parts: 1) sociodemographics; 2) the Interalized Stigma of Mental Illness (ISMI); 3) the World Health Organization Quality of Life Instruments – Bref. We ask all the patients on MMT (low and high-risk programmes) to answer the questionnaire. For statistical analysis we used the program SPPS 24. A p value <0.05 was considered statistically significant.

53 patients participated in our study; the average age was 43 years old and 92% were male. The majority was in a weekly MMT, 74% for more than five years. All the dimensions of the ISMI scored low self-stigma (< 2.5 points). The quality of life was on average bad and it was associated with unemployment, without association with internalized stigma.

In contrast to earlier findings, we found that MMT patients show low self- stigma. There are several possible explanations for these results, such as the Self-Selection bias. Our data thus need to be interpreted with caution.

# Keeping Safe, Keeping Well, Keeping Healthy & Keeping Connected: The Four Core Care Plans *by [1] Rebecca Rylance, University of Liverpool, United Kingdom*

Care planning is a process which can provide meaningful therapeutic engagement with service users (Rylance & Graham, 2014). The notion of service users being involved in their care plans is not new and is central to best practice and international policy (Bee at al, 2015). However, the reality of practice suggests that the process of care planning is largely a 'tick-box' exercise, often performed by nurses with service users frequently excluded.

The Four Core Care Plans (FCCPs): (1) Keeping Safe (2) Keeping Well (3) Keeping Healthy & (4) Keeping Connected are a dynamic cluster of care plans which address each of the biopsychosocial domains of a person.  Developed in consultation with clinicians and service users, the intention was to reframe the language of care planning by eliminating psychiatric jargon and redefining the process by giving ownership to the Multidisciplinary Team (MDT) and ensuring that service users had a true voice in their care plan.

In 2016, the FCCPs were piloted at 5 sites across a number of specialist mental health services within Priory Healthcare Division including: Rehabilitation and Recovery, Forensic, CAMHs and Eating Disorders.  Feedback from service users and members of the MDT highlighted improved communication and teamworking; and service users knew what intervention was being done, by whom and when.

Following the success of the early adoption sites, in May 2020, the FCCPs will be integrated into the electronic records system for service users across all 97 sites of Priory Healthcare Division.

 The next steps are to robustly evaluate the impact of the FCCPs on clinical practice, patient safety and service user experience.

# Positive Psychology Interventions in patients with a mental disorder and a co-occurring substance use disorder, A Participative Action Research study. *by* [1] *Z.P.M. Mascini, Dimence, Netherlands*

Positive psychology is a discipline in psychology that focuses on increasing a person's well-being. Several studies have revealed that an increase in well-being has positive effects on preventing relapse in patients with a mental disorder. Patients with a dual diagnosis are people with a mental disorder and a co-occurring substance use disorder. In the Netherlands, the current treatment methods in dual diagnosis patients are often problem-oriented. The current body of evidence regarding positive psychology in patients with a mental disorder show opportunities to enlarge the treatment methods for dual diagnosis patients.

This investigation concentrates on how Positive Psychology Interventions can be implemented, and explores the first experiences, in the treatment of inpatient dual diagnosis patients.

With the use of Participative Action Research, a research team was put together consisting of inpatient dual diagnosis patients and caregivers working at a dual diagnosis clinic in Deventer, the Netherlands. With focus groups, needs and opportunities were explored and interventions were implemented in the current treatment offer.

The implementation of the Positive Psychology Interventions will be evaluated June 2020. Results and conclusions are expected July 2020.

# Psychometric Properties of the Youth Efficacy/ Empowerment Scale – Mental Health (YES-MH) Greek version

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The concept of empowerment has increasingly attracted attention in the field of healthcare due to individual and social benefits. The interest has turned to youth who are able to take control of their condition, choose and shape their own treatment, and act and change service systems. The "Youth Efficacy/ Empowerment Scale – Mental health" (YES-MH) is the only measure designed to assess empowerment from the perspective of young service users experiencing mental health difficulties. The present study aimed to examine the psychometric properties of the YES-MH among youth clinical population in Greece and secondarily the relationship of empowerment to socio-demographic variables. A total of 150 adolescents (12 to 17 years of age) were recruited from mental health settings in Athens. To determine the factor structure, analysis was conducted by the method of Principal Components. Reliability was calculated by using Cronbach' alpha coefficient and validity by comparing the YES-MH with two other scales, through the Pearson (r) coefficient. Consistent with the original instrument, exploratory factor analysis yielded a three-factor solution (self – services – system), explaining 51.9% of the total variance. The internal consistency of the scale was proved to be good with an overall Cronbach' alpha at 0.88. Convergent validity was certified revealing a positive correlation of empowerment with the "Warwick-Edinburgh Mental Well-being Scale" (WEMWBS) ($r$=0.60) whereas an inverse with the "Strengths and Difficulties Questionnaire" (SDQ) ($r$=-0.36). In addition, statistically significant differences were found with respect to gender, age and family economic status. The current results provided initial support for the reliability and validity of the YES-MH Greek version. Its utilization could contribute to research as well as practice for the evaluation of mental health promotion interventions and upgrading of services.

# Psychopathology and somatic complaints: a cross-sectional study with Portuguese adults

*by* [1] *Joana Proença Becker, Faculty of Psychology and Education Sciences of*

the University of Coimbra, Portugal | 2 *Rui Paixão, Faculty of Psychology and Education*
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Functional somatic symptoms are physical symptoms that cannot be fully explained by medical diagnosis, injuries, and medication intake. More than the presence of unexplained symptoms, this condition is associated with functional disabilities, psychological stress, increased use of health services, and it has been linked to depressive and anxiety disorders. In addition, patients with functional somatic symptoms usually present linear speech, focusing on somatic complaints while avoiding emotional contact, which can hinder the detection of psychopathologies and, therefore, the appropriate treatment. This study aimed to verify the concomitant incidence of psychopathologies and functional somatic symptoms. For this purpose, psychosomatic outpatients (n= 93) and a sample from the general population (n= 102) were evaluated. The survey questionnaire included the 15-item Patient Health Questionnaire (PHQ-15), the 20-Item Short Form Survey (SF-20), the Brief Symptom Inventory (BSI), the Depression, Anxiety and Stress Scale (DASS-21), and sociodemographic and clinical characteristics. Increases in somatic symptom severity were highly correlated with depression, anxiety, and stress (p< .01). The PHQ-15 score was related to higher levels of all psychopathological symptoms assessed by this survey (depression, anxiety, stress, obsessive-compulsiveness, phobic anxiety, paranoid ideation, and psychoticism), and to impairments in physical, occupational, and social functionality. The study findings also revealed that somatic complaints and psychopathology were significantly associated with educational level and economic status (p< .05). Being aware of the relationship between functional somatic symptoms and psychopathologies and the fact that patients with functional somatic symptoms tend not to report emotional symptoms unless doctors explore psychosocial issues during clinical interviews may favor early detection of these cases. The early detection of mental disorders is essential for patients' adherence to treatments, reflecting on healthcare costs.

# Reaction to stress: The emotional, physiological and behavioral response to the Zagreb earthquake *by* 1 *Kati Kezić, Department of*

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The goal of this study was to investigate acute emotional, physiological and behavioral reactions to a stressful event and their short- to mid-term psychological consequences. On March 22nd, the city of Zagreb was shaken by a series of earthquakes, the strongest of which was a 5.5 on the Richter scale. Five weeks later, semi-structured interviews were conducted with 14 young adults (10 women and 4 men; mean age 23.07, ranging 19-29). The interviews were analyzed using thematic analysis in order to reveal overarching themes covered in 3 phases:

during the event, the immediate aftermath, and in the days following the event. Results show a standard pattern of reactions. Nearly universal fear, confusion and scrambling to safety during the event. This was followed by physiological reactions such as rapid (and/or irregular) heart rhythm and hand tremor. Short- and mid-term consequences were mostly context specific, lasting up to about a week. Participants report trouble falling asleep (and frequent sleep disruptions) since the earthquake happened while most were sleeping or just waking up. They also report high sensitivity to, especially auditory, stimuli such as wind blowing and shaking due to traffic which reminded them of the event, causing fear and a sense of panic. There are key variations to this pattern such as a group of participants experiencing the feeling of helplessness reporting a more passive role in their initial reaction and more adverse consequences. Support systems and coping strategies proved important for most participants and universally relied on family and friends simply communicating and providing companionship. Some report more specific coping strategies such as using humor, and only a single participant manifests repression as a strategy. In conclusion, the study reveals standard patterns and key variations which influence short- and mid- term psychological consequences of the stressful event.

# Ready to connect? *by* [1] *Chantal Nagtegaal, Dimence, Netherlands*

In mental health care, a lot of potential is seen in internet-based treatments (e- health) because it can make care more accessible, improve quality of life and be cost effective. Unfortunately, conclusions on the effectiveness of e-health for people with severe mental illness (SMI) cannot be drawn. A number of difficulties and barriers have been addressed concerning e-health for people with SMI. People with SMI participate in e-health too little. They drop out of e-health or do not start at all.
In order to know where to intervene, we aim for gaining insight in the extent of e- health readiness of people with SMI and the factors that influence their e-health readiness.
In a cross-sectional design, the relationship between various factors will be examined. Participants complete the 'Patient E-health Readiness Questionaire' and other questionaires about their condition. Data will be analyzed quantitatively by descriptive and multivariate regressions analysis.
For now, the data are still collected until approximately the end of April 2020. At the conference, the results can be shared.

# Supporting parents of children with Special Educational Needs and Disabilities (SEND)
*by* [1] *Joanna Griffin, affinityhub.uk, United Kingdom*

Parents of children with Special Educational Needs and Disabilities (SEND) often face additional stressors and challenges that can adversely affect their own mental health. This research involved a qualitative approach, using semi-structured interviews, to explore with parent carers themselves what supported their emotional wellbeing. Eighteen parent carers were interviewed and themes analysed using Template Analysis.

A significant finding concerned the nature of the support that services and professionals provided.  This included in the education, health and social care domains.  Support could have a negative as well as a positive affect on parent wellbeing.

Positive services demonstrated a number of attributes including: awareness of the SEND context; offering emotional as well as practical support; empowering and collaborating with parents;  being flexible, co-ordinated and responsive to the needs of the family; and professionals demonstrating compassion and understanding towards the family.  There were times when parents needed to be empowered to increase their knowledge and capacity to manage (e.g. training and information) and other times when they needed services to share care (respite/short breaks).

Similarly, in counselling, therapy and psychological services awareness of the context was key to supporting parent carer wellbeing.  This included recognising that stigma and prejudice exist in society as well as difficulties navigating numerous complex and bureaucratic systems.  For those practitioners who were part of a multi-disciplinary team it may involve referring to other professionals for different types of support.  For independent practitioners it helped if they had knowledge of SEND and could provide practical support (or signposting) alongside the therapeutic work.  The personal and societal aspects of wellbeing were strongly intertwined.

The analysis is ongoing and guidance on Parent Carer Wellbeing is being developed, in collaboration with other practitioners, for Education, Health and Care Professionals as well as guidelines for therapists working with this client group.

# The development of crisis services and care coordination in the psychosis wards of Turku University hospital *by [1] Jaakko Rekola, Turku University  hospital, Hospital District of Southwest Finland, Finland*

Following the worldwide tendency of cutting psychiatric hospital beds and emphasizing outpatient care the need to reduce the number of hospitalizations has become evident, especially since the number of hospital beds will be even lower in the new psychiatric hospital in Turku, due to open in 2023.

The area of responsibility for treating psychotic disorders at the Department of Psychiatry in Turku University Hospital consists of several outpatient clinics and five inpatient wards, three of which (P1, P3 and P4) are in Turku (Kupittaa hospital) and two (P2 and P5) in Salo (Halikko hospital).

All the psychosis wards mentioned above have crisis admission policies for patients that have been recently discharged from hospital. Practically this means that the patient can return to the ward without a new referral in case of a psychiatric crisis i.e. deterioration of his/her  psychiatric

illness. These policies are slightly different in every ward, and the criteria for giving patients the right for crisis admission is not consistent.

According to the data gathered in a systematic literature review the use of crisis plans and crisis resolution teams is a means to reduce psychiatric hospitalizations and provide patient- centered services, thus diminishing the level of individual suffering.

The aim of this development project is to clarify the crisis admission policies of the psychosis wards and to examine whether patients that have not yet been hospitalized might also benefit from a crisis admission service and care coordination provided by a crisis resolution team.

The data will be collected by interviewing the head nurses of the psychosis wards as well as benchmarking the crisis policies of other hospital districts. As the main outcome of this project a guidebook will be produced involving guidelines for crisis admission policies and a model of how to arrange crisis services in co-operation with outpatient units.

# The family support model in care of psychotic patients in the unit of psychotic disorders in Turku University Hospital, Finland *by* [1] *Rasmus Jääskeläinen, Turku University Hospital, Finland*

The families with a family member suffering of psychotic disorders are largely taken in consideration in the psychiatric care and treatment in department of psychiatry of Turku University Hospital, although the family work has found to be not well structured. The purpose of this development project is to improve the family support work of the patients with psychotic disorders by creating a unified and structured model for supporting the families. The goal is to establish a practical model, covering the whole area of the unit of psychotic disorders in Turku Central Hospital psychiatry.

Currently, the main idea of the development project is to work with so-called "cake model" including in family-to-talk model, family support work and home visits, and assessment and research, besides psychoeducational approach. All the nurses and other professional should have the basic family work and supporting skills, which should be included in the basic level of the "cake". The upper stages of the "cake" will include the family - and couple therapies.

This development project is a part of a master's degree thesis, in which the author of the theses works as project manager. The operative environment of the development project is the Unit of Psychiatry of psychotic disorder belonging to the Turku Central Hospital's psychiatry. That area is part of the hospital district of Southwest Finland.

The implementation of this development project has started in September 2019 and according to the current plan, the final work will be completed by the spring of 2021 at the latest.

# The impact of psychiatric rehabilitation-a retrospective study of outcomes of persons with severe mental disorders after psychiatric rehabilitation?

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Mental health disorders cause significant harm on a personal, societal and economical level. In Finland there is lack of efficient psychiatric rehabilitation services for young people. The purpose of this project is to explore the impact of psychiatric rehabilitation on young adults. The aim is to describe the goals set in psychiatric rehabilitation and the well-being of young adults after rehabilitation. The sample includes young adults between 18-29 years who were in rehabilitation during 2011-2017. Final sample included 39 persons who gave informed consent (35% of all 113 young adults). The information explored has been gathered from electrical and manual databases including rehabilitation goals and plans, medication, psychiatric diagnosis and symptoms as well as performance capacity. Data from RAI-CMHevaluation tool and BDI-21-depression inventory has been collected. Currently we are gathering questionnaire-information of the sample`s current well-being. Based on preliminary results of the 39 subjects 70% live independently, but only 25% were employed. More than half (55%) of the young adults consider their life quality good and 90% that rehabilitation had a positive effect on their life. Considering recovery, 80% of the young adults feel they have partly recovered from their mental illness. In qualitative study of goals set in psychiatric rehabilitation three categories were associated with empowerment and recovery: age-level occupational roles, social inclusion and inner resilience. The preliminary results of this study show positive results of psychiatric rehabilitation for young adults with severe mental illness, especially on quality of life and personal view of recovery.

# The importance of Mental and Sexual Health in addressing people with HIV - The double stigma

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Having a mental disorder is associated with increased vulnerability to the transmission of the Human Immunodeficiency Virus (HIV) and the prevalence of HIV is higher in people with a severe mental disorder.

People with psychiatric comorbidities such as bipolar affective disorder and depressive disorder, post-traumatic stress disorder (physical or sexual abuse) and/or psychoactive substance use have a higher risk of HIV infection.

Pre-exposure prophylaxis and treatment of people with HIV infection have proven to be effective strategies for preventing HIV transmission.

The authors conducted a non-systematic review of the literature, researching Pubmed and Medscape using the keywords 'Preexposure prophylaxis', 'HIV', 'Mental health problems'. This work is intended to expose the importance of integrating mental health care with the care of HIV patients.

Several other factors may contribute to the high comorbidity between HIV and Mental Disorders, including socio-demographic factors, weak social and environmental structures, as well as internalized stigma, social and experienced discrimination.

In parallel, mental health problems may also interfere with the care needed for prevention, including regular HIV testing and/or adherence to Preexposure Prophylaxis (PrEP); they may also influence access to and adherence to antiretroviral treatment.

This compelling evidence, on the one hand, makes the necessary contribution of integrating mental health into an initial assessment, monitoring and continuous treatment of the HIV patient, on the other hand, the assessment and treatment of mental disorders should address sexual health in general and the risks for HIV infection in particular, since there are effective and accessible preventive strategies and treatments in Portugal.

# Un unexpected case of folie à deux

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The term *folie à deux* dates to the year of 1877, when Lasègue and Falret first described the syndrome. It characterizes a rare delusional disorder shared by two or, sometimes, more people who have a close emotional bond. Later in 1942, Gralnick introduced a four subtypes classification: *imposée*, *communiquée*, *induite* and *simultanée*. In DSM-5 it became part of the "other specified schizophrenia spectrum and other psychotic disorder" and in ICD-10 it is listed as "induced delusional disorder".

The aim of this presentation is to report a rare case of *folie à deux*, describing the case history, the delusions that took place and what happened after an inpatient care program.

This case report is based on a 68 year old woman, with no psychiatric history, who was induced by her daughter to believe that a local musician was in love with her, they were having a

relationship together and would eventually get married and have children - erotomania, meanwhile developing another delusion in which the musician's current partner was harassing them – persecutory delusion. After the authorities became aware of these facts, both the daughter and mother were evaluated and admitted to the psychiatric ward separately.

The patient's blood and urine tests and brain CT scan showed no abnormalities and her MoCA score was 24/30. After spending a month under inpatient treatment with risperidone, she sustained her delusional believes and was discharged to a compulsory outpatient treatment with paliperidone.

This clinical case encompasses the subtype *communiquée* as the mother's delusions did not vanish after being apart from her daughter while undergoing antipsychotic treatment. Several factors may have contributed to the development and maintenance of this unusual setting, such as the nature and length of the relationship, their personality traits, poor social interaction, life events and possibly the beginning of a cognitive impairment.

# Validation of a French adaptation of the ENRICHD Social Support Inventory

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There is strong evidence that low perceived social support is associated with cardiovascular disease. For example, lack of social support seems to worsen prognosis and heighten mortality rates in men with heart disease. The need to support cardiac men in social connectedness is apparent and the determinant role of language in health outcomes justifies the need to validate translated vigorous tools among this sub-group of the population. The ENRICHD Social Support Inventory (ESSI) has been shown to be a reliable and valid tool to assess perceived social support among cardiac patients. However, its use is limited to a small population, due to a lack of validated translated versions. Seventy-three men completed our French translation of the ESSI as well as the Social Support Questionnaire - Short Form (SSQ6), a well validated and translated social support questionnaire. Similarly to prior research on the English version, the results revealed that our French adaptation of the ESSI is a reliable measure of social support in samples of French men from the general population and French men with cardiovascular disease, demonstrating satisfactory internal consistency and test-restest reliability. However, its convergent validity with the SSQ6 yielded inconclusive results. Possible explanations for the observed low to moderate correlations include different measurements of the construct of interest, as well as the scoring of the last item of the ESSI. Future research is needed to confirm the level of adequacy of these correlations.

# Validation of a French translated version of the

# Male Depression Risk Scale among cardiac patients: A pilot study.

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The existence of a bidirectional association between depression and cardiovascular disease has been well demonstrated. This association has been shown to be prevalent for both men and women, however, when it comes to male cardiac patients experiencing depressive symptoms, they are often underdiagnosed and undertreated often due to a differing pattern of symptoms and behaviours. The Male Depression Risk Scale (MDRS) has been shown to be a reliable and valid tool to assess externalizing dimensions of depression in men, thus leading to better recognition of depression in men. However, due to a lack of validated translated versions, its use is limited to a small population. Therefore, this study aimed to investigate the psychometric properties of a French translation of the Male Depression Risk Scale. Study 1 investigated the scales psychometrics properties among men from the general population while Study 2 focused on cardiac men. Results revealed acceptable convergent validity with the Patient Health Questionnaire (PHQ-9), internal consistency and test-retest reliability. However, the factor structure identified differed from the one initially identified. The French translated version of the MDRS seems adequate to measure depression in French men, although more research is needed to address the discrepancies between the factor structures.

# Verbal Memory and Depressive Symptoms in Depression and Schizoaffective Disorder

*by 1 Karolina Petraškaitė, Vilnius University, Lithuania*

Memory performance naturally declines not only with age but also while suffering depressive symptoms, therefore it can be observed in cases of depression or schizoaffective disorder. However, schizoaffective disorder also includes schizophrenia spectrum related features such as psychotic symptoms. The assessment of cognitive functioning can effectively contribute to differentiating clinical groups but the importance of depressive symptoms is still unclear. The aim of this study is to investigate the differences of verbal memory in depression and schizoaffective disorder groups, considering the impact of age. 88 people aged 45 to 79 participated in this study: 30 depression patients (DP), 18 schizoaffective disorder patients (SZDP) and 40 healthy controls (HC). All groups performed verbal learning tasks using Hopkin's Verbal Learning Test (HVLT-R), Beck's Depression Inventory (BDI-II) was used to assess depression levels. Covariation analysis, discriminant analysis and multiple regression analysis were performed. The results showed that SZDP demonstrate significantly worse immediate and delayed recall and information retention than DP or the HC but there were no significant differences in results between DP and HC. Immediate and delayed memory recall and information retention can help differentiate all patients from HC. SZDP and DP display significantly higher levels of depressiveness than HC, however, only in HC group higher

depressiveness could predict worse verbal memory results. Age is a significant predictor of memory performance in both patient groups but not in HC. Therefore, verbal memory performance is a potentially significant factor in differentiating mental health disorders, while in the case of healthy individuals, it is important to consider the significance of experienced depressiveness.