



Digital mental health interventions for young people – review of the literature

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11th
European Conference
on Mental Health

September 13-15, 2023
Ljubljana, Slovenia

Conference Abstract Book





Evipro (Evidence-based Professionals) Company is an official organizer of European Conference on Mental Health conferences. Company is experienced in organizing events like conferences, seminars and study visits for professionals in order to provide forums to learn and discuss together.

Evipro provides advisory and consultancy services in a field of social and health services. Company's instructors have wide experience with practical work, leadership, management, planning and research especially in fields of Mental Health and Addictions. Voice of service users and experts by experience and recovery is present in Evipro's work.

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NATIONAL MENTAL HEALTH PROGRAMME



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CONFERENCE PROGRAM

Wednesday September 13

13:00-16:45	Registration open
13:00-19:00	Poster area open
15:00-15:45	You can do it! A mindfulness-based workshop for speakers and poster presenters
16:00-17:00	Poster Dating (Poster presenters are requested to be present by their posters)
17:15-18:00	Opening ceremony: <ul style="list-style-type: none"> • Music and dance performance • Speeches from General Director of National Institute of Public Health in Slovenia, doc. dr. Branko Gabrovec and Chair of ECMH Scientific Committee, professor Brenda Happell, Australia
18:00-18:45	Keynote Speech: Anja Baš
18:45-	Get Together – a toast for mental health (cash bar also open)

Thursday September 14

7:30-8:30	Morning yoga at the Tivoli Park (departure from the hotel), Certified Iyengar Yoga Teacher Irena Makivić
8:30-16:00	Registration open
9:00-9:45	Keynote Speech: Annelotte Pleij & Bas van Riet Paap
9:45-10:15	Coffee break (Coffee/tea and juice)
10:15-11:50	Oral sessions: 4 presentations in 7 parallel sessions
11:50-13:00	Lunch (standing buffet) and poster viewing
13:00-14:35	Oral sessions: 4 presentations in 7 parallel sessions
14:35-15:10	Coffee break (Coffee/tea sweet and salty pastries, juice and fruits) and poster viewing

15:10-15:50	Keynote Speech: Myra Piat
15:50-16:05	Break
16:05-17:15	Oral sessions: 3 presentations in 6 parallel sessions
19:30-00:30	Banquet Dinner and ECMH Party

Friday September 15

9:00-9:45	Round table discussion “Spaces of mental health”
9:45-10:15	Coffee break (Coffee/tea, pastry, juice and fruits) and poster viewing
10:15-11:00	Keynote Speech: Alviina Alametsä
11:00-11:10	Break
11:10-12:20	Oral sessions: 3 presentations in 7 parallel sessions
12:20-13:30	Lunch (standing buffet) and poster viewing
13:30-15:05	Oral sessions: 4 presentations in 7 parallel sessions
15:10-15:45	Closing ceremony; Best Poster Award; Invitation to 12th European Conference on Mental Health; Goodbyes

GENERAL INFORMATION

INFORMATION DESK

Participants can register for the conference at the information desk at the conference hotel. The information desk will be open as follows:

Wed	September 13 th :	13:00-16:45
Thu	September 14 th :	8:30-16:00
Fri	September 15 th :	8:45-16:00

The conference hosts will be available to assist you at the information desk. Most of the time, our local volunteers also give information about the city. The hosts are wearing TEAM badges.

CERTIFICATE OF ATTENDANCE AND EVALUATION

All participants will receive a certificate of attendance. After the conference, you will receive a feedback form through e-mail.

LANGUAGE

The conference's language is English. There will be no simultaneous interpretation or materials in different languages.

SPEAKER'S PRESENTATION SERVICE

Ask for advice on the registration/info desk.

LUNCH AND REFRESHMENT

Lunch and coffee are included in the conference fee and are served in the conference area. We offer a standing buffet lunch with fish, meat and vegetarian options, starters and side dishes, soft drinks, coffee and tea.

ACTIVITIES

Vote for the best poster. Conference delegates can vote for the best poster until Friday morning.

Morning yoga at the Tivoli Park (departure from the Conference hotel at 07:30), Certified Iyengar Yoga Teacher Irena Makivić

Walking tours: ask for advice on registration/info desk

These activities are free of charge

BANQUET DINNER & PARTY

The banquet dinner will be held on Thursday, September 14th, at 19:30 in the conference hotel. There will be a band and dancing after the dinner until 00:30. Banquet dinner is only for participants who have paid a fee in advance. Some tickets are available at the information desk.

LIABILITY

By registering for the conference, participants agree that neither the organising committee nor Evipro Oy Company assumes any responsibility for damage or injuries to person or property during the conference or any costs related to illnesses. Participants are advised to organise their insurance.

DEAR PARTICIPANTS

I am honoured to invite you to the 11th European Conference on Mental Health in Ljubljana.

This year we gather in beautiful Slovenia with incredible scenery, the Alps, the Adriatic Sea, and its pearl, Ljubljana. With over 100 years of history, the venue Grand Hotel Union Eurostar, has been a unique meeting point for Slovenian culture and discussions in changing times. We cannot think of a better venue for sharing studies, thoughts, and feelings than this one.

We encourage you to participate in the program and network with other participants to get new ideas from experts, researchers, and service users in the mental health field. The conference will give approximately 300 international participants a platform, making these days a perfect setting for discussions. The scientific program includes high-level keynote speeches, over 120 oral presentations, 30 poster presentations, and round table discussions. You will even find a to-do -list in this Abstract Book to get the most out of this conference. Besides all this, we have arranged a Pre-Conference Online, and the presentations there are also available to all ECMH participants afterwards.

The values for ECMH were processed during the pandemic and aim for a safe and positive atmosphere during the conference. In ECMH, Equality is seen as everyone's voice is as important to learn and create good mental health at work and in personal life. With Trustworthiness, we aim to be reliable, consistent, and transparent. Friendliness is giving importance to one another, feeling safe, and being free to learn and communicate. Joy as a core value is creating positive energy and having fun; it gives us something to live for.

We sincerely thank the Scientific Committee for their work and support. We are grateful to all speakers and presenters willing to share their expertise and knowledge. We are very thankful to our local partner Mira, National Mental Health Program, for all support with arrangements. Furthermore, we thank our other locals at the University of Ljubljana,

the Faculty of Philosophy, and the National Institute of Public Health. We thank Visit Ljubljana for its support and Grand Hotel Union Eurostar for goodwill and help. We thank all the volunteers working as hosts and co-chairs and helping the delegates with everything to make the event a valuable experience for everyone. Your input is priceless again this year.

On behalf of all organisers, I wish everyone an inspiring, invigorating, and joyful 11th European Conference on Mental Health!

Liisa Kallio

Chair of Organizing Committee

ORAL PRESENTATIONS

	Session 1	Session 2	Session 3
Theme	Patient safety	Children	Lived experience and user involvement
Room	Marianne	Liam	Brenda
10:15-10:35	Verbal de-escalation. The role of mental health nurses in educating colleagues in a multidisciplinary setting. Kadri Niin, Estonia	Please See Me But Don't Look At Me: Child Maltreatment, Education, and the Classroom. Jennifer Cordeiro, Canada	'That could never happen to me': An auto-ethnographic account of covert emotional domestic abuse. Aine O Donovan, Ireland
10:40-11:00	The debate surrounding medication free services in Norway – a discursive deadlock suggesting the crux of the coercion controversy. Olav Nyttignes, Norway	Use of the Safety Plan for suicidal children in child psychiatric acute care. Kirsi Kauppila, Finland	Using Group Concept Mapping to Represent Service Users' Views on Strengthening Integration in the Mental Healthcare System. Katrina d'Apice, UK

Thursday Sep 14, 10:15-11:50

Session 4	Session 5	Session 6	Session 7
Digital innovations	Stigma	Fear of Missing out (FoMo)	Supporting well-being
Linda	Peter	ECMH Hall	Nynke
Connecting young people digitally to improve their mental health. Becca Randell, UK	The Scottish Mental Illness Stigma Study (SMISS). Bridey Rudd, UK	FoMO - What Does it Mean to Scientists and Society? Dominik Lech, Poland	Mental health counseling and NSRF social support action at the Athens University of Economics and Business. George Xylomenos, Greece
The effect of digital technologies on mental health depends on technology type and measurement level. Špela Selak, Slovenia	Sustaining Help-Seeking in Crisis: The Lasting Effects of a Pre-Pandemic Stigma Reduction Intervention. Virgínia Conceição, Portugal	The FoMO Phenomenon Among University Students of Various Faculties. Gabriela Kania, Poland	Beyond postures: Enhancing well-being through yoga psychology. Jyotsna Agrawal, India

ORAL PRESENTATIONS

	Session 1	Session 2	Session 3
Theme	Patient safety	Children	Lived experience and user involvement
Room	Marianne	Liam	Brenda
11:05-11:25	<p>Patient Risk for Falls in Seclusion Rooms in Psychiatric Inpatient Care.</p> <p>Jaakko Varpula, Finland</p>	<p>Professional feedback on the use of a Safety Plan for the treatment of suicidal children in inpatient and acute psychiatric care.</p> <p>Anne-Mari Borg, Finland</p>	<p>“I have been put in a role I didn’t deserve”: Challenging relationships with Experts by Experience.</p> <p>Brenda Happell, Australia</p>
11:30-11:50	<p>Staff experiences and response to aggression and violence in children and adolescents in inpatient settings: A qualitative study as part of Safe4Child project.</p> <p>Maria O’Malley, Ireland</p>	<p>Enhancing Child and Adolescent Mental Health Services Referrals (EN-CAMHS).</p> <p>Heidi Tranter, UK</p>	<p>Simulation teaching of mental health and addiction nursing in collaboration with experts by experience (EsbE).</p> <p>Minna Laitila, Finland</p>

Thursday Sep 14, 10:15-11:50

Session 4	Session 5	Session 6	Session 7
Digital innovations	Stigma	Fear of Missing out (FoMo)	Supporting well-being
Linda	Peter	ECMH Hall	Nynke
<p>Nurses’ Experiences of Changes in Documentation Brought by the Apotti System in a Mental Disorder Ward.</p> <p>Tapani Santala, Finland</p>	<p>Stigma or Compassion?</p> <p>Mina Hazar, Canada</p>	<p>Fear of Missing Out and Problematic Internet Use: A synergistic duet impacting learning quality and effective study.</p> <p>Sara Rybarska, Poland</p>	<p>Impact of a four-week mindfulness-based training program on psychological distress among higher education students.</p> <p>Jason Hill, UK</p>
<p>Towards responsible AI for mental healthcare.</p> <p>Umar Nizamani, The Netherlands</p>	<p>”Our way towards recovery” – Implementing recovery orientation in Niemikoti Foundation.</p> <p>Seppo Eronen, Finland</p>	<p>Exploring the Role of Fear of Missing Out and Problematic Internet Use in University Students’ Academic Learning.</p> <p>Konrad Guzowski, Poland</p>	<p>Harnessing the power of community & meditation.</p> <p>Karoline Noworyta, Germany</p>

ORAL PRESENTATIONS

	Session 8	Session 9	Session 10
Theme	Digital mental health for young people	Peer support / Human rights	The role of lifestyle factors in the mental health of specific populations
Room	ECMH Hall	Liam	Brenda
13:00-13:20	Our Generation app: co-designing a digital intervention engendering resilience and self-awareness in children and young people. Maurice D Mulvenna, Northern Ireland	The Transformative Power of Peer Led Emancipatory Recovery Education in Communities Experiencing Substance Use and Mental Health Issues. Em Murphy, Ireland	The UNiversity students LiFEstyle behaviors and Mental health problems (UNILIFE-M) consortium. Felipe Barretto Schuch, Brasil
13:25-13:45	Digital mental health interventions for young people – review of the literature. Courtney Potts, Northern Ireland	The EEEFCom Project: Making a Difference for Mental Health Recovery using Co-Production and Emancipatory & Social Approaches. Nikki Kilburn, Scotland	Pain among people with severe mental illness: The potential for physical activity. Brendon Stubbs, UK

Thursday Sep 14, 13:00-14:35

Session 11	Session 12	Session 13	Session 14
Lived experience and recovery	System and service development	Adolescents	Suicidality
Linda	Nynke	Marianne	Peter
From repeated psychosis to ten years of stability and wellness. Ágúst Kristján Steinarrsson, Iceland	Setting up a Recovery College: Exploring the Experiences of Mental Health Service-Users, Staff, Carers and Volunteers. Adam Benkwitz, UK	Evaluating the Efficacy of the “Preventing Discharge to No Fixed Address – Youth” Program in Canada. Cheryl Forchuk, Canada	Suicidality in adolescent - and what to do about it? Barbara Remberk, Poland
Lifestyle guidance for mental health rehabilitees. Project RAULI ha(II)ussa. Jukka-Pekka Laaksonen, Finland	ADHDcentraal, The Netherlands – “It only takes one day to change the course of life”. Heike Hornschemeyer, The Netherlands	The psychosocial impacts of being a left-behind child in rural China: outcomes from an in-depth study of young adults’ life narratives. Shuhan Dong, UK	Suicidal ideation assessment in adolescents in different settings. Monika Youssef Khalil, Poland

ORAL PRESENTATIONS

	Session 8	Session 9	Session 10
Theme	Digital mental health for young people	Peer support / Human rights	The role of lifestyle factors in the mental health of specific populations
Room	ECMH Hall	Liam	Brenda
13:50-14:10	The challenges of designing novel digital mental health services for use in community settings. Sophie Stephenson, Northern Ireland	Psychiatry and human rights: implementation of the UN CRPD by the EU. Olga Kalina, Denmark	Direct and indirect relationships between lifestyle behaviours and health outcomes in inpatients with mental illness: a network approach. Natascha den Bleijker, The Netherlands
14:15-14:35	Chatbots supporting mental health and wellbeing of children and young people; applications, acceptability and usability. Edel Ennis, Northern Ireland	TBC	The Influence Of Moderate-To-Vigorous Physical Activity And Sedentary Time On Mental Health And Craving In Adults Entering Treatment For Alcohol Use Disorder. Jacob Meyer, USA

Thursday Sep 14, 13:00-14:35

Session 11	Session 12	Session 13	Session 14
Lived experience and recovery	System and service development	Adolescents	Suicidality
Linda	Nynke	Marianne	Peter
The process of recovery from recurrent depressive disorder as seen by the psycho-therapists. Aleš Neusar, Czech Republic	National Mental Health Strategy and Programme for Suicide Prevention 2020-2030 - Strengthening mental health competencies 2020-2023. Saara Rapeli, Finland	Mental Health Monitoring of Children and Adolescents in Czechia. Ondrej Pesout, Czech Republic	Supporting parents of adolescent with suicidal thoughts. Aleksandra Zadrožna, Poland
Seeking schizophrenia in the shadows- Cognitive biases that obscure negative symptoms. Rhiannon Phillips, UK	Slovenian pilot study of implementing needs assessment in the processes of treatment, evaluation and planning. Irena Makivić, Slovenia	Evaluating an emotion coaching program for parents of young adolescents attending Child Adolescent Mental Health Services (CAMHS) in New Zealand: Preliminary results. Zara Mansoor, New Zealand	Nursing care for a suicidal patient in adolescent inpatient unit. Łukasz Karaś, Poland

ORAL PRESENTATIONS

	Session 15	Session 16	Session 17
Theme	CBT	Lived experience	Health risks
Room	Brenda	Liam	Marianne
16:05-16:25	Exploring CBT therapists' experience of feeling of safety within self-practice/ self-reflection: an interpretative phenomenological analysis. James O Mahony, Ireland	"This is more about who you are as a person": writing stories about life with people living in 24-hour care settings for severe mental illness. Mariken de Koning, The Netherlands	A cross-sectional study examining social support, physical & mental health and alcohol and tobacco use in patients undergoing cancer treatment in Mato Grosso, Brazil. Chris Wagstaff, UK
16:30-16:50	CBT-based interventions at low-threshold mental health unit in Helsinki, Finland. Tanja Ingley, Finland	What does it mean to have a mental disorder with rare/ ultrarare elements (from my personal point of view)? Timo Kallioaho, Finland	Multiple health risk behaviors and mental health from a life course perspective: The Dutch TRAILS study. Lisette Wijbenga, The Netherlands

Thursday Sep 14, 16:05-17:15

Session 18	Session 19	Session 20
Innovations in depression and eating disorders treatment	Peer support and recovery	Innovations in psychosis treatment
Peter	Linda	Nynke
Rumination: Mechanism of the antidepressant effect of exercise? Development of a decoder based on EEG data for the prediction of rumination during exercise. Jana Welkerling, Germany	Health is the right of every mind! Hanna Åby, Finland	Communicating diagnoses to individuals with a first episode psychosis: A qualitative study of individuals perspectives. Nynke Boonstra, The Netherlands
Psychiatric physiotherapy in a group setting as a means for reducing anxiety in patients with eating disorders. Ville Köykkä, Finland	The recovery paradigm in practice: Contribution of NGO sector from the field of mental health to recovery approach in Slovenia. Suzana Oreski, Slovenia	The importance of oral health interventions for mental health nurses in the recovery of patients with a psychotic disorder. Sonja Kuipers, The Netherlands

ORAL PRESENTATIONS

	Session 15	Session 16	Session 17
Theme	CBT	Lived experience	Health risks
Room	Brenda	Liam	Marianne
16:55-17:15	The development process of a CBT-based parental training chatbot. Minni Roth, Finland	Peer support and expertise-by-experience as part of mental well-being support and services – views of experts-by-experience and professionals. Tiina Putkuri, Finland	A Realist Evaluation of Models of Care for people with severe mental illness and co-occurring substance use in the UK: The RECO study. Elizabeth Hughes, UK

Thursday Sep 14, 16:05-17:15

Session 18	Session 19	Session 20
Innovations in depression and eating disorders treatment	Peer support and recovery	Innovations in psychosis treatment
Peter	Linda	Nynke
Identifying lesser-known eating disorders in nursing care. Marianne Annion, Estonia	Peer Support Programs in Aviation for Mental Health. Bryson Kelp, Germany	Variations in appearances and interpretations of interpersonal eye contact in social categorizations and psychiatric populations worldwide. A Scoping Review. Jos Boer, The Netherlands

ORAL PRESENTATIONS

	Session 21	Session 22	Session 23
Theme	The application of lifestyle psychiatry in mental health services	Mental health literacy	Sustainability and environment in recovery
Room	Brenda	Liam	Marianne
11:10-11:30	The Life and Mind Delphi study: Developing a targeted Lifestyle Medicine education resource for mental health professionals. Oscar Lederman, Australia	Improving mental health literacy through the OMRA programme. Nataša Dernovšek Hafner, Slovenia	Sustainable Seasons: Embracing Environmental Responsibility at Niemikoti Foundation. Niina Sahlberg, Finland
11:35-11:55	Barriers and facilitators prior to the implementation of a lifestyle-focused treatment approach in inpatients with mental illness. Myrthe van Schothorst, The Netherlands	National mental health literacy program for primary and secondary school teachers in Croatia. Ljiljana Muslić, Croatia	Nature – a hopeful environment for recovery-oriented practice. Eva Romi, Finland

Friday Sep 15, 11:10-12:20

Session 24	Session 25	Session 26	Session 27
Forensic mental health and psychiatry	Vulnerable populations in mental health	Post-Covid	Helping refugees and immigrants
Peter	Linda	Nynke	ECMH Hall
Mental Health Engagement and Recovery in Forensic Mental Health. Sean O'Connell, Ireland	Transgender and gender diverse youth experiences of Mental Health Services: Findings from a Systematic Review. Ryan Goulding, Ireland	Could psychological resilience protect against social media addiction during the pandemic? Mark Žmavc, Slovenia	Asylum-seeking process and mental health: some insights from Slovenia. Sanja Cukut Krilić, Slovenia
The role of special observation in supporting personal rehabilitation in forensic psychiatry. Pekka Seppänen, Finland	Women with learning disabilities in a secure hospital setting and their experiences of seclusion: adopting a feminist case study approach. Helen Jones, UK	The Impact of the Coronavirus Pandemic on Homelessness Across Canada: The Stakeholder's Perspective. Cheryl Forchuk, Slovenia	Caring for Refugee Minds: a descriptive observational study. Bárbara Sofia Gonçalves Castro Sousa, Portugal

ORAL PRESENTATIONS

	Session 21	Session 22	Session 23
Theme	The application of lifestyle psychiatry in mental health services	Mental health literacy	Sustainability and environment in recovery
Room	Brenda	Liam	Marianne
12:00-12:20	Efficacy and cost-effectiveness of a Transdiagnostic group-based exercise intervention: a pragmatic multi-site randomized controlled trial. Sebastian Wolf, Germany	Mental health literacy in schools. Anna Kagstrom, Czechia	Recommendations to reinforce the therapeutic role of registered nurses in care and rehabilitation wards. Ronelle Jansen, South Africa

Friday Sep 15, 11:10-12:20

Session 24	Session 25	Session 26	Session 27
Forensic mental health and psychiatry	Vulnerable populations in mental health	Post-Covid	Helping refugees and immigrants
Peter	Linda	Nynke	ECMH Hall
Dialectic behavioural therapy in the treatment and recovery of forensic psychiatric patients. Nanika Jungerstam, Finland	Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature. Vasiliki Tzouvara, UK	The association of changes in leisure-time physical activity on depressive symptoms during Covid-19 in German adults: a longitudinal study. Britta Seiffer, Germany	Factors associated with better immigrant mental health: the case of three EU countries. Ia Shekriladze, Georgia

ORAL PRESENTATIONS

	Session 28	Session 29	Session 30
Theme	Safewards and forensic care	Supporting mental health in different settings	Good quality mental health care
Room	Brenda	Liam	Marianne
13:30-13:50	Implementation of the Safewards method in a forensic psychiatric hospital. Mirva Sundqvist-Kekäläinen, Finland	Social Class Habitus: A new approach to the mental health social status relationship. Rachel Brown, Ireland	Patient reported outcome measures (PROMs) on mental health and psychosocial factors in patients with Brugada Syndrome. Stefaan Six, Belgium
13:55-14:15	Effects of the Safewards interventions: Talk Down, Soft Words, Reassurance, in a male closed admission ward. Ulla Valtari, Finland	Examining relationships between Defence organizational culture and psychological health among military serving members. Isabelle Richer, Canada	Current Perspectives on co-morbid Major Depression Disorder and Multiple Sclerosis. Catarina Troia Laginhas, Portugal

Friday Sep 15, 13:30-15:05

Session 31	Session 32	Session 33	Session 34
Spaces of mental health	Post-Covid	Innovations for better care and patient experiences	Adolescents
Peter	Linda	Nynke	ECMH Hall
Is this a place for me? A Photo Voice study of exclusionary and inclusionary spatial experiences of people with psychiatric disabilities. Ebba Högrström, Sweden	Prevalence of burnout among university students during the covid-19 pandemic: a systematic review and meta-analysis. Amit Abraham, Qatar	Creating media content in peer groups can strengthen well-being. CASE: Sosped Foundation's media activities, Finland. Saija Salonen, Finland	Priorities for research into young people's mental health in Northern Ireland: the views of young people involved in the Future Minds Research programme on research in mental health services. Siobhan O'Neill, Northern Ireland
Urbanization and Depression - A Cross-Sectional Network Analysis. Dominika Ochnik, Poland	Pandemic experiences and mental health among young people in Ireland: lessons from the Teenpath COVID study. Shona Lee, Ireland	Safer medication process for geropsychiatric inpatients: multiprofessional team and new electronic health care record Apotti. Outi Ilves, Finland	Restorying the youth mental health crisis in Porirua, Aotearoa. Julia Watkin, New Zealand

ORAL PRESENTATIONS

	Session 28	Session 29	Session 30
Theme	Safewards and forensic care	Supporting mental health in different settings	Good quality mental health care
Room	Brenda	Liam	Marianne
14:20-14:40	The Transition from Secure in-patient mental health care into specialist community forensic services 'Stepping Down'. Kirsty Fishburn, UK	Building a broad network to promote mental health in academic workplaces. Brian Cahill, Germany	The impact of gravitational insecurity on the emotional well-being and functioning of adults in mental health settings: An interpretative phenomenological analysis. Rebecca Matson, UK
14:45-15:05	TBC	Depression, Anxiety and Stress among healthcare workers in Lithuania. Povilas Kavaliauskas, Lithuania	Personality and Quality of Life in Women in In Vitro Fertilization (IVF): Network Approach. Nikola Ćirović, Serbia

Friday Sep 15, 13:30-15:05

Session 31	Session 32	Session 33	Session 34
Spaces of mental health	Post-Covid	Innovations for better care and patient experiences	Adolescents
Peter	Linda	Nynke	ECMH Hall
Being a parent of a soldier is a challenging experience - depression, anxiety and stress among parents of Israeli soldiers. Bella Savitsky, Israel	Well-being of Canadian military spouses during COVID-19. Lisa Williams, Canada	Online based group therapy for anxiety disorders. Treatment model introduced in primary health care, the City of Helsinki. Evgeny Ermakov, Finland	Time trends in youth mental health: insights and challenges for the 21st century. Minea Rutar, Slovenia
Citizens under missiles attacks: Comparing posttraumatic stress disorder among Jewish and Arab population of Southern Israel. Rachel Shvartsur, Israel	Predictors of Depressive Symptoms Among Adolescents During the Pandemic. Helena Jeriček Klanšček, Slovenia	The impact and presence of the Red Noses Society clowns in medical institutions. Jasmina Kuduzović, Slovenia	OUR Generation: Enhancing Resilience to Overcome the Effects of Trauma and Adversity, and to Build Peace. Tara O'Neill, Northern Ireland

POSTER PRESENTATION PROGRAM

Title	Authors
Encouraging Social Recovery in the Community through Sport and Physical Activity	Adam Benkwitz
An Exploration of Seclusion and Physical Restraint on Autistic Patients in Mental health settings: A Triangulate Exploration of Patients, Professionals and Family Carers.	Madeeha Rahim-Rasool Simon Bignell Christopher Barnes Sigrid Lipka
Service system and care pathway of forensic psychiatry patients and their development - international research project 2023-2026	Riitta Askola Olavi Louheranta Allan Seppänen Tella Lantta
Connecting young people digitally to improve their mental health	Becca Randell
The Association of Development and Research on Mental Health Work – seeking evidence together	Heikki Ellilä Minni Roth Minna Sorsa Joonas Korhonen Kaisa Marin Marja-Liisa Rissanen
Harnessing the Power of Artificial Intelligence as a Therapeutic Tool in Psychiatry: An Overview of Potential Applications, Challenges, and Ethical Considerations	Antonio Melo Maria Vaz Velho Inês Silva Joana Lopes Maria Joao Carnot
Grimm Team - Fairytales and writing, a creative group rehabilitation approach in treating young psychiatric outpatients at the Tampere university hospital	Minna Ruhala Susanna Puotila

A study about disembodiment-related brain activation in autism spectrum disorder: possible correlation with interoceptive accuracy	Jung-Woo Son Seungwon Chung Ahjeong Hur Hoyeon Lee Hui Yeong Jeon
Needs assessment tools at the field of mental health: countries presentation	Irena Makivić Anja Kragelj
Modifying eDASA + APP violence risk assessment and management protocol to geropsychiatric care with co-design approach	Päivi Hagelin Leena Oila Irene Volanen Henna Kinnunen Jaakko Varpula Maria Ameal Tella Lantta
Promoting the mental well-being of children, young people, and families using the BIKVA model	Mikko Häkkinen Irene Latva-Korpela Tiina Putkuri
Effectiveness and implementation of a Combined Lifestyle Intervention for Outpatients with severe mental illness (GOAL!): a quasi-experimental study protocol	Chermaine Noortman
Behçet's Disease: Neuropsychiatric Manifestations	Maria Beatriz Resende
Interventions related to smart device addiction in adolescents	Anett Suuroja Janika Mavor Marianne Annion
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Adjustment disorders: a new epidemic? The challenges of treatment	Bárbara Sofia Gonçalves Castro Sousa Joana Alexandra Garrido Ramos
Impact factors on global symptom severity: Study Protocol for a cross-sectional study among outpatients with heterogenous mental disorders	Anna Katharina Frei Thomas Studnitz Britta Seiffer Stefan Peters Anna Lena Flagmeier Lena Zwanzleitner Ander Ramos-Murguialday Leonie Sundmacher Martin Hautzinger Thomas Ehring Gorden Sudeck Sebastian Wolf
The Mediating Roles of Self-Concept and Identity Resolution on the Link Between Childhood Adversity and Mental Health Outcomes	Natnicha Boonyanant
Guidelines for Designing Language and Conversational Content for Health and Mental Health Chatbots	Heidi Nieminen Anna-Kaisa Vartiainen Raymond Bond Emilia Laukkanen Maurice Mulvenna Lauri Kuosmanen
Mental Health NeuroForce: an alexithymia case study with a Portuguese police officer	Ana F. Moreno Patrícia Oliveira-Silva Rowena Hill Susanna Rubiol Vilalta
Tom's cruel depressive voice – a collaborative case study of the recovery process	Aleš Neusar Karolína Czepeková

Transforming Mental Health: Examining the Framework and Governance of the National Mental Health Programme (2018 - 2028)	Saška Roškar Petra Mikolič
Prevalence of Depression, Anxiety, and Stress among Health Sciences Undergraduate Students in a University of Mexico	R Montañez-Gonzalez R C Lucio-García
Embedding an Emancipatory Educational Framework in Communities for people marginalised and excluded because of mental health and/or substance misuse issues.	Sabine Dick & The EEEFCom consortium

KEYNOTE SPEAKERS

Alviina Alametsä

Politician, MEP in the European Parliament, Finland

Alviina Alametsä is a Finnish politician of the Greens/EFA group at the European Parliament. She is a Member of the Committee on Foreign Affairs, a Substitute Member in the Committee on Security and Defence, the Committee on Transport and Tourism and the Committee on Petitions. At the age of 30, she is the youngest serving Finnish MEP and one of the youngest MEPs in the European Parliament.

Alviina Alametsä has been a member of Helsinki city council since 2017. Before becoming a member of the European Parliament she also chaired its equality committee and was part of the board of Helsinki Regional Transport Authority.

Alviina is passionate about peace work, climate change and mental health. Alviina has long been passionate about mental health. Before she became a Member of European Parliament, she has worked on several mental health related initiatives in Finland. She has been a project manager for the Finnish Association for Mental Health and, in 2019, she organized a citizens' initiative to make free mental health services available to everyone in Finland. This initiative collected enough names to now be in consideration in the Finnish parliament. She has also advocated for accessible mental health services as a city council member, initiating the founding of several low threshold mental health clinics. Alviina has a background in peace work. She has worked for the Finnish peace negotiating NGO Crisis Management Initiative and acted as parliamentary assistant to Pekka Haavisto, who is currently the minister for foreign affairs of Finland.

Anja Baš

Slovenia

Anja Baš is known as a singer-songwriter, others as author of the book “Lačna življenja” (Hungry for Life) which talks about her ten-year long battle with bulimia. She is also a well-known mom from Instagram and owner of LoveYouMama brand, which offers clothing for new (and seasoned) moms.

Annelotte Pleij

Specialized mental health nurse, The Netherlands and

Bas van Riet Paap

Director at Mental Health provider BuurtzorgT, The Netherlands

Annelotte Pleij is a specialized mental health nurse who works in one of the self-steering teams in Amsterdam within BuurtzorgT. She has worked in several mental health institutions. Although she always loved working with patients (human beings), she didn't like the hierarchical systems of these institutions. Since working as a community mental health nurse within BuurtzorgT she finds she can shape her work the way she thinks is needed. Annelotte got her post-bachelor degree in social psychiatric nursing, which helped her to understand psychiatric problems from a wider perspective. The subject of her thesis was about self-disclosure as a professional and how to use this as a tool in therapy with clients. The most basic need all people have is to be seen and heard by others. That, for me, is what my work is about; to make contact, listen and connect. This is something we can not learn from books. We are all experts in life. Annelotte is passionate about her work, about changing mental health institutions to work in a different way. As a project developer within BuurtzorgT she helps organizations worldwide to make the transition to a more equal, nonhorizontal way of working that gives more autonomy and joy.

Bas van Riet Paap is a director at Mental Health provider BuurtzorgT. BuurtzorgT treats patients with serious psychiatric illnesses and often with problems in several areas of life. BuurtzorgT does this on the base of equality and self-management and with the involvement of the client's environment. BuurtzorgT treats people at home. BuurtzorgT was founded in 2014 and now consists of 72 (multidisciplinary) teams throughout the Netherlands. Bas has gained extensive experience within the mental health care sector. He was Head of Finance & Control at the Dimence Groep and Manager of Healthcare Purchasing Mental Health at health insurer Menzis. Within BuurtzorgT Bas contributed to the new structure in which BuurtzorgT becomes the owner of itself. As a result, the organization is not only self-steering but also owns itself. Mental Health Care is in the news a lot due to long waiting lists and capacity problems. BuurtzorgT however, has hardly any waiting times and capacity problems. BuurtzorgT has grown strongly over the past years.

During the conference, Annelotte and Bas will discuss the current mental health care landscape and how BuurtzorgT operates in this. In addition, Bas will discuss the current organizational form of BuurtzorgT: Steward Ownership.

Myra Piat

Ph.D. Social Work, Assistant Professor at McGill University, Department of Psychiatry and School of Social Work, Researcher at the Douglas Mental Health University Institute, Canada

Myra Piat, is an Assistant Professor at McGill University, Department of Psychiatry and School of Social Work in Montreal, Canada, and a Researcher at the Douglas Mental Health University Institute. A social worker by training, Myra has been involved in numerous initiatives around housing for people with mental health challenges, homelessness, knowledge translation, implementation science and participatory research. Her priority is to engage and give a voice to diverse stakeholders, specifically service users and families/caregivers.

A leader in the field of mental health recovery and implementation science, Myra has worked tirelessly for two decades to create system transformation in mental health services. She has been the lead on many Canadian Institutes of Health Research- and McGill University-funded projects. Her most recent contribution is the Walk the Talk Toolkit, a free online bilingual toolkit designed to help organizations overcome the challenges of implementing recovery-oriented services into their work.

In 2022, Myra was awarded the Canadian Alliance for Mental Illness and Mental Health Champions Award for her work in research and innovation.

A strong advocate of system transformation through collaboration and co-production, Myra has focused on conducting real-world applied research that ultimately makes a difference in the lives of those with mental health challenges.

In this keynote presentation, Myra will set the stage for participants to learn about what mental health recovery is, how it has been successfully implemented into services, and what strategies organizations can use to implement recovery into their services.

Indigo Daya (Pre-conference online)

PhD candidate and Research Associate, Big Anxiety Research Centre,
University of NSW, Australia

Indigo Daya is a survivor artist and activist who has worked in mental health leadership roles for almost 18 years, including in education and supervision, systemic advocacy, government policy, reform, consulting and peer-delivered programs. Late in 2022, Indigo decided to leave behind mental health reform work and pursue an abolitionist path instead, working to create the kinds of alternatives she has always imagined.

Indigo's practice draws on the collective wisdom of survivor research and mad studies, and her lived experience of madness, psychiatric incarceration, and as a survivor of childhood abuse, antisemitic bullying and intergenerational trauma. She is passionate about de-pathologising, de-individualising and de-carcerating the ways we respond to humans experiencing distress. Instead, she seeks collective, emancipatory and creative practices which recognize the deeply meaningful experiences of being human in a world with too much trauma, injustice, hate, violence and climate destruction.

Recent work includes: 'Slice/Silence: Cutting through the silencing of self-injury, trauma and injustice' at the 2022 Big Anxiety Festival, and Daya, I. (2022). Russian dolls and epistemic crypts: A lived experience reflection on epistemic injustice and psychiatric confinement. *Incarceration*, 3(2): 1-15.

Round table discussion: "Spaces of mental health"

Confirmed discussants:

Associate Professor Ebba Högström,
Blekinge Institute of Technology, Sweden

Freelance Researcher, developer & supervisor D.Soc.Sc Outi Hietala,
Finland

Lecturer, RN, PhD student Kirsty Fishburn, University of Hull, UK

Moderator:

Postdoctoral researcher, Virve Repo, University of Tampere, Finland

Spaces and atmospheres can be experienced and felt differently. While spaces can be understood from an architectural point of view, they are also created in relations between people and through rules and used practices. In this roundtable discussion we talk about how spaces of mental health could be arranged and designed to increase equality and safety for all.

ORAL PRESENTATIONS

ABSTRACTS FOR ORAL PRESENTATIONS
(IN ALPHABETICAL ORDER BASED ON THE TITLE)



European Conference
on Mental Health

A cross-sectional study examining social support, physical & mental health and alcohol and tobacco use in patients undergoing cancer treatment in Mato Grosso, Brazil

by Dr Chris Wagstaff | Prof Sandra Pillon | University of Birmingham | University of São Paulo at Ribeirão Preto College of Nursing

This study aimed to evaluate the correlation between social support, physical & mental health, and alcohol and tobacco use in patients undergoing cancer treatment. Method: Cross-sectional study, with 765 patients undergoing cancer treatment in Mato Grosso, Brazil, from 2019 to 2021. The study examined sociodemographic data, information about physical & mental health, patterns of alcohol and tobacco use, and social support. Results: As expected, those with a high level of social support had better mental health and less alcohol and tobacco use. While those with smaller social networks, and no religion, had low levels of social support and depressive symptoms, suicidal thoughts, respiratory diseases, and metastasis. However, those with a low level of social support had a lower-than-expected level of alcohol/ tobacco use. Also, contrary to previous studies the high social support participants didn't binge drink as much as expected. Conclusion: Health professionals in oncology services must be aware of problems related to mental health, especially substance use, and the importance of monitoring social support in this population. Investment in mental health interventions for people undergoing cancer treatment with low social support is crucial, as professionals must integrate efforts to minimize mental suffering by identifying and understanding modifiable social factors.

A Realist Evaluation of Models of Care for people with severe mental illness and co-occurring substance use in the UK: The RECO study

by Elizabeth Hughes | Jane Harris | Angela Bate | Alexandre Copello | Sonia Dalkin | Gail Gilchrist | Emma Griffith | Lisa Jones | Luke Micheson | Harry Sumnall | Edinburgh Napier | Liverpool John Moores University

| Northumbria University | University of Birmingham | Northumbria University | Kings College London | Avon and Wiltshire Mental Health NHS Trust | Liverpool John Moores University | South London and Maudsley NHS Trust | Liverpool John Moores University

Co-occurring substance use is common amongst people with severe mental illness. This co- morbidity is associated with poor treatment outcomes, poor health, homelessness and increased risk of suicide, violence and victimisation. However, mental health and substance use treatment services often work in silos, and whilst there are examples of integration, this is not the norm. There is also issues of stigma associated with substance use which is associated with a lack of knowledge regarding substance use issues amongst mental health care providers. Conversely, substance use providers lack mental health knowledge and skills. Training is not a solution in of itself, and the evidence is limited on service solutions for this clinical issue. The RECO study is a large NIHR funded study that aimed to identify service models in the UK, and undertake a realist case study to identify the contexts and mechanisms that lead to more positive outcomes for this group. A Realist approach was chosen as this aims to understand what works and why, under what circumstances and is particularly useful method for investigation for understanding complex service systems. We selected 6 locations in the UK (London, major cities and semi-rural areas) and undertook qualitative focus groups with 58 mental health, substance use and third sector providers. In addition we recruited and interviewed 25 service users and 12 carers. The data was analysed using a realist approach based on initial programme theories developed from a realist synthesis of literature. This presentation will present an overview of the RECO study findings. People with co- occurring mental health and substance use conditions have complex and multifaceted needs which require a comprehensive and long-term integrated approach. The shift to integrated health and social care is promising but will require local support including local expert leaders, network opportunities and clarity of roles and care pathways.

ADHDcentraal, The Netherlands – “It only takes one day to change the course of life”

by Heike Hornschemeyer | Rianne Smits | ADHDcentraal | ADHDcentraal

Attention deficit hyperactivity/impulsivity disorder (ADHD) is a common and impairing condition, which originally has been viewed as a mental disorder in childhood. However research shows the persistence of impairing symptoms in adulthood in up to 40% of cases which may lead to substantial personal and individual burden and dysfunction in later life. There is a higher risk of getting fired, being in accidents or having a poorer health than the adult population without ADHD. Therefore, early recognition and treatment of ADHD in adults is necessary to change the trajectory of psychiatric or physical morbidity later in life. In addition, the higher risk for comorbid psychiatric disorders and symptom overlap like mood-, personality and sleeping disorders as well as anxiety or addiction disorders in untreated ADHD complicates the diagnosis of ADHD in adults. From this point of view, it seems important to have adequate assessment and treatment programs available to prevent ADHD characteristics from deteriorating and invalidating the people it affects. In the Netherlands our company, ADHD centraal, is an expert agency for ADHD in adults. We offer a unique program in diagnostics and treatment which is based on scientific research and best practice, as agreed upon in standard guidelines. The diagnostic procedure is performed in one day, within a multidisciplinary team of a specialized mental health nurse, a psychologist and a psychiatrist. In addition to the clinical interview and questionnaires, computer technology is used to measure and visualize attention deficit, hyperactivity and impulsiveness. Clinicians can use the additional computer data as a tool to help the diagnostic process. Acknowledging the different aspects, like the symptoms or characteristics of ADHD, comorbidity, the life span background (including ACE's) and the current functioning of the patient, is the core expertise of the diagnostic team.

Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature

by Vasiliki Tzouvara | King's College London

Background: Adverse childhood experiences (ACEs) negatively impact people's physical and mental health and social functioning. Research literature focuses on the impact of ACEs on physical and mental health, yet to our knowledge, no study has examined the literature on ACEs, mental health, and social functioning outcomes. Aim: To map how ACEs, mental health, and social functioning outcomes have been defined, assessed, and studied in the empirical literature and identify gaps in the current research which need further investigation. Methods: A scoping review methodology following a five-step framework was implemented. Four databases were searched CINAHL, Ovid (Medline, Embase) and PsycInfo. The analysis involved both numerical and a narrative synthesis in line with the framework. Results: Fifty-eight studies were included in the analysis, and three key issues were identified a) the limitations of research samples to date, b) the choice of outcome measures for ACEs, social and mental health outcomes, and c) the limitations of current study designs. Conclusion: The review demonstrates variability in the documentation of participant characteristics and inconsistencies in the definitions and applications of ACEs, social and mental health and related measurements. There is also a lack of longitudinal and experimental study designs, studies on severe mental illness, and studies including minority groups, adolescents, and older adults with mental health problems. Existing research is highly variable methodologically and limits our broader understanding of the relationships between ACEs, mental health, and social functioning outcomes. Future research should implement robust methodologies to provide evidence that could be used for developing evidence-based interventions.

Asylum-seeking process and mental health: some insights from Slovenia

by Sanja Cukut Krilić | ZRC SAZU

A series of losses, insecurities and distresses that can be among the risk factors for the prevalence of mental health difficulties accompanies the process of forced migration. Such losses can be physical (loss of home, family members) as well as symbolic (loss of language, cultural codes and traditions) and relate to factors experienced by asylum seekers before, during and after the migration process. Stigma in relation to mental health difficulties refers to cultural and structural barriers of help seeking for such difficulties and greatly impedes the process of recovery. Drawing on semi-structured interviews with experts in the field of migration/asylum/mental health (e.g. social workers, psychotherapists, cultural mediators, asylum counsellors, etc.), the contribution will explore the main factors related to mental health difficulties among forced migrants seeking asylum in Slovenia. These are identified before their migration (war, political instabilities, violence, losses); during the migration process (insecurities, lack of information, violence on the move) as well as after their arrival to new countries (stigmatisation, discrimination, inadequate housing, lack of employment and educational possibilities, social and migration policies, etc.). Special importance will be afforded to the temporal aspects of their migration (prolonged waiting for uncertain futures) and to how they affect their (mental) health and well-being.

Barriers and facilitators prior to the implementation of a lifestyle-focused treatment approach in inpatients with mental illness

by Myrthe van Schothorst | Natascha den Bleijker | Nanne de Vries | Peter van Harten | Jeroen Deenik | GGz Centraal / Maastricht University | GGz Centraal / Utrecht University Medical Centre | Maastricht University | GGz Centraal / Maastricht University | GGz Centraal / Maastricht University

There is increasing evidence for the efficacy of lifestyle interventions on the physical and mental health of people with mental illness. Despite this increasing evidence there has been very little structural change in daily clinical care. The translation of evidence-based interventions into real-world settings is complex and few interventions are successfully implemented or sustained in the long-term. Understanding factors that may promote or hinder the implementation of lifestyle interventions can contribute to effective integration into routine clinical care. GGz Centraal is implementing a multidisciplinary lifestyle focused approach in the treatment of inpatients with mental illness (MULTI+). MULTI+ aims to improve lifestyle factors through a holistic approach by focusing on 10 core components. This study aims to identify perceived barriers and facilitators of both inpatients and health care professionals (HCPs) prior to the implementation of MULTI+. Additionally, to examine relationships with demographic and disease-related factors in inpatients. Data from an open cohort stepped wedge cluster randomized trial. The Measurement Instrument for Determinants of Innovations (MIDI) was used to identify barriers and facilitators. This was done through a semi-structured interview for inpatients and through an online questionnaire for HCPs. Results show that patients (N= 134) experienced barriers and facilitators related to the innovation and themselves. For example, they perceived MULTI+ as complex, but think it should be part of their treatment. Healthcare professionals (N=125) experienced facilitators related to themselves and the organization, such as perceived support, but felt like they lacked information related to the MULTI+. Relationships with demographic and disease-related factors are currently being explored. The results provide insight into perceived barriers and facilitators for a multidisciplinary lifestyle focused approach in the treatment of inpatients with mental illness. Insights into relationships with demographic and disease-related factors may contribute to effective integration into practice.

Being a parent of a soldier is a challenging experience - depression, anxiety and stress among parents of Israeli soldiers

by Bella Savitsky | Rachel Shvartsur | Ashkelon Academic College | Ashkelon Academic College

Background: At any given moment, almost half a million Israeli parents face military service of at least one child. Military service is a stressful experience not only for the enlisted soldier but also for his parents, especially when a son or daughter is serving in a combat unit. Little is known about parents' mental well-being during their child's service. Objective: This study aims to assess the prevalence of depression, anxiety, and stress among the parents of Israeli soldiers (during their compulsory service). Methods: A cross-sectional study of 127 Israeli parents who were interviewed at the beginning of 2023. Depression Anxiety Stress Scale (DASS-21) was used. Parents' demographics and child's service characteristics were included in the logistic regression multivariable model, with psychological distress as a dependent variable. Results: The parents (95 mothers and 32 fathers) were in their fifties, children aged 20 years old on average. More than half of parents (56%) already had another child in the army before. Abnormal depression, anxiety, and stress scores were detected (14.2%, 13.3%, and 11.8% respectively). 21.3% had one of the above (these parents were defined as having distress). In a multivariable model, only service type (combat vs. non-combat) was significantly associated with distress (OR=2.9; 95%CI: 1.2-7.9]. A significant interaction was found between the service type and the secrecy of the service. Among the parents of combat soldiers, the confidentiality of the duty was associated with almost sevenfold significantly higher odds for distress. Among the distressed parents, almost 90% experienced sleeping problems. Overall, most distressed parents (78%) did not seek professional help. All 22% who approached medical or psychological help were women. Conclusion: Considering the large proportion of society who deal with the challenge of child service, healthcare professionals should be aware of parents' difficulties, be proactive in gathering information about their mental well-being, and offer treatment and support.

Beyond postures: Enhancing well-being through yoga psychology

by Jyotsna Agrawal | National Institute of Mental Health and Neuro Sciences (NIMHANS)

Scholarly and scientific research in Yoga has expanded over the last two decades, however, less attention has been paid to mental health promotion. Further, yoga-based interventions have often ignored the psychological aspects of yoga, with respect to beliefs, cognitions, emotions, life choices etc., which may have a direct impact on mental health and well-being. For this purpose, a thematic analysis of core yogic texts i.e., Yoga Vasishta, Bhagavadgita, and Patanjali Yogasutra, was conducted. Thereby, a heuristic model with seven interlinked themes were noted. These themes are related to Developing a yogic perspective on life, Cultivating a wholesome sense of self, Appreciating interconnection with others and the world, Enhancing connection with the sacred, Experiences and letting go, Goal pursuit as karmayoga and Satvik happiness and positive living. These themes have guided preliminary intervention studies. The presentation will focus on the themes, elaboration of the indigenous concepts and preliminary results from a series of studies. It will further discuss the future implications for the field of contemplative approaches to mental health.

Building a broad network to promote mental health in academic workplaces

by Brian Cahill | Stéphanie Gauttier | Janet Metcalfe | Stefan Mol | Darragh McCashin | Gábor Kismihók | Learning and Skill Analytics Research Group, Leibniz Information Centre for Science and Technology | Grenoble Ecole de Management | Vitae | University of Amsterdam | Dublin City University | Learning and Skill Analytics Research Group, Leibniz Information Centre for Science and Technology

In recent years, there have been many studies highlighting the increased prevalence of depression and anxiety among academic researchers, in particular early-career researchers. This has been accompanied by high levels of career precarity among those pursuing careers in academia. The ReMO COST Action on Researcher Mental Health has built an international network of researchers from 41 European countries and several outside Europe. ReMO develops networks to promote wellbeing and mental health within the research environment. The Researcher Mental Health and Well-Being Manifesto calls on stakeholders to act to foster mental health and wellbeing, reduce mental health stigma, and empower researchers when it comes to well-being in their workplace. ReMO has built a network of researchers, practitioners and institutional stakeholders that support the objectives of the Manifesto through designing actions and initiatives that aim to achieve impact at the policy, institutional, community and individual levels. ReMO has set up an annual conference, an ambassador training school, monthly webinars, a podcast, an evidence hub and regularly engages with diverse stakeholders at all levels within the research environment. ReMO will launch the largest Europe-wide survey of the mental health and working conditions of researchers throughout Europe in September 2023. ReMO is coordinating a set of national briefs that will provide a background description of the mental health and careers situation of researchers within national research environments throughout Europe. This practical session will offer critical reflections on how to leverage pan-European networks to advance dialogue on mental health and wellbeing policy across academia at community, institutional and policy levels.

Caring for Refugee Minds: a descriptive observational study

by Bárbara Sofia Gonçalves Castro Sousa | Joana Alexandra Garrido Ramos | CHUCB | CHUCB

This descriptive observational study investigates the psychiatric aspects in refugees of a city in the Beira Interior region in Portugal, aiming to understand the mental challenges faced by this vulnerable population. The research was conducted taking into account the specific reality of refugees residing in the city, addressing different nationalities and migratory experiences. Structured interviews and clinical observations were used for data collection. The sample consisted of recently arrived adult refugees of both sexes in the city until 2020. The results revealed a high prevalence of mental health problems in this specific population, such as post-traumatic stress disorder (PTSD), generalized anxiety disorder, and specific phobias. Additionally, cases of depression and adjustment disorders were also identified. Substance abuse emerged as a significant concern among refugees, necessitating focused attention and intervention in addressing their mental health needs. Previous traumatic experiences, emerged as significant risk factors. The lack of social support, language barriers, uncertainty regarding refugee status, and difficulties in cultural adaptation were additional challenges. It is important to emphasize that the search for psychiatric treatment among refugees was limited. This study provides a knowledge base for the implementation of policies and services aimed at improving the mental health of refugees in the region and providing adequate support for their inclusion and successful adaptation in society.

CBT-based interventions at low-threshold mental health unit in Helsinki, Finland

by Tanja Ingley | Severi Lajunen | Linda Sillanmäki | City of Helsinki, Mieppi | City of Helsinki, Mieppi | City of Helsinki, Mieppi

Difficult access to effective psychological treatment is a common and global phenomenon. Over the past few years the Finnish mental health community has pursued multiple developmental projects in hopes of improving access to evidence-based therapeutic interventions; Mieppi is one unit in particular that has been involved in this pursuit. Mieppi is a low-threshold mental health unit in Helsinki which provides preventative counselling and evidence-based psychosocial interventions for individuals struggling with mild to moderate mental health symptomology and/or life crises. Due to Mieppi's low-threshold model, individuals are essentially able to receive psychosocial support without the need to visit a doctor, receive a referral nor a diagnosis. Since the Spring of 2022, clinical psychologists and psychiatric nurses at Mieppi have been taking part in a year-long CBT-based training program provided by the Finnish healthcare initiative referred to as "First-line therapies". The First-line therapies model focuses on developing and maintaining a stepped mental healthcare model of evidence-based psychosocial treatments within the context of Finnish healthcare structures. The CBT-based interventions implemented at Mieppi consist of 5 to 10 therapeutic sessions and can be targeted to treat an array of different psychological challenges such as general anxiety, depression, social anxiety, panic disorder, addictions, and insomnia. So far, a total of 71 CBT-based interventions have been completed at Mieppi. The data gathered from self-report questionnaires has been promising, with statistically significant improvements seen on both main symptom measures used; Patient Health Questionnaire PHQ-9 ($n = 71$, $m = -3.3$, $p < .001$) and the Generalized Anxiety Disorder 7-item GAD-7 ($n = 50$, $m = -3.64$, $p < .001$). The percentage of interventions leading to clinically significant positive change were 35% and 36% according to PHQ-9 and GAD-7 respectively. Furthermore, 61% of patients did not require further psychosocial treatment upon completion of the intervention.

Chatbots supporting mental health and wellbeing of children and young people; applications, acceptability and usability

by Edel Ennis | Siobhan O'Neill | Maurice Mulvenna | Raymond Bond | Ulster University | Ulster University | Ulster University | Ulster University

Evidence shows that engagement and adherence to mental health chatbots is typically low. The views of young people around the acceptability and usability of chatbots supporting mental health are important, as mental illnesses typically begin in early adulthood and early intervention is imperative. This study examines the views of young people in relation to four current chatbots (3 symptom management chatbot applications and one positive mental health chatbot); the personality profile that would be desirable for these chatbots and; the situations in which mental health chatbots would be beneficial. Participants were mental health service users aged between 16 and 24 years ($N=13$). Two focus groups were shown demonstrations of four chatbots (ChatPal, Wysa, Youper and Replika). A semi structured schedule and questionnaires were used to elicit data. The chatbots scored on average 3.62 to 5.62 on a 7 point scale to assess whether the chatbot would meet their requirements. Average usability scores ranged from 4.62 to 6.15, based on a 7-point scale. When asked to about the ideal personality for a mental health chatbot (10 point scale). Average scores were openness, 6.75; conscientiousness, 7.5; extraversion, 6.46; agreeableness 8.92; and neuroticism, 1.73. Qualitative data yielded 3 themes; (i) appropriate uses, (ii) desirable features, and (iii) undesirable characteristics. Discussions address the practical challenges associated with meeting the needs and expectations of young people in designing chatbots to support mental health. Examples include the challenge of reflecting desirable personality attributes through text based interventions, balancing the limited capabilities of a text based digital intervention against meeting the individual needs of users, and considering usability in terms of both initial engagement with the chatbot and also long term sustainability. Research directions for this area are proposed.

Citizens under missiles attacks: Comparing posttraumatic stress disorder among Jewish and Arab population of Southern Israel

by Rachel Shvartsur | Bella Savitsky | Ashkelon Academic College | Ashkelon Academic College

Background: Over the past 20 years, Israeli southern citizens, Jews and Arabs, have been subjected to the constant threat of missile attacks from Gaza with possible mental health consequences. Objective: To define the prevalence of posttraumatic stress disorder (PTSD) among Jewish and Arab citizens in southern Israel. Methods: The sample comprised 389 participants (246 Jews, 143 Arabs) living within the range of 40 km from Gaza for at least two years. Data was collected during a period without escalation. PTSD Checklist (PCL-5) was used with 33 as a cutoff point for a probable PTSD diagnosis. Demographic characteristics, living conditions, and health status were included in the multivariable logistic regression model, with PTSD as a dependent variable. Results: The median age was 31 and 23 years for Jews and Arabs, respectively. Compared to Jews, a significantly higher proportion of Arabs reported a lack of accessibility to shelter (46.9% vs. 7.8%, $p < 0.001$), and a lack of siren alert alarm system (25.2% vs. 0%, $p < 0.001$). 20.3% of the respondents (41.3% Arabs and 8.1% Jews) were detected with possible PTSD. Multivariable analysis revealed that after adjustment for demographic and household characteristics, Arab citizens have almost six-fold significant odds of having PTSD (OR = 5.6, 95% CI:2.8–10.9); participants with disability have almost three-fold significantly higher probability (OR = 2.7, 95% CI:1.4–5.1); and participants with self-reported low socioeconomic status (SES) have six-fold significantly higher probability versus those having good and excellent SES (OR = 6, 95% CI:2.2–16.5). Conclusion: Healthcare professionals should be aware of the mental consequences of missile attacks, be proactive in gathering information about the mental well-being of patients and offer treatment and support. Authorities should eliminate the gap between Arab and Jewish settlements in the existence of warning systems and shelter accessibility.

Communicating diagnoses to individuals with a first episode psychosis: A qualitative study of individuals perspectives

by Nynke Boonstra | NHL University of Applied Sciences

Background: Receiving the label of a psychotic disorder influences self-perception and may result in negative outcomes such as self-stigma and decreased self-esteem. The way the diagnosis is communicated to individuals may affect these outcomes. Aims: This study aims to explore the experiences and needs of individuals after a first episode of psychosis with regard to the way in which information about diagnosis, treatment options and prognosis is communicated with them. Design and methods: A descriptive interpretative phenomenological approach was used. Fifteen individuals who experienced a first episode of psychosis participated in individual semi-structured open-ended interviews on their experiences and needs regarding the process of providing information about diagnosis, treatment options and prognosis. Inductive thematic analysis was used to analyze the interviews. Results: Four recurring themes were identified (1) timing (when); (2) content (what); and (3) the way information is provided (how). Individuals also reported that the provided information could elicit an emotional reaction, for which they would require specific attention, therefore the fourth theme is (4) reactions and feelings. Conclusion: This study provides new insights into the experiences and specific information needed by individuals with a first episode of psychosis. Results suggest that individuals have different needs regarding the type of (what), how and when to receive information about diagnosis and treatment options. This requires a tailor-made process of communicating diagnosis. A guideline on when, how and what to inform, as well as providing personalized written information regarding the diagnosis and treatment options, is recommended.

Connecting young people digitally to improve their mental health

by Becca Randell | Kent Surrey and Sussex Academic Network

As Covid hit, Kent Surrey and Sussex Academic Health Science Network (KSS AHSN) worked in partnership with the voluntary sector, YMCA DownsLink Group to develop the e- wellbeing website, www.e-wellbeing.co.uk, for children up to the age of 18. This platform helps young people and their families navigate mental wellbeing services, providing parents, young people and those working with them with tools, information and advice. We worked in partnership with YMCA and University of Sussex, then evaluated the reach and acceptability of e-wellbeing platform. Our work showed that 15,000 young people accessed e-wellbeing in a year, logging over 53,000 page views. The most popular pages were information and advice on low mood and anxiety, and over 96% said that e-wellbeing helped them deal with their problems. KSS AHSN undertook a review of CYP digital services in partnership with YMCA and young e-ambassadors and identified gaps in services, and created digital ambitions co-produced by young people. For example, 85% of children and young people said that online mental health support was useful and 66% said they accessed online support for the first time during the pandemic. Examples of some of the ambitions include the need to embed creativity, prioritise diversity and inclusion within digital solutions, and simplify online referral processes. The Children and Young People's Mental Health Digital Review has been shared, and the digital ambitions are fully embedded within mental health plans and strategies. The e- wellbeing platform has been extended to support over 18-year-olds. A key impact of the review has been funding to develop a toolkit and training programme on how to communicate digitally with young people on their mental health. This training has been co-produced and co-facilitated with young people, e-wellbeing youth -ambassadors, and includes podcasts on embedding a trauma-informed approach, diversity and inclusion and use of different types of social media.

Could psychological resilience protect against social media addiction during the pandemic?

by Mark Žmavc | Špela Selak | National Institute of Public Health | National Institute of Public Health

Background: Social media platforms reported a significant increase in the number of users and average duration of daily use during the pandemic, which likely increased the risk of developing social media addiction for many. Our study investigated whether psychological resilience can protect social media users against addiction symptoms and to what extent is this effect due to reducing the likelihood of depression, anxiety and stress symptoms. Method: 4868 Slovenian tertiary students took part in an online survey, aimed to assess their mental health during the Covid-19 pandemic. Resilience (RES), depression symptoms (DEP), anxiety symptoms (ANX) and stress symptoms (STR) were entered into a structural model predicting students' social media addiction (SMA) symptoms. Results: The specified model showed acceptable data fit. Focusing on resilience, the largest indirect effects of RES on SMA were through DEP and through STR, whereas the indirect effect through ANX was comparatively smaller.

Expressed in percentages, indirect effects through DEP, STR and ANX were responsible for 87.8% (37.1% + 36.9% + 13.8%) of the total effect of RES on SMA. The direct effect of RES on SMA only accounted for the remaining 12.2% of the total effect and was not statistically significant. Conclusions: Most of the protective effect of resilience on social media addiction was shown to be through lowering the likelihood of depression and stress symptoms. In practical terms, students who were more psychologically resilient were less likely to report feeling depressed and stressed during the Covid-19 pandemic, and were consequently less prone to using social media addictively. This confirms our hypothesis that resilience, one of the key predictors of mental health during the Covid-19 pandemic, played an important protective role in social media addiction too.

Creating media content in peer groups can strengthen wellbeing. CASE: Sosped Foundation's media activities, Finland.

by Saija Salonen | Sosped Foundation

Sosped Foundation has provided the media activity program Mioletöntä valoa (Epic Light in English) for almost a decade. The program aims to strengthen the media skills and the voice of young adults who face challenges in their lives due to mental health problems, learning disabilities, social exclusion and/or unemployment. Participants are interested in making media. Together, and with the help of professionals, participants build their media skills, find channels to express themselves and create content that mediates their personal experiences in a powerful way. The program publishes a magazine (Valoa!), makes frequent radio shows, podcasts, videos, blog and social media posts. In the media activities you can improve your own voice, media/digital literacy, and interaction skills. Media activities enable role changes, support to learn multi-perspective approach and strengthen outward orientation. When participants make media, they are journalists, photographers, editors, illustrators and so on, not mental health recoveries. A journalist must seek reliable information and listen to others' perspectives. As a media maker, it is possible to move from your own social network and meet a wide variety of people.

- More about Epic Light Program: <https://mioletontavaloa.fi/english/>
- The Epic Light Program utilizes the model of Inclusive Media Education. In that study, self-determination theory was applied and it was found that the method of operation improves the participants' experience of well-being. More about the model: Media Education for the Inclusion of At-Risk Youth: Shades of Democracy 2.0 from Finland. Pienimäki Mari & Kotilainen Sirkku, 2021.
<https://trepo.tuni.fi/handle/10024/130780>
- Voices of Culture: Youth, Mental health, and Culture –

Brainstorming Report pdf page 23.

<https://voicesofculture.eu/2023/01/07/brainstorming-report-youth-mental-health-and-culture/>

- Saija Salonen Master's thesis 2021. Tampere University.
<https://trepo.tuni.fi/handle/10024/132154>
- Salonen's master's thesis was awarded the Social Pedagogical Thesis Award 2023:
<https://suomensosiaalipedagoginenseura.yhdistysavain.fi/uutiset/sosiaalipedagogiikan-opinnaytetyopa/>
- Epic Light Program was awarded on the field of the Media and Information Literacy in 2020 in SALTO PI AWARDS.
<https://www.salto-youth.net/rc/participation/awards>

Current Perspectives on co-morbid Major Depression Disorder and Multiple Sclerosis

by Catarina Troia Laginhas | Manuel Salavisa | Catarina Melo Santos | Ana Quintao | João Nuno Fernandes | Círia Pereira | Centro Hospitalar Lisboa Ocidental | Centro Hospitalar Lisboa Ocidental | Centro Hospitalar Lisboa Ocidental | Centro Hospitalar Lisboa Ocidental | Centro Hospitalar Lisboa Ocidental

Introduction: Major depression disorder (MDD) is a common comorbidity in multiple sclerosis (MS), typically 2–3 times higher in the MS population than in the general population. MDD in MS is one of the main determinants of quality of life, can lead to suicidal intent and have an impact on the compliance of patients taking disease-modifying treatments for their MS. Objectives: Our aim is to perform a narrative review of the literature regarding MDD in MS. Methods: A semi-structured search was conducted on Pubmed concerning the relationship between MDD and MS. Results: The specific causes underlying the higher rates of MDD in MS have not been well acknowledged, but the aetiology seems to be multifactorial. Amongst MS population, females and those younger

than 45 years appear to be more at risk for depression. Its prevalence differs within the diverse forms of MS, being higher in secondary progressive form. Proinflammatory cytokines might act as pivotal players in the genesis of MS-related depression, as they are presumed to affect serotonin and noradrenaline synthesis and reuptake in the central nervous system. Interferon-beta 1b, used in the treatment of MS, has not been associated with MDD in these patients, contrary to corticosteroids. Psychosocial factors can also play an important role in the etiology: MS-related disabilities and “escape-avoidance” and “emotional focused” styles of coping were positively correlated with depression. Finally, MDD in MS might be considered as condition with a neurobiological basis, directly deriving from the primary disease. Temporal and frontal atrophy found in MS population were associated with depression. Conclusion: Psychosocial, inflammatory, iatrogenic and neurobiological factors have been claimed to have a role in the etiology of MDD in MS.

Depression, Anxiety and Stress among healthcare workers in Lithuania

by Povilas Kavaliauskas | Auguste Nomeikaite | Evaldas Kazlauskas | Giedre Smailyte | Department of Public Health, Institute of Health Sciences, Faculty of Medicine, Vilnius University | Center for Psychotraumatology, Institute of Psychology, Vilnius University | Center for Psychotraumatology, Institute of Psychology, Vilnius University | Center for Psychotraumatology, Institute of Psychology, Vilnius University

Background: Healthcare workers (HCWs) face high levels of occupational stress due to increased professional demands, long and unpredictable working hours, night shifts, poor working conditions, and a lack of positive feedback—our research aimed to evaluate the mental health of the Lithuanian healthcare workers population. Methods: We conducted an online survey in December 2021 and January 2022. We evaluated Lithuanian healthcare workers' demographics and most common stressors affecting their work environment and mental health on the

Depression, Anxiety and Stress Scale – 21 (DASS-21) scale. Statistical analysis was performed using IBM SPSS 26.0. Statistical analysis using Chi-square and Student-t test was used to investigate whether factors are significantly associated with worse DASS-21 scores. Results: After evaluating DASS-21 scores, we found that 23.0% of respondents had severe and extremely severe depression symptoms, 27.4% severe and extremely severe anxiety, and 21.4% had severe and extremely severe stress levels. The most commonly reported stressors were poor working conditions (39.9%), high workload (62.2%) and exhaustion (71.2%). Severe anxiety and stress were more common among women than men, 29.4 % vs 11.4% and 22.2% vs 14.8 %, respectively ($P < 0.05$). Younger age was a statistically significant predictor for severe depression, anxiety or stress levels. In addition to this, residents were statistically significantly more prone to severe depression, anxiety or stress levels. Conclusions: The study indicates that healthcare workers in Lithuania are in poor mental health condition –almost quarter of respondents had severe and extremely severe depression symptoms, severe and extremely severe anxiety, severe and extremely severe stress levels. Female gender, younger age and being in your training were significant predictors for poorer mental health.

Dialectic behavioral therapy in the treatment and recovery of forensic psychiatric patients

by Nanika Jungerstam | Vanhan Vaasan sairaala

Dialectical Behavioral Therapy (DBT) is a broad-based cognitive-behavioral treatment originally developed for chronically suicidal individuals. It was developed by Professor Marsha Linehan and colleagues in the USA in the late 1970s. It is based on learning theory and cognitive behavioral therapy, mindful presence and acceptance. The process involves a constant balance between change and acceptance. The aim is to help people abandon patterns of behavior that create difficulties and practice new, skillful behavior. DBT groups are for patients with severe emotional regulation problems, anxiety, fear or anger. The groups also practice social situations and interaction skills. There are five main functions

of the therapy; building capacity, strengthening motivation for change, ensuring the generalisation of new behavior, increasing the motivation and skills of therapists and influencing the environment. Treatment starts with engagement, with the primary (and first) goal of reducing life-threatening risk behavior, followed by working on the behaviors that challenge treatment. The third stage is to build self-respect and identify life goals, and the fourth is to build a value base and long-term goals for a 'life worth living'. Dialectical Behavior Therapy has become part of the treatment at the Vanha Vaasa Hospital in 2010. At that time, a small group of nurses attended a training course and then put the method into practice. The aim was group counselling, individual therapy and teams of nurses. This helped to get the treatment programme up and running. The first DBT groups started in 2010 for female patients. After that, groups were also started for male patients and mixed groups. In the Vanha Vaasa hospital, the staff has been trained, we now have "DBT nurses" in every ward and DBT is a familiar method.

Digital mental health interventions for young people – review of the literature

by Courtney Potts | Maurice Mulvenna | Siobhan O'Neill | Gary Donohoe | Margaret Barry | Ulster University | Ulster University | Ulster University | University of Galway | University of Galway

The mental health of young people is a growing global public concern. Around 1 in 5 young people experience mental ill health symptoms each year, yet due to many barriers facing this generation, most are not seen or treated. Digital mental health interventions have emerged as a powerful tool in addressing the mental health needs of young people. Digital solutions can be a convenient and cost effective way to complement traditional mental health care, and can reach those who cannot easily access face-to-face support. A scoping review was conducted to determine digital mental health promotion and intervention approaches that exist to support young people's mental health. The scoping review included studies that focus on mental wellbeing, mental health and mental ill-

ness, including all types of digital interventions such as websites, games and computer assisted programmes, robots and digital devices, virtual reality and mobile text messaging. Inclusion criteria covered studies that reported on a population of young people between ages of 12-25, with validated pre and post mental health or wellbeing primary outcome measures included. All types of studies published from 2017 onwards were included. The results will report on the types of interventions used in this field, along with the range of delivery methods and modalities employed and the adherence to the digital supports offered. Barriers to engagement with digital mental health supports and issues that need to be overcome will be outlined. This review will provide a number of recommendations for future work in this field. While digital interventions should not replace professional care, they have shown promise in improving mental health outcomes and can be a valuable component of a comprehensive mental health strategy for young people's wellbeing.

Direct and indirect relationships between lifestyle behaviours and health outcomes in inpatients with mental illness: a network approach

by Natascha den Bleijker | Myrthe van Schothorst | Ingrid Hendriksen | Wiepke Cahn | Jeroen Deenik | GGz Centraal / Utrecht University Medical Centre | GGz Centraal / Maastricht University | LivIng Active | Utrecht University Medical Centre | GGz Centraal / Maastricht University

People with mental illness (MI) have a reduced life expectancy compared to the general population, mostly attributable to somatic diseases caused by poor physical health. Lifestyle behaviours (exercise, sleep, diet, substance use) are associated with poor physical and mental health. Although lifestyle behaviors, physical and mental health are believed to be interconnected, research has mainly focused on one-sided relationships. Currently, we are implementing a lifestyle focused approach in treatment, in which we assess lifestyle behaviors as well as physical and mental health of people with MI on a large scale (~850 places of residence). To investigate the direct and indirect relationships between

lifestyle behaviors, physical and mental health in people with MI, baseline data from an open cohort cluster randomized stepped wedge study were used. Lifestyle behaviors (exercise, sleep, diet, substance use), physical health, medication use and mental health (symptoms, quality of life) were assessed using data from patient files and questionnaires. Associations will be analyzed with network analyses. First results (N≈1600) show that 54% of patients have high blood pressure, 51% have excessive waist circumference, 46% are experiencing sleep problems, 71% smoke and 88% do not meet exercise guidelines. Patients experience a lower quality of life compared to the general population. Initial results show that patients have poor physical health, low quality of life and an unhealthy lifestyle. Further analyses are now being conducted to gain insight in the complex pattern between lifestyle factors, and physical and mental health. This can contribute to the improvement of routine clinical care.

Effects of the Safewards interventions: Talk Down, Soft Words, Reassurance, in a male closed admission ward

by Ulla Valtari | Katja Tiitinen | Vanha Vaasa hospital | Vanha Vaasa hospital

Vanha Vaasa hospital treats forensic psychiatric, dangerous and difficult to treat patients. Most of our patients have a dual diagnosis of schizophrenia and substance abuse. Before 2018, there were many challenging situations on the ward and a lot of confrontation between patients and nurses. Patients had high levels of substance abuse and could behave in a threatening way towards both patients and staff. The ease with which patients were able to obtain intoxicants meant that the rules and customs of the ward had to be tightened, leading to a tense atmosphere on the ward. In 2018, Safewards interventions were actively introduced in the hospital and in ward U1, from the very beginning, emphasis was placed on Talk Down, Soft Words, Reassurance. A poster on Talk Down was displayed in the office and Safewards interventions were discussed in ward meetings with both staff and patients. Patients and staff were asked for their views on areas for improvement and good practices for them was

sought. The support of managers, raising the issue and speaking up were important in maintaining the use of Safewards methods. When Safewards was first introduced in the Vanha Vaasa Hospital, an initial survey was carried out in the work units. The results of the survey were used to help with the implementation of Safewards interventions. The use of the three interventions mentioned above has calmed the atmosphere in the ward, communication between patients and carers is natural and friendly, confrontation is no longer a problem. The need for isolating patients has decreased and conflict situations are calmed down through discussion.

Efficacy and cost-effectiveness of a Transdiagnostic group- based exercise intervention: a pragmatic multi-site randomized controlled trial

by Sebastian Wolf (on behalf of the ImPuls group) | University of Tuebingen

Exercise has been shown to be efficacious to treat major depressive disorders, insomnia, panic disorder and PTSD. Despite the promising evidence professional exercise therapy is not provided as regular health service within the outpatient mental health care system in Germany. This pragmatic, two arm, multi-site randomized controlled trial evaluates the efficacy and cost-effectiveness of the group-based six-months exercise intervention “ImPuls”, among physically inactive outpatients with major depressive disorders, insomnia, panic disorder, agoraphobia and PTSD within a naturalistic outpatient context in Germany. 400 eligible outpatients from 10 different study sites have been block- randomized until May 2022 to either ImPuls in addition to treatment as usual (TAU) or TAU only. ImPuls is conducted by trained exercise therapists and delivered in groups of six patients. The program combines (a) moderate to vigorous aerobic exercise carried out two-three times a week for at least 30 min with (b) behavior change techniques. A smartphone application supports the implementation of the core elements of ImPuls. All outcomes will be assessed pre-treatment, post-treatment and at follow-up (12 months after randomization). Assessments last until June 2023. Primary outcome is self-reported global symptom severity assessed with the Brief Symptom Inventory (BSI-18). Secondary outcomes are acceler-

ometry-based moderate to vigorous physical activity, self-reported exercise, disorder-specific symptoms, quality-adjusted life years (QALY) and healthcare costs. The project pursues additional goals focusing on process evaluation of ImPuls in the routine health care system. Intention-to-treat analyses will be conducted using mixed models. Cost-effectiveness and cost-utility analysis will be conducted using incremental cost-effectiveness and cost-utility ratios. The results of the efficacy analyses will be presented at the conference. Group-based exercise interventions might provide an additional option to minimize the treatment gap within outpatient mental health care settings. The Federal Joint Committee of Germany fully funds the study until June 2024.

Enhancing Child and Adolescent Mental Health Services Referrals (EN-CAMHS)

by Heidi Tranter | Dr Pauline Whelan | Professor Kathryn Abel | Greater Manchester Mental Health NHS Foundation Trust | University of Manchester | University of Manchester

England's National Health Service (NHS) Child and Adolescent Mental Health Services (CAMHS) are specialist teams that assess and treat children and young people with mental health problems. 497,502 children were referred to NHS CAMHS between 2020/2021, almost one quarter of these referrals were not successful. Unsuccessful referrals are often distressing for children and families who are turned away usually after a long waiting period and without necessarily being redirected to alternative services. The process is also costly to services because time is wasted reviewing documents about children who should have been referred for alternative help and may prevent young people who need specialist help receiving it in a timely way. A key objective was to identify possible solutions to current problems within the referral process through individual patient data from 9 CAMH services (to look at demographic factors of referrals) and focus groups with over 100 individuals who have experienced the referral process (young people, parents and carers, key referrers, and CAMHS professionals). Problems identified included: confusion about what CAMHS does and does not provide; and lack of support

provided during the referral process. Possible solutions included: streamlining referral pathways through digital technologies with accompanying standardisation of referral forms for NHS CAMHS; and early ongoing communication throughout the referral 'journey' for referrer/family. A future piece of funded work aims to:

- develop a simple, clear way for children to get the right support for their mental health problems when they need it.
- explore barriers and enablers to widespread implementation of the new CAMHS referral mechanism across different referrers and CAMHS with various configurations. understand how it can become widely accepted and therefore embedded in services nationally.
- evaluate its potential to reduce unsuccessful referrals and the potential cost benefits to services, children and young people, and families.

Evaluating an emotion coaching program for parents of young adolescents attending Child Adolescent Mental Health Services (CAMHS) in New Zealand: Preliminary results

by Zara Mansoor | University of Otago

Rates of depression and anxiety rise substantially from early adolescence. The evidence base for what works for this age group is limited and focuses on individual treatments such as cognitive behavior therapy or antidepressant medication. However, parents and families are an important resource in supporting young people, and including families in care is culturally important in New Zealand including for our indigenous Māori population. Teaching parents how to 'coach' their children through their emotions can improve emotion regulation and reduce symptoms of anxiety and depression. Tuning in to Teens is an emotion coaching program for parents of this age group. This is a manualized group approach

focused on emotion coaching skills. There is good evidence for effectiveness of this program in a community setting with adolescents transitioning to high school. Our research aims to evaluate whether it can also improve outcomes for 10- to 14-year-olds referred to Child Adolescent Mental Health Services (CAMHS). This will be the first evaluation in this setting. The aim of this study was to investigate the feasibility of a randomized-control trial (RCT) evaluation of this program in local CAMHS. A secondary aim was to include service-user defined measures in the evaluation. A two-arm multi-site RCT was conducted across CAMHS in the Wellington region of New Zealand. Participants were 10-14 year-olds referred to CAMHS with anxiety or depression and their parents or caregivers. The intervention arm was parents attending the Tuning in to Teens program in addition to usual care; the control arm was usual care only. A co- design methodology with service-users was used to design an outcome measure for inclusion in the trial. Preliminary results of this recently concluded study will be presented. This will include primary feasibility outcomes such as recruitment and retention of participants, the acceptability of the intervention and preliminary results of outcome measures.

Evaluating the Efficacy of the “Preventing Discharge to No Fixed Address – Youth” Program in Canada

by Cheryl Forchuk | Mental Health/Health Outcomes Research at Lawson Health Research Institute Abstract

In Canada, youth are the fastest-growing homeless population. Despite substantial research denoting that the discharge of youth from hospitals into homelessness results in mental and physical health, social, and economic detriments on individuals and community; discharge of youth from hospitals into homelessness is still prevalent. Therefore, finding ample housing for youth is imperative for the individual and the community. Homeless individuals are four times more likely to be readmitted to the hospital within one month of discharge, and long-term consequences are exacerbated for youth populations – including hospital

readmission, health problems, and healthcare service use. Furthermore, the needs of youth are unique and include support related to education, employment, and age-related service barriers. This study seeks to identify the needs of youth at-risk of homelessness by evaluating the efficacy of the “Preventing Discharge to No Fixed Address – Youth” (NFA-Y) program. This program is designed to prevent youth from being discharged from the hospital into homelessness, and connected individuals, aged 16-24, who are inpatients at London healthcare facilities to housing and financial support offered through collaboration with community partners. This ongoing participatory-action research design of individual interviews has been conducted with 93 youth participants (age: 20.6±2.9). All participants reported having mental health diagnoses – including PTSDs, mood disorders, anxiety, schizophrenia, developmental disorders, and ADHD. Discussion will include results of focus groups with health-care providers and community partners provide additional data including key strategies for success. Preliminary results indicate a decrease of 36% of participants reporting homelessness. The findings will also offer policy alternatives for the prevention of homelessness for at-risk youth.

Examining relationships between Defence organizational culture and psychological health among military serving members

by Isabelle Richer | Alla Skomorovsky | Department of National Defence | Department of National Defence

Introduction: Unhealthy organizational culture can negatively impact military members’ psychological health. In recent years, research and reviews have highlighted the persistent prevalence of systemic misconduct within the Canadian Armed Forces (CAF). Masculinity contest culture (MCC) – which represents organizational contexts in which individuals are often expected to engage in competition with rules defined by traditional masculine norms – and unethical culture are dimensions of organizational culture linked to misconduct and abuse of power. The negative implications of unhealthy culture for both individuals and organi-

zations reinforce the critical need for additional research to explore how organizational culture interfaces with psychological health to develop effective preventative and intervention strategies. This study aims to examine MCC and ethical culture to better understand their relationships with psychological health among serving CAF members of the Regular Force. Methods: The study is based on secondary analyses of the Your Say Matters: Defence Team Well-Being survey that was administered to Regular Force members in Spring 2022. Descriptive and correlational analyses were conducted to examine the perceived prevalence of MCC and ethical culture and their relationships with psychological distress and burnout among a representative sample of Regular Force CAF members (N=4,239). Results: Among members of the Regular Force, 40% reported that the culture is one of negative masculinity and 20% perceived the organizational culture as being unethical. Correlational analyses indicate that greater perceived MCC and negative ethical climate are associated with higher levels of psychological distress and burnout. Discussion: Findings highlight the role of MCC and ethical culture in the well-being of serving members of the Regular Force. Findings will help enhance and inform CAF strategies to address the psychosocial work environment and unhealthy organizational culture (e.g., Culture Evolution Strategy, Total Health and Wellness Strategy), which may help to improve ethical culture and MCC, and thereby increase psychological well-being.

Exploring CBT therapists' experience of feeling of safety within self-practice/self-reflection: an interpretative phenomenological analysis

by James O Mahony | University College Cork

Self-practice/self-reflection (SP/SR) is an experiential training strategy implemented to develop the skills of CBT therapists through the self-application of CBT techniques and subsequent reflection on the experience in relation to clinical practice. Outcome studies report significant personal and professional benefits from SP/SR but engagement studies suggest that CBT therapists' experience is mixed. In order to inform

the design and implementation of SP/SR within CBT, this study aims to explore CBT therapists' experience of feeling of safety (FOS) within SP/SR. FOS has been identified as an important engagement factor. Three CBT therapists were interviewed using semi-structured interviews. The data, which took the form of verbatim transcripts, were subjected to interpretative phenomenological analysis. Four superordinate themes relating to participants' experience of FOS within SP/SR emerged: FOS and its absence as embodied and non-verbal, role of the instructor, awareness of others and venturing beyond safety. Ensuing recommendations for instructors include proactive use of interventions within SP/SR which directly impact embodied FOS, monitoring the wellbeing and engagement of participants through awareness of physical cues and employment of measures designed to promote a sense of equality among group members. Areas of future research include exploration of factors which influence FOS, investigation of the effect on FOS of pre-existing relationships within the SP/SR group and review of interventions which are currently used by SP/SR instructors to promote FOS.

Exploring the Role of Fear of Missing Out and Problematic Internet Use in University Students' Academic Learning

*by Konrad Guzowski | Natalia Józefacka | Pedagogical University of Krakow
| Pedagogical University of Krakow*

Social media is widely used among university students. One of the uses of social media is to communicate with peers from university courses. Social media might play a role in keeping students in touch with family and friends to obtain social support. However extensive social media use has been linked to both amotivation and extrinsic learning motivation. Fear of missing (FoMO) out may be a possible pathway towards high social media engagement. FoMO is defined as the perceived need to stay connected with one's social network characterized by the desire to stay continually connected with what others are doing. The goal of the present study was to test a model that links the learning approaches with learning strategies and motivational beliefs of students and examines

the influence of fear of missing out and problematic use of the internet on university students' academic learning. Data was collected from 275 university students of one of the universities in Krakow using a questionnaire survey ($M = 21,32$ years old, $SD = 1,56$). Participants completed four questionnaires: Fear of Missing Out (FoMO Scale), Motivational and Self-Regulated Learning (MSLQ Scale), Surface and Deep Approaches to Learning (R-SPQ-2F), Problematic Use of the Internet (PUI Scale) and a socio-demographic information survey. Results from the structural equation modeling (SEM) suggest that learning strategies and motivational beliefs are positively related to deep and surface approaches to learning. Students that use learning strategies and those with stronger learning motivation tend to be less susceptible to problematic use of the Internet. Fear of missing out influences the problematic use of internet levels serving as a trigger for compulsive use of the Internet. The role of the fear of missing out and problematic use of the internet in academic learning is discussed.

Factors associated with better immigrant mental health: the case of three EU countries

by Ia Shekriladze | Nino Javakhishvili | Ilia State University, Institute of Psychology | Ilia State University, Institute of Psychology

Migration and culture change have been widely researched as circumstances that may pose risks to mental health of individuals. Studies have reported elevated levels of depression and anxiety among migrant populations. Evidence also suggests that some strategies of acculturation are linked with better adjustment outcomes, while others are associated with poorer mental and behavioral health. Our study examined adult Georgians ($N=500$) residing in three EU countries (Greece, Italy, Germany) and explored associations among their cultural orientations, self-efficacy and mental health outcomes. Conducted via electronic self-report survey, the cross-sectional study measured participants' levels of home culture orientation, host culture orientation, self-efficacy, depression, anxiety, and life satisfaction. Home culture and host cul-

ture orientations were measured by Vancouver Index of Acculturation. Self-efficacy was measured by General Self-efficacy Scale measuring individual believe that one can perform a challenging task or cope with adversity. Depression was measured by Center for Epidemiologic Studies Depression Scale. Anxiety was measured by Generalized Anxiety Disorder Inventory, and Life Satisfaction was measured by Satisfaction with Life Scale. The results showed that host culture orientation was linked with better mental health outcomes than home culture orientation: host culture orientation positively correlated with life satisfaction and negatively correlated with depression and anxiety, whereas home culture orientation positively correlated with depression and anxiety, and negatively correlated with life satisfaction. The strongest predictor of life Satisfaction was self-efficacy, while depression negatively predicted it. Depression and anxiety predicted each other, while home country orientation predicted depression. Self-efficacy negatively predicted both depression and anxiety. The findings demonstrated the key role of self-efficacy and host culture orientation in immigrant psychological wellbeing. Our data suggests that in order to promote migrant mental health, the policy-makers and practitioners working with the immigrant populations should facilitate their integration in a host culture and support their self-efficacy via empowerment and skill-building.

Fear of Missing Out and Problematic Internet Use: A synergistic duet impacting learning quality and effective study

by Sara Rybarska | Dr Natalia Józefacka | Uniwersytet Pedagogiczny w Krakowie | Uniwersytet Pedagogiczny w Krakowie

Existing scientific literature points out various domains influenced by the Internet. Particularly intriguing from the perspective of university students are the phenomena of Fear of Missing Out (FoMO) and Problematic Internet Use (PUI). The objective of this study was to investigate the relationships between learning strategies, FoMO, surface and deep approaches to learning, and the role of PUI in these associations.

The study was conducted on a sample of 275 students utilizing the MSLQ (Motivated Strategies for Learning Questionnaire), FoMO Scale, PUI Scale, and R-SPQ-2F (Deep and Surface Learning) Scale questionnaires. A mediation analysis was conducted. The study revealed that there is a strong positive relationship between FoMO and PUI. This suggests that higher levels of FoMO are associated with increased problematic internet use. Additionally, a positive relationship was found between PUI and the surface approach to learning, indicating that higher levels of PUI are correlated with a greater adoption of a surface approach. However, no significant relationship was found between FoMO and the surface approach to learning. This suggests that FoMO is not a significant predictor of employing a surface approach. In summary, the findings suggest that FoMO indirectly influences the surface approach to learning through PUI. Higher levels of FoMO lead to increased problematic internet use, which in turn influences the adoption of a surface approach to learning. However, FoMO itself does not directly impact the surface approach to learning.

FoMO - What Does it Mean to Scientists and Society?

by Dominik Lech | Natalia Józefacka | Uniwersytet Pedagogiczny im. Komisji Edukacji Narodowej w Krakowie | Uniwersytet Pedagogiczny im. Komisji Edukacji Narodowej w Krakowie

With more and more people using technology nowadays, access to information has become common. In our society knowing about others' experiences is normal but what happens when one loses the possibility to participate in them? FoMO, characterized as a desire to know what others are doing is becoming an increasingly frequent phenomenon. Especially occurring in young people it affects their well-being. Particularly important in experiencing FoMO could be knowledge about the existence of this phenomenon. In current study the objective was to investigate familiarity of people in early adulthood with this term and to compare scientific definition of FoMO with common knowledge. The study was conducted on a sample of 275 students from the Pedagogical University in Krakow. They answered questions regarding knowledge about FoMO and their

social media habits. The findings of qualitative analysis found that most of the students are familiar with definition of FoMO. Research showed that students who have less social media accounts are more likely to have knowledge about FoMO term. Gaining a comprehensive understanding of common knowledge about FoMO is important for advancing research on the influence of this phenomenon.

From repeated psychosis to ten years of stability and wellness

by Ágúst Kristján Steinarrsson | Viti ráðgjöf

For the last couple of years I have been giving talks about my experience of 14 years with manic episodes, psychosis, colitis, cancer and life with ostomy. My story is about the experience of different care in Iceland and Denmark, about not giving up and about the good health and stability that followed. I tell this story in a personal way that has shown to touch people emotionally and pushed them towards better care for patients, greater understanding of various illnesses and generated an urge to live and be healthy. I do this to fight the stigma, to tell it all and instead of feeling shame, I smile and tell people it's ok to laugh with me. My talks have been in Icelandic and English, they have been many and they have always been well received, including reviews like the:

"Ágúst is an excellent lecturer and gave important insights. The lecture was informative, heartfelt and effective all at the same time. I hope that his story and experience will spread as widely as possible."

"A truly memorable lecture, one of the best I have ever attended."

"Ágúst was sincere and open when he shared his life story with us."

"Ágúst's lecture woke me up and it started a personal improvement for me that is still ongoing."

"Ágúst impacted our mental health workers in a profound way."

My talks have been 15 minutes and up to 2 hours. Although there is always an ongoing theme in my talks, my approach can adapt to various

focus areas. Finally, in addition to these talks I have published a book in Iceland about this experience. see: <https://www.forlagid.is/vara/riddarar-hringavitleysunnar/>

Harnessing the power of community & meditation

by Karoline Noworyta & Philipp Nowak | mindfulife

Meditation is a mind-body practice in which your attention is focused on being mindful of the present, your breath and your mind to promote awareness, cultivate wellbeing and reduce stress and anxiety. It comes in many forms and can be practiced almost anywhere. There are different types of meditation. Some of them are breathing-based meditation, mindfulness practices nature-based visualization, mantra and loving – kindness meditation. Meditation can be practiced alone, in a group or with a coach or therapist. Thanks to its many psychological and physical benefits meditation can improve the quality of life. Some of the scientifically proven benefits include:

- Stress reduction: Meditation can help to reduce chronic stress and lower the risk of its side effects.
- Anxiety Management: Meditation can help counter the effects of anxiety by slowing down racing thoughts and regulating breathing, which calms the nervous system.
- Depression: Ongoing research suggests that a regular meditation practice can help by changing how the brain responds to stress and anxiety and thus alleviate the symptoms of depression and help prevent recurring depression.
- Increases Self – awareness: Research shows that practicing meditation can help develop self-awareness, as well as improve impulse control and a person's relationship with themselves and others.
- Helps with addiction management: Meditation can help people with substance use disorders manage triggers or even avoid

relapse. Meditation has been shown to encourage a maintenance in abstinence and curb cravings.

- Improves Sleep: Research suggests meditation can improve a person's ability to sleep and quality of sleep.

Mindfulife is trying to harness the power of community and meditation to improve mental health. We would like to present our project on creating mindful communities to improve mental health in people around the world.

Health is the right of every mind

by Hanna Åby | Sopimusvuori ry

We are used to talk about mental health in a certain way, seriously, colorlessly and rationally. Sopimusvuori association wants to change this way. Our goal is to neutralize and remove stigma around the topic and to increase understanding that you can develop your own skills to protect your mental health and that you can actively maintain it - just like physical health. We want to wake up not only people struggling with mental health problems, but also the general public on the subject. The purpose is to keep mental health issues in the conversation and steer the tone of the conversation in a more positive direction. Many times we find ourselves taking care of our mental health when it starts to bother us. But why wait? After all, it's smarter to put on running shoes well in advance. So tie your laces and head to the jogging path of mental health! Remember that every day is a new mind day. The important thing is to start. We all are mental health exercisers. Mental health belongs to everyone. Like physical health, mental health can and should be strengthened regularly. Strong mental health takes on life's ups and downs like an untrained one. However, you don't need to overdo mental exercise, when you find your own way to exercise your mind, exercise comes naturally. As small actions as part of everyday life. Let's lighten the mood!

Identifying lesser-known eating disorders in nursing care

by Marianne Annion | Janika Mavor | Tallinn Health Care College | Tallinn Health Care College

Background: Awareness of eating disorders and their impact on people has increased in recent years. There are many other kinds of eating disorders beyond the trio of anorexia nervosa, bulimia nervosa, and binge eating disorder. Nurses play an essential role in identifying destructive eating patterns and providing physical and emotional care for patients from detection to recovery. It is important to raise awareness to identify lesser-known eating disorders in nursing care. Aim: of this thesis is to describe some of the lesser-known eating disorders. Methodology: A literature review was conducted to identify lesser-known eating disorders. Over 60 scientific articles were identified, and 12 articles met the inclusion criteria and were included in the final study. The research is based on the evidence-based articles and research papers. Results and conclusions: A number of lesser-known eating disorders are identified and described in this paper. Orthorexia is a form of eating disorder, wherein a person becomes obsessed with “healthy eating”. Pica is an eating disorder, which involves disordered actions concerning food and body image, wherein the afflicted person will routinely ingest non-edible or non-digestible items such as rocks, dirt, hair, or paint chips. Manorexia is a term that has been used to refer to anorexia nervosa in males. In the case of Bigorexia, or muscle dysmorphia, the primary focus is not on how thin a person can get but rather on how large and muscular. The goal in nursing care is to have a manageable, multidisciplinary, and holistic approach. Recognizing lesser-known eating disorders requires a foundation of trust with the patient achieved via nursing interventions such as active listening, empathy, and positive reinforcement.

“I have been put in a role I didn’t deserve”: Challenging relationships with Experts by Experience

by Brenda Happell | Southern Cross University

The genuine and meaningful involvement of Experts by Experience in the education of health professionals has consistently demonstrated positive attitudinal change in students. These changes are essential if policy goals for recovery-oriented services and service user leadership in mental health services are to be realised. Academic roles for Experts by Experience have often relied on the support of allies, health professionals who do not identify with lived experience of mental health conditions. Despite the important role allies play, research investigating their experiences is limited. The aim of this research was to explore allies’ views on supporting implementation of the academic positions for Experts by Experience. A qualitative exploratory study was undertaken involving in-depth interviews with 16 allies. Data were analysed thematically. Allies described occasional difficulties in their relationships with Experts by Experience, due to apparent perceptions that they were representative of members of their broader profession with whom Experts by Experience had negative experiences. The findings include four sub-themes: relationships imbedded in history; consequences of interpersonal stigma; supportive, protective or paternalistic?; and the passion remains, which describes allies’ ongoing commitment to supporting Expert by Experience involvement. Understanding the challenges can assist allies to respond appropriately in a non-judgemental and supportive manner. Trauma informed practice may provide a useful framework to address conflicts and facilitate more positive relationships between allies and Experts by Experience. These positive relationships are essential to maximise the positive benefits of Experts by Experience on future clinicians.

Impact of a four-week mindfulness-based training program on psychological distress among higher education students

by Jason Hill | Bath Spa University

Since the outbreak of COVID-19, students in higher education (HE) have faced unprecedented levels of uncertainty and isolation. The impact of these factors has likely exacerbated an increasingly high level of mental distress among HE students. As such, the importance of helping to maintain and augment optimal mental health at university has never been more salient. In this pilot study, a unique mindfulness-based training program – Mindfulness-Based Attention Awareness Training (MBAAT) – was offered to undergraduate students as an extra-curricular four-week course. Twenty-two students were recruited and randomly allocated to either the MBAAT group (n = 12) or an active control group based on the Health Enhancement Program (HEP) (n = 10). All participants attended a 90-minute MBAAT or HEP session with a trained facilitator, once per week for four weeks. Participants were provided with daily mindfulness guidance materials (MBAAT) or health-related materials (HEP) to be completed as home tasks each week. Assessments of psychological distress, depression, and anxiety were assessed before and after the training program. One-way ANCOVAs, controlling for pre-training measures, revealed significant ameliorative effects of MBAAT on self-reported psychological distress and depression in relation to HEP. These findings imply that a four-week mindfulness training program reduces psychological distress and depressive symptomology among HE students when compared to an active health-related control group. Follow-up research aims to build on these findings by training facilitators in the manualised MBAAT protocol and recruiting repeated cohorts of students for the program to explore a range of outcomes.

Implementation of the Safewards method in a forensic psychiatric hospital

by Mirva Sundqvist-Kekäläinen | Katja Tiitinen | Vanha Vaasa Hospital | Vanha Vaasa Hospital

The Safewards method is used in several psychiatric hospitals in Finland and internationally. There is little experience of using the Safewards method in forensic psychiatric care. The existing care culture in the Vanha Vaasa Hospital is a natural basis for the introduction of Safewards, as elements of the method are already present in the care provided in our hospital (interaction, peer support among patients, sense of safety among patients and staff). There are long-established care practices in our hospital, which Safewards provides a systematic opportunity to examine (harmonisation of care culture). We are interested in whether Safewards offers ways to influence the increasing use of alternative methods and, in turn, the reduction of coercive and other restraints (to prevent violent behaviour) through the implementation of the Safewards approach. The Safewards approach was introduced from spring 2019 in all care units (9) and in functional rehabilitation (4 units). The target timetable was moderate; two interventions in spring and two in autumn per year, so the original plan was to have all ten interventions in place in all units by the end of 2021. An EssenCes (Essen Climate Evaluation Schema, English Version -Translation: Jyrki Loijas & Annika Mutanen) survey was administered to nursing staff, functional rehabilitation supervisors and patients before the start of implementation in February 2019. Questionnaires were collected anonymously and distributed to staff and patients separately per unit. The ward's immediate staff or responsible nurses ensured that patients were allowed to fill in the form. The initial measurement was intended to serve as a benchmark for the final measurement. The end measurement was conducted with the same EssenCes questionnaire in February 2023.

Improving mental health literacy through the OMRA programme

by Nataša Dernovšček Hafner | Lilijana Šprah | ZRC SAZU (Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute) | ZRC SAZU (Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute)

The number of mental disorders in the world is increasing and has a significant impact on individuals' lives and work. In 2020, the number of people suffering from anxiety and depression increased significantly due to the COVID -19 pandemic. In just one-year, epidemiological studies have shown a 26% increase in anxiety disorders and a 28% increase in depressive disorders. Implementing support and prevention programmes aimed at better understanding mood disorders and their consequences is becoming increasingly important. Evidence-based and targeted education programmes lead to positive changes in the lay public's attitudes towards mood disorders, improve their attitudes towards treatment, and increase knowledge about the characteristics of mood disorders and their consequences. In 2017, the multidisciplinary programme "With increased mental health literacy to better management of mood disorders" (acronym: OMRA) was launched in Slovenia. The programme is based on the concept of mental health literacy. It has a complex structure and systematically addresses the understanding of the characteristics and consequences of mood disorders, their destigmatization and (self-)help skills. Between 2020 and 2022, we continued programme activities and offered 32 online psychoeducational workshops entitled: "Stress makes you heavy, strengthen your strengths!" to improve knowledge about mood disorders. 951 people participated in the workshops. The results showed that after participating in the workshops, the level of literacy about mood disorders increased significantly. We found that knowledge about anxiety increased by 19.8 %, depression by 11.0 %, and bipolar mood disorder by 18.9 %. The results of the online psychoeducation workshops are very encouraging and demonstrate that we have developed an effective, evidence-based mental health literacy training protocol that is well received by lay and professional audiences. Mental health literacy can be improved. Slovenia's

first comprehensive mental health literacy programme, OMRA, is a good example.

Is this a place for me? A Photo Voice study of exclusionary and inclusionary spatial experiences of people with psychiatric disabilities

by Ebba Högström | Maria Fjellfeldt | Blekinge Institute of Technology | Dalarna University

Following the deinstitutionalisation of mental health care, people with psychiatric disabilities (PD) are expected to live integrated in the community. However, we know little about how this group experience their living environment. This paper is presenting a study which aimed to explore how people with PD experience their living environment almost forty years after the deinstitutionalization process started. What do different places mean to them? How do they use them? In what way are places supportive or hindering as regards social inclusion and living like everyone else? A Photo Voice study was conducted including 12 participants (26-66 years), recruited at three Fountain Houses in Sweden. The participants photographed both enabling and troublesome places and reflected together in group interviews over the meanings of these places. Following the photo voice methodology, the results from the study was included in a Future Workshop with policy makers in a strategically chosen Swedish municipality with a high ambition to enhance social sustainability and social inclusion of marginalized groups. The theoretical point of departure come from place attachment and relational space. The results shows that: i) certain places were associated with a large degree of stress and fear (i.e. authorities) ii) free of charge social infrastructures such as libraries and parks were highly appreciated, iii) experiences of exclusionary places were described due to poverty (e.g. the town center with its cafés, shops, and restaurants), and iv) darkness and wilderness were experienced as enabling and 'healing' spaces. The study concludes that place attachment and place aversion are effects of intertwined social conditions, memories, doings, and physical spatial configurations. These nested spatial compo-

nents are therefore important to take into consideration when supporting people with PD to live an integrated and independent life, as well as when planning and designing good living environments suitable for 'all'.

Lifestyle guidance for mental health rehabilitees. Project RAULI ha(II)ussa

by Jukka-Pekka Laaksonen | Mente, project RAULI ha(II)ussa

Our model for lifestyle guidance contains the fields of nutrition, sleep and exercise. We focus on the special needs and features of mental health rehabilitees. Our philosophy is based on social pedagogy, recovery orientation and self-determination theory. Our model is based on a closed group with 10 clients. Two times a week for four months. These groups experiment a lot of different styles of exercise and ponder the themes of cyclic eating and regular sleeping. Biggest challenge with our clients is the lack of self-confidence, anxiety and difficulties to leave home. We offer an opportunity to reach positive experiences with exercise and participation. The main reason for our clients to participate, is the safety of a closed group. We don't force anybody to do anything, but we encourage people to show up. We don't offer lectures, but support of equals and discussion of different kinds of experiences and challenges within our themes. Within these four months, there's also a three-time individual coaching. With this coaching, we go after small, concrete changes for client to train for. We know that these small steps are hard to conquer alone. That is why we coach also other professionals to react. "Are you able to support our client with these targets?" All these themes go together with our target-oriented coaching philosophy. We concentrate on clients' own experiences as the base of lifestyle changes. With small, concrete steps we have reached impressive outcomes with client's capability, participation and success. Our job is to coach them to use these experiences in their own environment. To this date, there has been 66 clients in our closed groups, with 14 dropouts. Results for these about 80% who finish our model, are very impressive. August -23 sees the beginning of two new groups with 20 new clients who have different challenges of mental health.

Mental health counseling and nsrf social support action at the athens university of economics and business

by George Xylomenos | Antonia Katideniou | AUEB | AUEB

The mental health counseling service of the Athens University of Economics and Business (AUEB) was founded in May 2001, with the aim of counseling students and raising the awareness of the university community on mental health issues. It was staffed by a psychiatrist specializing on children and adolescents. The AUEB mental health counseling service attends to the entire AUEB community (both academic and management personnel) but, first and foremost, it addresses the students of the university. Its purposes are:

- Diagnosis and case management of the beneficiaries, consisting of psychiatric or psychological support, counseling and (brief) psychotherapy.
- Promotion of mental health, prevention of mental health issues and raising awareness of mental health in the university community.

Some of the challenges faced by the AUEB counseling service are the difficulty of referring cases to external care facilities in cases where additional social support or secondary health care is needed, the specifics of the university (located in the inner city, in an area partially abandoned in favor of the suburbs, and facing a shortage of public/common areas for students to socialize), as well as the fact that it is a primarily business school without medicine or psychology departments, making the community barely aware of mental health issues. An additional challenge was the operating of the counseling service during the CoViD-19 pandemic when the country went through strict lockdowns, both due to the need to provide support remotely, and due to the increased intensity of mental health needs due to prolonged confinement. Between 2018 and 2023, the "Supporting Social Care Interventions" action of the "Human Resource Development, Education and Lifelong Learning" program, funded by the NSRF, reinforced the counseling service with a Psychiatrist, a Psychologist and a Social Service worker, allowing the number and diversity of cases handled to significantly increase.

Mental Health Engagement and Recovery in Forensic Mental Health

by Sean O'Connell | National Forensic Mental Health Services

In recent years there has been a change in the manner in which forensic mental healthcare is delivered in Ireland. Historically, the custodial nature of the service as well as a significant emphasis on risk management has meant that a disparity in power existed between those providing care and those receiving care. In recent years the National Forensic Mental Health Service has developed a wide range of recovery oriented services which has led to the establishment of the Recovery College, which co-produces and delivers recovery based education courses for service users, carers and staff. Recent months have also seen the creation of a role of Area Lead for Mental Health Engagement which serves to represent the views of service users/carers whilst also making available lived experience expertise for the purpose of Stakeholder engagement. The presentation will showcase how both these aligned areas have expanded the capacity to influence service design and delivery through increasing co-production opportunities for service users, carers and staff. Concluding, the authors will highlight how these services have positively impacted the recovery of service users.

Mental health literacy in schools

by Anna Kagstrom | Laura Juríková | National Institute of Mental Health, Czechia | National Institute of Mental Health, Czechia

Approximately, 1 in 7 children and adolescents worldwide experience a mental health problem, and gaps in prevention, early identification, and treatment can lead to lifelong consequences. Schools are an equitable and sustainable platform for addressing mental health of children and teachers. The role of educators has emerged beyond providing traditional curriculum in their classrooms, and the need for addressing mental health in schools is widely understood. While teachers are optimally positioned to disseminate mental health literacy interventions and programs to

students, there is still little education and support for teachers to do so in their pedagogy training. This session highlights an approach to designing, implementing, and evaluating On My Mind: a Mental Health Literacy curriculum in Czech schools. The Child and Adolescent Mental Health working group will present a global review of developmentally appropriate content for children and adolescents. We will then overview the application of theory to practice and the process of translating developmentally appropriate mental health literacy content to the local context through a teacher-delivered curriculum using a theory of change methodology. Key barriers and facilitators of implementation and evaluation will be highlighted as well as implications for scale in Czechia and the wider region of post-communist educational contexts. Cultural, systemic, linguistic, and pragmatic issues will be highlighted with key lessons learned over 7 years of experience with mental health literacy interventions in Czech schools. The session will conclude with practical ways forward in advancing the field of mental health literacy through implementation science in Central and Eastern Europe and plans for scaling interventions in schools through sustainable, acceptable and feasible methods.

Mental Health Monitoring of Children and Adolescents in Czechia

by Ondrej Pesout | Matej Kučera | National Institute of Mental Health, Czech Republic (NIMH-CZ) | National Institute of Mental Health, Czech Republic (NIMH-CZ)

Adolescence is the peak age of adverse mental health conditions onset. Early intervention can avert the damaging lifelong effects of impaired mental health, thereby saving high costs for treatment, recovery, and other indirect costs affecting its social environment. More data evidence on youth mental health conditions is needed to develop adequate and effective programs to mitigate adverse mental health outcomes and accurately inform policymakers to use resources in promoting mental well-being in the general public. Establishing periodicity in nationwide mental health and well-being monitoring of children and adolescents can

aid in tracking trends and patterns of youth mental health conditions and target specific populations in need, which ultimately reduces the negative economic burden of ever-expanding mental health problems across the world. The current session presents the achievements and works in progress of the Child and Adolescent Mental Health (CAMH) group at the National Institute of Mental Health in Czechia (NIMH-CZ) in establishing a national monitoring system that would track the mental health of children and adolescents in Czechia. First, the group has developed and validated the UMHL-A scale that assesses the mental health literacy (MHL) of adolescents. Second, the prevalence data on the most globally used mental health indicators (i.e., SDQ, WHO-5, GAD-7, PHQ-9) among adolescents in Czechia will be presented. Third, the preliminary data on the relationship between MHL and mental health indicators among youth will be described and explained. The session will conclude with a description of the established collaboration of CAMH with the key stakeholders and the promises of the future of children and adolescents' mental health monitoring in Czechia.

Multiple health risk behaviors and mental health from a life course perspective: The Dutch TRAILS study

by Lisette Wijbenga | Andrea de Winter | Josue Almansa | Wilma Vollebergh | Lies Korevaar | Jacomijn Hofstra | Menno Reijneveld | University Medical Center Groningen | University Medical Center Groningen | University Medical Center Groningen | University Utrecht | Hanze University of Applied Sciences, Groningen | Hanze University of Applied Sciences, Groningen | University Medical Center Groningen

We examined trajectories of multiple health risk behavior (MHRB) patterns throughout adolescence, and changes in mental health from childhood to young adulthood. Further, we assessed how continuity or onset of MHRBs overall were associated with subsequent changes in mental health, and whether this varied by type of MHRBs. We used six waves of the prospective Dutch TRAILS study (2001–2016; n = 2229), covering ages 11 until 23. We measured MHRBs (substance use: alcohol misuse, cannabis use, smoking; and obesity-related: overweight, physical inactivity, irregular breakfast intake) at three time points during adolescence. We

assessed mental health as Youth/Adult Self-report total problems at ages 11 and 23. Latent class growth analyses and ANOVA were used to examine longitudinal trajectories and associations. We identified six developmental trajectories for the total of MHRBs and mental health. Trajectories varied regarding likelihood of MHRBs throughout adolescence, mental health at baseline, and changes in mental health problems in young adulthood. We found no associations for the continuity of overall MHRBs throughout adolescence, and neither for early, mid- or late onset, with changes in mental health problems in young adulthood. However, continuity of MHRBs in the obesity-related subgroup was significantly associated with an increase in mental health problems. In conclusion, this life-course study provided a unique insight into the trajectories and long-term associations between MHRBs and mental health. Our results suggest that although during their teenage years adolescents may share similar MHRB patterns, they can reach adulthood with different levels of changes in mental health problems, most likely if they experienced mental health issues as a child. Further, involvement with obesity-related MHRBs continuously throughout adolescence was associated with increased mental health problems in young adulthood.

National mental health literacy program for primary and secondary school teachers in Croatia

by Ljiljana Muslić | Martina Markelić | Tina Rukavina | Sanja Musić Milanović | Croatian Institute of Public Health | Croatian Institute of Public Health | Croatian Institute of Public Health & Andrija Štampar School of Public Health, School of Medicine, University of Zagreb

Mental health literacy (MHL) is defined as a set of knowledge, skills and beliefs about mental health or mental ill-health that have proven to be important factors in maintaining mental health and recognizing, preventing, or managing mental health problems. The knowledge and skills of helping and supporting conversation and behavior in a situation when a person near us is going through an emotional crisis and suffering have also proved to be crucial in MHL. In times of increasing mental health

problems among children and youth, MHL has been especially important for adults working with children and youth to increase their competence, self-confidence, and efficiency in approaching children and youth in an empowering way that promotes psychological resilience and recovery. As part of the national health promotion program Living Healthy, the Croatian Institute of Public Health, in cooperation with the professional and academic community and county public health institutes, developed the educational MHL program for teachers based on global good practices, situational analysis and MHL survey conducted among teachers. The main educational package has two levels, a basic level focused on knowledge and information necessary for the recognition of anxiety and depressive problems among children and youth in their daily work, as well as self-harm and suicide, and an advanced level of three-day workshops focused on practicing psychological first aid skills in relation to different problems and situations. Initial outcome evaluation shows a significant increase in gained knowledge, self-assessed readiness to provide support and first aid skills. More positive attitudes and beliefs about mental health and help-seeking are registered.

National Mental Health Strategy and Programme for Suicide Prevention 2020-2030 - Strengthening mental health competencies 2020-2023

by Saara Rapeli | Finnish Institute for Health and Welfare

National Mental Health Strategy and Programme for Suicide Prevention 2020-2030 are based on long-term preparations and broad-based collaboration. The starting point is the comprehensive approach of mental health in society and its different sectors and levels. The objectives of the strategy have been implemented in 2021-2023 several different actions from mental health promotion to enhancing mental health care. In this presentation the focus is on the results of actions carried out to raise the level of mental health competence in municipalities in the years 2021-2023. Raising mental health competence can be done in various ways. This presentation will show in brief how 15 different projects implemented their mental health competence tools in different parts of Finland

in 2021-2023. The implementation of the projects was versatile and the actors were organizations, municipalities, and hospital districts. Part of the strengthening of mental health competencies was done by developing new or utilizing already existing methods. The implementation was carried out for several target groups, but mostly the projects involved training of public sector employees. As a result, these projects created 15 different models of how to strengthen mental health competence in different sectors. Level of competence was increased also by several different kinds of courses, lectures and works shops that were organized to test, train and implement the models. Models can be divided in to three categories of supporting individuals, training professionals, and enhancing public services.

Nature – a hopeful environment for recovery-oriented practice

by Eva Romi | Satu Pesonen | Mielen ry | Mielen ry

Nature offers a very special environment for recovery-oriented practice in mental health. Mielen NGO's Mielenreitti ("Mind's Path") project (2022-2023) welcomes all people who are interested in nature and their own well-being and personal recovery to take action and get involved. During the project the participants and instructors co-design and -produce a forest path in Tampere, Finland. The path is public and intended for everyone. Beside the path there are information boards with hopeful stories produced by people with lived experience. Forest is also an environment for group activities which are planned and carried out together with the participants. The project is based on many core ideas of recovery orientation and outdoor adventure education: it supports personal growth, acquires new skills, and encourages involvement and civic activity. The project encourages meaningful encounters and strengthens the connection with nature, other people and oneself. Nature offers many advantages compared to indoor spaces. Among other things, the lack of walls enables everyone to regulate their personal space. When acting outdoors, people are on neutral ground, which supports equality between the instructor

and the participants. Nature as an environment supports and offers metaphors to which people can relate their own experiences. Deepening the human-nature connection also strengthens the desire to influence one's environment and its well-being. The effects of the environment on people's well-being and mutual interaction are obvious. Participant feedback has confirmed our findings. We encourage to experiment with different kinds of natural environments when implementing recovery orientation in practice.

Nursing care for a suicidal patient in adolescent inpatient unit

by *Lukasz Karaś | Monika Youssef Khalil | Institute of Psychiatry and Neurology | Institute of Psychiatry and Neurology*

The abstract is a part of proposed workshop focused on suicidality in children and adolescents.

Suicide is still a taboo. Worldwide, deaths due to suicide are considered a public health problem. For every suicide death, in adolescent age group there are about 100 suicide attempts. The aim of the workshop is to present nursing care for a patient who is currently having suicidal thoughts or is hospitalized in a psychiatric ward for adolescents after a suicide attempt. Nurses are available for the patients all the time and are often the persons to whom the mental state worsening during the inpatient stay is reported by the patients. Nursing interventions include preliminary risk assessment and supportive techniques. The body of literature indicates the importance of nursing diagnoses. Nursing diagnoses are focused on functional assessment and indicates the most urgent issues in the context of clinical attention. Recommendations regarding nursing management of suicidal patient in adolescent inpatient unit will be presented. Clinical practice and formal procedures will be discussed among presenting team and workshop attendees. Conclusions will be formulated on the basis of the collected information.

Nurses' Experiences of Changes in Documentation Brought by the Apotti System in a Mental Disorder Ward

by *Tapani Santala | City of Helsinki*

Apotti is an electronic social and health care record that was taken into use in Helsinki health care services in the spring 2021. The purpose was to study nurses' experiences of changes in nursing documentation when changing to the Apotti system. The aim was to produce knowledge of development of documentation when changing electronic health record systems. The study was qualitative, and the data were collected through focused themed group interviews where seven nurses were interviewed before and eight after its introduction. The data were analyzed by using inductive content analysis. The results show that before changing systems narrative nursing documentations were challenging to read and it wasn't read by all professionals. Quality of documentation was not sufficient and needed clarifying. At some level the new system eased documentation, but plenty of difficulties still occurred. Nurses experienced that new system, against expectations, did not speed up or ease documentation. According to the results development and education proposals were established to create common documentation practices and manuals in addition to support of management towards improving documentation. Education should be focused on improving online courses, increasing time in practice, and by creating manuals with nursing experience included.

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Online based group therapy for anxiety disorders. Treatment model introduced in primary health care, the City of Helsinki

by Evgeny Ermakov | Kalasatama Health Center, the City of Helsinki

Background: The Finnish national mental health strategy 2020-2030 aims to improve the availability of psychosocial treatment methods in primary health care. Anxiety disorders constitute a common mental health issue, and psychosocial methods are effective treatment option. Objectives: A number of regional initiatives were launched to strengthen health professionals' ability to promote mental health and to recognise and respond to patients' mental health needs. The Covid-19 pandemic has driven the development of online services. Web-based group treatment of anxiety offers an effective and economical method of service delivery. Methods: The initiative run by the Division of Social Services, and Health Care of the City of Helsinki developed and piloted an online group treatment for anxiety. The model was named the Body and Mind. It combines a cognitive behavioral therapy approach with psychophysical anxiety manage-

ment methods in a structured 8 session group therapy that can be fully carried out online. Extended patient material, together with group moderators' workbook were published. The workbook provides practice-based support for professionals on different stages of the group therapy cycle. The treatment model includes video materials on psychoeducation and anxiety management exercises. Results: The Body and Mind group therapy is now being integrated in the City of Helsinki. Workplace education sessions have been organized to promote the awareness about the new treatment model and to encourage mental health professionals to moderate online groups. Conclusions: Online based group therapy diversifies the treatment options for anxiety disorders. Further education and practical support for mental health professionals are needed to facilitate the implementation of the model. The translation of the materials into other languages would make treatment available to community members of various cultural background.

Our Generation app: co-designing a digital intervention engendering resilience and self-awareness in children and young people

*by Maurice D Mulvenna | Tara O'Neill | Colette Ramsey | Siobhán O'Neill
| Raymond Bond | Edel Ennis | Ulster University | Ulster University | Ulster
University | Ulster University | Ulster University | Ulster University*

The effects of Adverse Childhood Experiences (ACEs) and their negative impacts on mental health, self-regulatory capacities, education, employment, and crime are well-known. Therefore, building resilience at a population level has the capacity to reduce the likelihood of several stress-related disorders and, consequently, self-harm. The importance of psychological well-being among Children & Young People (C&YP) is evident from global estimates highlighting 50% of mental health problems are established by age 14 and 75% by age 24. Indicators identified from literature as contributors to emotional resilience and peacebuilding include mental health and well-being, empathy, perspective-taking, intergroup trust, coping & problem-solving, and outgroup attitudes.

Co-production workshops were designed and held with groups of young people to identify, explore and seek consensus on ideas for the gamification of the app using the identified indicators. Workshop participants were asked to discuss the apps they enjoy, and for games apps, what kind of stories they enjoy, what kind of characters they would like to see, and what type of rewards that they would like to see. Each version has 3 challenges to complete for the six indicators, 18 games and activities in total. Players complete an indicator-specific questionnaire, based on the games and activities they have engaged in, both before and after each level. As players progress through the game, stars are earned and players are ranked, with four ranks that can be achieved, from expert, ambassador, champion to genius. This app will provide a population wide resource that can be used to improve resilience and peace building, and evaluate changes in attitudes, knowledge, behaviours, and skills across these indicators through the gamification of interventions relating to these. Acknowledgements: OUR Generation project supported by EU PEACE_IV Programme.

OUR Generation: Enhancing Resilience to Overcome the Effects of Trauma and Adversity, and to Build Peace.

by Dr Tara O'Neill | Ulster University

The effects of adverse childhood experiences (ACEs) and the negative impacts are well documented. A wealth of empirical evidence now links ACEs with long term deleterious outcomes, particularly in areas such as mental and physical health and adequate social functioning. Exposure to adversities, can impact upon the wellbeing of not only the individual, but also on their offspring, resulting in a transgenerational cycle. Actions to prevent and mitigate childhood adversities and their detrimental impact are therefore essential to improve population health for present and future generations, and to help improve resilience.

This study evaluates evidence-based resilience-and peace building interventions by engaging children, young people, and their key contacts, in activities which build emotional resilience, self-awareness, and emo-

tional regulation. Using a mixed method design, the study assesses the impact of 23 OUR Generation intervention programmes on 31,100 children and young people, and 4,900 key contacts across Northern Ireland and Republic of Ireland border counties. Multiple levels of analysis are utilised to understand the factors that influence outcomes for children, young people, and their key contacts. These will evidence changes in attitudes, knowledge, behaviours, and skills on 7 key indicators known to contribute to emotional resilience and peacebuilding, including empathy, intergroup trust, mental health and well-being, perspective-taking, out-group attitudes, intergroup contact and coping and problem-solving.

Our preliminary data suggests improved relations at the exosystemic level, and an improvement in the emotional resilience of children and young people as a result of the interventions. Findings on the 7 key indicators examining resilience and peacebuilding, continue to establish positive results, and demonstrable impact. Our early results suggest that resilience training and interventions, primarily those focused on problem-solving, coping skills, well-being, empathy, and perspective-taking, can work to support a decrease in psychological distress, improve relations, and increase resilience and well-being.

"Our way towards recovery" – Implementing recovery orientation in Niemikoti Foundation

by Seppo Eronen and Jaakko Veijonen | Niemikoti Foundation

Niemikoti Foundation is a non-profit mental health organization and an in-house service provider for the city of Helsinki, Finland. Niemikoti provides supported housing services, work shops, day centres and vocational training for Helsinki residents, who suffer from different kind of mental health problems. The first steps towards recovery were taken during the study visits to Denmark 2015, Scotland 2017, but there was also available the encouraging example of the Social Psychiatric Association of Southeast Finland, which had already been implementing recovery for several years. In 2018 during the strategy process, recovery orientation was selected to be the official theoretical framework of

Niemikoti Foundation. The basic recovery training courses for staff members and also for some service users began at the same year at the Helsinki Summer University. This were also probably the very first recovery courses in Finland. In the Niemikoti Foundation recovery was seen as a cultural change since the beginning. It meant change in the way staff members provide services, but it also meant change for service users, their relatives and loved ones, but also to the purchasers of services. Three major points were emphasized when implementing recovery in the Niemikoti Foundation: 1) shared decision making and expertise. Service users are engaged in developing and organizing services 2) reforming the "old" rehabilitation/ service plans, so that the new plans are completely based on service users needs and wants 3) The use of peer support and experiential knowledge. Peer support and experiential knowledge emphasize hope of recovery. In the case of Niemikoti Foundation some clear cultural changes have already happened in the organization when recovery has been implemented. These changes can also be found even in the most supported housing units as the presented case of Eira housing unit shows us.

Pain among people with people with severe mental illness: The potential for physical activity

by Brendon Stubbs | King's College London

Approximately one third of people with severe mental illness (SMI) experience chronic pain. Chronic pain is associated with multiple adverse outcomes, decreased quality of life and premature mortality in the general population. Interventions that seek to address chronic pain in people with SMI are limited. In the general population, physical activity (PA) and exercise are frontline treatment for the management of pain and its deleterious outcomes. Among people with SMI, PA has been shown to be helpful to improve psychiatric symptoms and physical health. The current talk provides novel insights on the relationship between physical activity and pain across multiple cohorts in adults with SMI. Secondly, details findings from a systematic review of all pain interventions in SMI. Finally

the talk will cover important new directions for physical activity to manage pain and mental health symptoms in people with SMI.

Pandemic experiences and mental health among young people in Ireland: lessons from the Teenpath COVID study

by Shona Lee | Royal College of Surgeons in Ireland

Teenpath COVID is a mixed-methods, participatory study exploring the experiences of young people aged in Ireland since the COVID-19 pandemic and its impacts on existing health inequalities. As part of an exploratory sequential research design, we conducted a stakeholder analysis, online survey, and participatory arts programme evaluation to identify cross-cutting issues impacting the health and well-being of young people in Dublin and across Ireland. Interviews conducted with 18 stakeholders spanning youth service, public health, and education sectors, and 14 young people aged 16-25 explored individuals' experiences of the pandemic; adaptations to working and maintaining engagement online; key concerns about young people's health and wellbeing; and priorities for future research and policy. Thematic analysis was carried out to identify impacts of the pandemic on health inequalities with potential policy implications. An online survey based on the findings from this exploratory qualitative research exploring young people's mental health since the pandemic is now underway, alongside a participatory arts-based youth programme exploring key issues important to young people in Dublin. Our findings demonstrate the largest impacts of the pandemic on young people in Ireland has been on mental health and access to youth mental health services; disruption to work, education and social and peer support networks resulting in increased isolation and anxiety. Protective measures including social contact and developing and maintaining coping strategies such as hobbies were important but largely dependent on individuals' circumstances prior to the pandemic. These findings show the importance of social participation and support for young people in navigating the uncertainties and difficulties of growing up in a pandemic. Participatory approaches can be a pathway for aligning healthy priorities

and policy that contributes unique and rich insights into community health, and places young people at the centre of change.

Patient reported outcome measures (PROMs) on mental health and psychosocial factors in patients with Brugada Syndrome

by Stefaan Six | Johan Bilsen | Carlo De Asmundis | Vrije Universiteit Brussel | Vrije Universiteit Brussel | Universitair Ziekenhuis Brussel

Brugada Syndrome (BrS) is a hereditary arrhythmic disease, associated with sudden cardiac death. To date, little is known about the psychosocial correlates and impacts associated with this disease. The aim of this study was to assess a set of patient-reported psychosocial outcomes, to better profile these patients and to propose a tailored psychosocial care. Patients were recruited at the European reference Centre for BrS at Universitair Ziekenhuis Brussel, Belgium. Recruitment was undertaken in 2 phases: phase 1 (retrospective), patients with confirmed BrS, and phase 2 (prospective), patients referred for ajmaline testing who had an either positive or negative diagnosis. BrS patients were compared to controls from the general population. Two hundred and nine questionnaires were analysed (144 retrospective and 65 prospective). Collected patient-reported outcomes were on mental health (12-item General Health Questionnaire; GHQ-12), social support (Oslo Social Support Scale; OSSS-3), health-related quality of life (HeartQOL), presence of type-D personality (Type-D Scale; DS14), coping styles (Brief-COPE) and personality dimensions (Ten-Item Personality Inventory; TIPI). Results showed higher mental distress (GHQ-12) in BrS patients (2.53 ± 3.03) than in the general population ($p < .001$) and higher prevalence (32.7%) of type D personality ($p < .001$) in BrS+. A strong correlation was found in the BrS+ group (0.611, $p < .001$) between DS14 negative affectivity subscale and mental distress (GHQ-12). Mental distress and type D personality are significantly more common in BrS patients compared to the general population. This clearly illustrates the necessity to include mental health screening and care as standard for BrS patients.

Patient Risk for Falls in Seclusion Rooms in Psychiatric Inpatient Care

by Jaakko Varpula | Maritta Välimäki | Johanna Pulkkinen | Tella Lantta | University of Turku, Department of Nursing Science | University of Turku, Department of Nursing Science; Xiangya Center of Evidence- Based Practice and Healthcare Innovation, Central South University | University of Turku, Department of Clinical Medicine, Occupational Health | University of Turku, Department of Nursing Science; Department of Nursing, Faculty of Health and Education, Manchester Metropolitan University

Patient falls are a major adverse event in psychiatric inpatient care with a high prevalence. Falls can result in minor or severe injuries. Secluded patients experience significant distress and agitation and receive high doses of medication. They are therefore expected to be at high risk for falls. Previous studies have not identified the risk for falls in secluded patients. The purpose of this study was to model the risk for patient falls in seclusion rooms in psychiatric inpatient care. Sociotechnical probabilistic risk assessment was used to model the fall risk. Studies investigating falls have relied on retrospective methods leading to simplistic conclusions. ST-PRA is a prospective method that considers different perspectives. The modelling used multiple data sources: literature review, exploration groups of psychiatric nurses, and research team. The risk was modelled in a fault tree using Relyence software. A sensitivity analysis was conducted on the model. The risk of a patient falling in a seclusion room was 1.8%. The critical path to a fall included a diagnosis of a psychiatric disorder, a specific mechanism of the fall, either psychological or physical reason for the fall, and the failure to assess and prevent the fall. Falls are most likely to occur for patients with a diagnosis of schizophrenia or bipolar disorder and who possess existing physical risk factors. Major physical risk factors include the side effects of psychotropic medication and problems in the patient's gait and balance. Falls are most likely to occur while patients transfer from one position to another. Limited information was available for risk assessment and prevention methods for falls. Falls that occur in seclusion events are associated with physical and

psychological risk factors. Therefore, risk assessment methods and fall prevention interventions considering patient behavioral disturbance and physiological risk factors in seclusion are warranted.

Peer support and expertise-by-experience as part of mental well-being support and services – views of experts-by-experience and professionals

by Tiina Putkuri | Irene Latva-Korpela | Mikko Häkkinen | Laurea-ammattikorkeakoulu | Laurea-ammattikorkeakoulu | Laurea-ammattikorkeakoulu

Peer support has been perceived as one of the most meaningful forms of support for mental health issues and should be combined more flexibly in public services, also utilizing expertise-by-experience. Peer support and expertise-by-experience are often available through non-governmental organizations (NGOs). One of the objectives of the research and development project "Empowering People towards a Socially Inclusive Society" was to develop support and services for children, adolescents, and their parents in situations when a child or adolescent has problems with mental well-being. There was particular emphasis on promotion and prevention. The needs, wishes, and development suggestions related to expertise-by-experience and peer support were investigated using the Bikva model as part of the project. The Bikva model is suitable for strengthening the voice of citizens using the services and the collaboration with public services. Information collected from end users is the base for interviews with professionals and decision-makers. During the autumn of 2022 and the spring of 2023, experts-by-experience (n=26) and professionals working with children or adolescents (n=14) were interviewed. Preliminary results indicate that experts-by-experience wished for professionals to actively guide service users towards peer support and to be more aware of the services offered by NGOs and capable of providing information about these services. Additionally, there was a desire for more opportunities to visit experts-by-experience. Professionals noted ignorance of local NGOs and their services, uncertainty regarding

the expertise of NGOs, and a lack of collaboration practices as barriers to working with NGOs. Concrete new ideas were proposed regarding appointments with experts-by-experience. There is a need to improve collaboration between professionals and NGOs, as well as experts-by-experience. The project will continue to refine the results from the interviews into new operating practices.

Peer Support Programs in Aviation for Mental Health

by Bryson Kelpie, MSc | Pride In Aviation, Bmindful.de

The highly regulated aviation industry is known for its unique challenges that impact mental health, including high stress levels and a demanding work environment which includes irregular work and sleep patterns and extended time away home and support systems. Aviation is a heavily regulated industry to protect the workers and the flying public. Pilots and air traffic controllers are required to undergo regular physical and mental health evaluations, but these measures do not address the complex mental health challenges faced by professionals in the aviation industry. Unfortunately, the treatment of mental health distress or a diagnosis is often stigmatized and may even result in job loss or restrictions on work duties starting with loss of medical certification to work. This means pilots and air traffic controllers are not always comfortable seeking professional help, which highlights the importance and need for alternative forms of support. Peer Support Programs (PSP) could offer a lower threshold of care to address many concerns. The implementation of PSP became a standard by some regulators only after the Germanwings 9525 intentional crash. In other areas of mental health and in high stress occupations, PSP have been used successfully for many years. Studies suggest that PSP within the aviation industry can provide a range of services, including emotional support, education on coping mechanisms and mental health resources, and a platform for discussing personal, and sensitive issues in a supportive environment. PSP could help foster community and connectedness which are important for good mental health. Airlines, aviation unions, and regulators have been implementing a variety of PSP. However, much of the industry research done internally airlines is never

published. The use of PSP in aviation needs further research, but its use is possibly a good step for stigma reduction in aviation mental health.

Personality and Quality of Life in Women in In Vitro Fertilization (IVF): Network Approach

by Nikola Ćirović | Milica Mitrović | Jelena Opsenica Kostić | Ivana Janković | Mila Guberinić | Miljana Spasić Šnele | Milan Trenkić | Faculty of Philosophy | Faculty of Philosophy | Faculty of Philosophy | Faculty of Philosophy | Faculty of Philosophy | Faculty of Philosophy | Faculty of Medicine, University of Niš

The purpose of this research is to examine the psychological adjustment and quality of life (QoL) of women in IVF treatment in the context of personality traits. The study involved 155 women who were undergoing IVF treatment. The following instruments were used: the Psychological Evaluation Test for Infertile Couples (PET), which measures the intensity of psychological problems caused by infertility; The Fertility Quality of Life Questionnaire (FertiQoL) is intended to assess QoL in persons experiencing fertility problems (“Core FertiQoL” – personal and interpersonal QoL and “Treatment FertiQoL” – QoL determined by the different aspects of infertility treatment); Big Five Plus Two - short version (BF+2-70) is a questionnaire designed to measure 7 dimensions of the Serbian lexical model of personality. We applied network analysis with EBICglasso estimation to Spearman correlations in bootnet package in R. Centrality was calculated via Strength centrality indices. The network of partial correlations shows that Neuroticism is a main correlate of PET while PET is a main correlate of FertiQoL (especially Core FertiQoL). Neuroticism and PET are nodes with the highest Strength centrality indices in the network. The results suggest that PET is a possible mediator between personality vulnerability (N) and QoL in women in IVF. Moreover, Neuroticism and PET seem to be most interconnected with all the other nodes in the model arguing for their practical importance for mental health in women in IVF. The results suggest that psychological reactions to infertility are partially determined by personality traits.

These reactions further determine the quality of life of people in life circumstances that are challenging for mental health. Keywords: Infertility, Psychological problems, Quality of life, Personality traits

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Please See Me But Don't Look At Me: Child Maltreatment, Education, and the Classroom

by Jennifer Cordeiro | University of Windsor

The prevalence of childhood maltreatment, including physical, emotional, sexual abuse, and neglect, is a serious public health problem in Canada and can lead to several adverse outcomes, such as long-term difficulties with attention, learning, higher-level thinking, problem-solving, and managing emotions. Yet, most teachers in Ontario, Canada, do not receive training on supporting and accommodating these students within the classroom setting. With the high rate of substantiated claims of child maltreatment, it is plausible that an educator will have a student who may be in out-of-home care due to maltreatment. Further, youth living in the foster care system (e.g., out-of-home care) in Ontario, Canada, face systemic and multi-faceted barriers to receiving an equitable education. Data suggests that in Ontario, Canada, only 44% of youth in care are expected to graduate from high school, compared to the overall 81% graduation rate. Additionally, as many as 82% of children in care in Canada have been identified with special education needs. Through a review of the relevant literature, the use of case studies, and from a trauma-responsive framework, the impact of maltreatment on youth in out-of-home care will be discussed to help explain why students may exhibit behavioral and academic challenges in the school environment and to address how educators can better understand and support these students.

Predictors of Depressive Symptoms Among Adolescents During the Pandemic

by Helena Jeriček Klanšček | Lucija Furman | Tina Zupanič | Matic Perme
| National Institute of Public Health Slovenia | National Institute of Public Health Slovenia | National Institute of Public Health Slovenia | National Institute of Public Health Slovenia

The COVID-19 pandemic has had a substantial impact on the health and mental well-being of adolescents. Growing evidence indicates a significant increase in the prevalence of clinically elevated depressive symptoms among this population. This study aimed to investigate the predictors of depression risk among adolescents during the pandemic. This study utilized nationally representative data from 3,052 adolescents aged between 14 and 18 years (mean age = 14.4 and 18.4) in Slovenia. The World Health Organisation – Five Well-Being Index (WHO-5) was employed to assess the risk of depression. Self-reported information on gender, grade, family structure, parental employment, and perceived family wealth was also included. Multinomial logistic regression was employed to identify predictors of depression risk compared to good mental health. The analysis demonstrated a good fit of the model to the data, $\chi^2(4464) = 4328.769$, $p = .925$ (using the deviance criterion), with a pseudo- R^2 Nagelkerke value of .141. The findings indicate that being female, belonging to a single-parent family, having both parents unemployed, perceiving below-average family wealth, experiencing deprivation, and encountering economic hardship are factors associated with increased odds of depression risk. Conversely, experiencing posttraumatic personal growth was found to decrease the odds of depression risk and potentially play a protective role. The unemployment of parents and adolescents' perception of family wealth emerged as the most significant predictors of depression risk. Addressing socio-economic disadvantages may be an important strategy for risk factors for depression among adolescents.

Prevalence of burnout among university students during the covid-19 pandemic: a systematic review and meta-analysis

by Amit Abraham | Karima Chaabna | Anupama Jithesh | Salina Khawaga
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| Weill Cornell Medicine-Qatar | Weill Cornell Medicine-Qatar | Weill Cornell Medicine-Qatar | Weill Cornell Medicine-Qatar | Weill Cornell Medicine-Qatar

Our objective is to describe the prevalence of burnout among university students during the COVID-19 pandemic and its distribution across countries, World Health Organization and World Bank income regions, sex, and fields of study. We searched 8 databases: PubMed, EMBASE, PsycINFO, World Health Organization's Global COVID-19 database, Scopus, and ERIC up to May 2021; Epistemonikos and Google Scholar up to May 2022. An update on Google Scholar was conducted in March 2023 (protocol: <https://doi.org/10.17605/OSF.IO/BYRXW>). Studies were independently screened and extracted by two reviewers. Meta-analysis was performed using random-effects models and heterogeneity between studies was assessed using the I² statistic. Study quality was appraised, and certainty of evidence was assessed using the Grading of Recommendations Assessment, Development, and Evaluation approach. We identified 44 primary studies comprising 26,500 students. The university student population exhibited substantial burnout prevalence worldwide. Prevalence of emotional exhaustion (EE), cynicism (CY) and personal accomplishment (PA) during the pandemic was 56.3%, 55.3% and 16.7%, respectively. EE, CY and PA differed significantly for field of study, country and WHO and World Bank regions, while EE, CY and PA prevalence were not significantly different by sex. All studies had good internal validity; however, there was substantial heterogeneity between studies. Certainty of evidence was rated as moderate. Burnout adversely impacts student well-being. Given the potentially severe consequences of burnout, the development and implementation of evidence-based interventions at organizational and individual levels are needed to mitigate its effects. Further multi-site research is essential to study university student burnout. There are no conflicts of interest to disclose.

Priorities for research into young people's mental health in Northern Ireland: the views of young people involved in the Future Minds Research programme on research in mental health services

by Siobhan O'Neill | Ulster University

Mental health in adolescence is a predictor of educational attainment, physical health, and psychological wellbeing in adulthood. Additional factors affecting the mental health of young people in Northern Ireland include the impact of the legacy of the conflict, and the effect of parental trauma resulting from the history of violence. It is estimated that one in 12 young people in NI have emotional difficulties., however research is needed to understand the nature of young people's mental health difficulties and the most effective policy responses. This study aimed to establish young people's views about the research priorities young people's mental health. Young people aged between 11 and 25, who live in Northern Ireland were invited to submit their responses in an online questionnaire. The questionnaire was disseminated and promoted through Ulster University, and youth organisations in NI. 479 young people responded, generating 279 potential questions. These questions were grouped into broad topics, which fell into two main themes: education and health. Two focus groups comprised of young people were then convened to discuss and agree the 12 research priorities. The research priorities were categorized into two broad areas, health and education, with one overarching research question about the best way of ensuring that young people's voices are heard. This paper focuses on the research priorities in the area of mental health services. These were: the factors influencing access to services; ensuring that mental health services are adequate; factors affecting confidentiality in services; and the components of person-centred services. This paper discusses each topic in depth, identifying why these are pertinent issues and perceptions of the current difficulties with access, effectiveness and confidentiality. Recommendations include the co-design of research studies with young people to examine these issues, and the use of pilot studies to test different approaches on the ground.

Professional feedback on the use of a Safety Plan for the treatment of suicidal children in inpatient and acute psychiatric care

by Anne-Mari Borg | Tampere University Hospital

Suicidal symptoms have become the most common cause of treatment in acute and inpatient care in child psychiatry. However, there is a little evidence and few guidelines available on the treatment interventions for self-destructive children. The safety plan has been introduced as an evidence-based intervention focused on suicidality among adolescents and adults. In Tampere University Hospital, we have customized the Safety Plan for adolescents and adults to fit into the child psychiatric care. The aim of the study is to assess the clinical feasibility of the Safety Plan intervention through feedback questionnaires for professionals. A feedback questionnaire on the feasibility of the Safety Plan intervention has been conducted for this study. The Safety plan was implemented in acute and inpatient care in child psychiatry in Tampere University Hospital since March 2021. Professionals (nurses, doctors, a social worker and a psychology) in inpatient care (n = 54) are asked to respond, on a voluntary basis, anonymously to the feedback questionnaire via the Webropol link. Each professional responds to the questionnaire once. The feedback questionnaire asks about the professional background, the accumulated work experience and how much experience the professional has gained in the use of the Safety Plan. The professional is asked to assess his/her experiences of suitability, effectiveness and burden of the Safety Plan intervention. When introducing a new treatment intervention, it is important to assess its clinical usefulness. We present the results of the multi professional feedback on the usefulness of the Safety Plan as a treatment intervention for suicidal children in inpatient and acute psychiatric care. The research project will continue by assessing the efficiency of the Safety Plan intervention and feedback will also be asked from children and their parents.

Psychiatric physiotherapy in a group setting as a means for reducing anxiety in patients with eating disorders

by Ville Köykkä | *Etelä-Pohjanmaan Hyvinvointialue*

Psychiatric physiotherapy is a body-mind oriented approach in physiotherapy, commonly known as "psychophysical physiotherapy" in Finland. It is based on the understanding that our mind and body are in constant dialogue within ourselves and therefore as human beings we have both aspects to work with. By acknowledging this bridge between the mind and the body we can affect one by working with the other. Typical indications of psychiatric physiotherapy are body dysmorphia, anxiety and depression. The physiotherapeutic process relies on experience-based learning which means that patients learn to acknowledge the processes of the body-mind while doing exercise with, and under the supervision of the physical therapist. In this presentation it will be discussed if body-mind oriented physiotherapy in a group setting affected the experienced anxiety, experienced capability of self regulation and experienced general wellbeing in patients who took part in Eating Disorder Clinic's Day Hospital Unit and its group physiotherapy sessions.

Psychiatry and human rights: implementation of the UN CRPD by the EU

by Olga Kalina, Denmark

The second review of the EU's implementation of the UN CRPD by the UN Committee on the rights of persons with disabilities is underway and will take place in 2024. Despite ratification of the UN CRPD by the EU and all of its member states and the Concluding observations issued by the UN CRPD Committee after the initial review in 2015, implementation of the Convention remains a challenge for many reasons, including the lack of political will and a lack of understanding of the required changes to both legal and mental health care systems. Mental health care in the EU still allows for the practices of substitute decision making, forced treatment and forced institutionalization of persons with psy-

chosocial disability. There has been no review of the legislation in order to harmonize it with the UN CRPD standards, while the existing good practices do not find enough support for their expansion and improvement. One of the biggest problems remains the lack of the meaningful involvement of persons with psychosocial disabilities and their representative organizations in policy making processes, as well as in the design and monitoring of services. The European Network of (Ex-)Users and Survivors of Psychiatry has held a second round of thematic consultations via dissemination of questionnaires and online discussions with its members in EU states in order to identify the improvements and barriers that persons with psychosocial disabilities and mental health problems face in the EU. The aim of the presentation is to share this information on potential improvements and barriers based on the opinion and lived experience of ENUSP's members with regard to their rights in the mental health care system throughout the EU and to discuss potential steps that the EU can undertake to improve the situation.

Recommendations to reinforce the therapeutic role of registered nurses in care and rehabilitation wards

by Ronelle Jansen | *University of the Free State*
By R. Jansen & N.A. Mofokeng

Registered nurses in care and rehabilitation wards deliver nursing care to patients with intellectual disabilities as frontline healthcare providers. Nurses are responsible for creating therapeutic environments by providing therapeutic care to patients with intellectual disabilities in these long-term wards. They, however, face many challenges performing their therapeutic role. This study aimed to explore and describe registered nurses' recommendations for reinforcing their therapeutic role in care and rehabilitation wards. A qualitative, explorative and descriptive research design was used for the study. Registered nurses (n=22) employed at a care and rehabilitation institution were purposively selected. A skilled facilitator led the nominal group discussions exploring the registered nurses' recommendations to improve their therapeutic role in care and

rehabilitation wards. With the help of these 22 registered nurses, four nominal group discussions were held, yielding 66 statements. The data was analyzed using Van Breda's multiple group data analysis steps. The information obtained during the nominal group discussions was used to identify themes and sub-themes. Seven themes arose: communication, staff support, the healthcare environment, care delivery, education, legislative and policy framework, and resources. Each theme generated corresponding sub-themes. Specific recommendations concerning the themes and sub-themes resulted from the findings. These recommendations may guide a therapeutic milieu implemented by registered nurses and relevant stakeholders supporting their therapeutic nursing care practices.

Restorying the youth mental health crisis in Porirua, Aotearoa

by Julia Watkin | University of Otago

Aotearoa's media headlines tell a story of youth in crisis and a mental health system buckling under the pressure. My frustration is this - why is all the focus (and funding) on support services, the ambulances at the bottom of the cliff? I'm interested in what's at the top and I believe that the youth mental health crisis can only be cracked by youth, themselves. My PhD is a qualitative, grounded theory project that asks young people what mental health means to them. How are they learning about mental health - and talking about it? What words are they hearing in their everyday lives? And, how is this impacting their experience? Subsequently, we are workshoping what healthy mental health actually looks like, to restory youth mental health and give agency to creating understanding that works for them. In this interactive workshop presentation, I will deliver some key insights from the data - including how young people are distinguishing mental health from illness and their thoughts on digital tools that are being designed for (not with) them. We will also replicate the critical discussion on what healthy mental health looks like, to actively deconstruct what's not working and show the power of rewriting the definition. This research is driven by the notion that how we under-

stand something sets up the expectations for how we experience it, so it is only when youth become aware of their understandings of mental health that they can begin to rewrite their own stories - and be the voices that lead education, services, and public messaging.

Rumination: Mechanism of the antidepressant effect of exercise? Development of a decoder based on EEG data for the prediction of rumination during exercise

by Jana Welkerling | Andreas Nieß | Tim Rohe | David Rosenbaum | Patrick Schneeweß | Gordon Sudeck | Sebastian Wolf | University Tuebingen | University Hospital Tuebingen | University Erlangen-Nuernberg | University Hospital Tuebingen | University Hospital Tuebingen | University Tuebingen | University Tuebingen

The reduction of rumination is discussed as a possible mechanism of the antidepressant effect of exercise (distraction hypothesis). To test this hypothesis neurophysiological correlates of rumination as distinct from distraction from ruminative thoughts (short: distraction) are decoded by machine learning algorithms (decoders) and then used to predict possible changes in rumination during exercise. To develop the decoders rumination and distraction is induced to subjects in a randomised within-subject design while electroencephalography (EEG) data are recorded. The decoder will be trained using a classification model classifying the two mental states. Afterwards it is investigated whether moderate endurance orientated physical activity reduces rumination compared to a sedentary control condition in a single factor (moderate physical activity - MPA vs. sedentary control - SED) within-subject design in randomised order while EEG is measured. Decoded EEG data as well as self-report data are used to analyse possible changes of rumination during exercise. We hypothesize that based on EEG data less rumination is decoded and based on self-report data the change of rumination is higher in the MPA than in the SED condition. N=24 subjects will complete the project. First analyses after a piloting of 6 subjects suggest that mean decoded class probabilities differ significantly between the MPA and the SED condi-

tion ($t(5)=-2.75$, $p=.040$, $d=-1.12$) with less decoded rumination in the MPA ($M=0.18$, $SD=0.40$) then in the SED condition ($M=0.44$, $SD=0.34$). Further, the change of self-reported rumination measured by the Perserverative Thinking Questionnaire state differs significantly in MPA and SED ($t(5)=-4.08$, $p=.01$, $d=-1.67$) with greater changes of rumination in the MPA condition ($M=-28$, $SD=7.80$) then in the SED condition ($M=-4.67$, $SD=16.22$). The results of this first pilot sample indicate that MPA reduces rumination. Since data collection will be finished in august, first results of the final sample will be presented by then.

Safer medication process for geropsychiatric inpatients: multiprofessional team and new electronic health care record Apotti

by Outi Ilves | Terhi Velo | Heidi Juurakko | Maija Valdes | HUS | HUS | HUS | HUS

The patient's drug treatment is a complex and step-by-step process, and medication safety is an important part of patient safety in specialized medical care. Epic based Apotti is the first client and patient record in the world combining social care and health care. The system improves client and patient safety and quality of care by guiding providers, improving medication safety and anticipating risky situations. Helsinki University Hospital (HUS) implemented Apotti gradually starting in 2018. In February 2020, geropsychiatric wards and outpatient clinics started using Apotti. With the introduction of the new health care record, geropsychiatry recognized the need for more specialized professionals to help with the medication process. Therefore a ward pharmacist was piloted for geropsychiatric wards. Multimorbidity is common among the patients in geropsychiatry. Many elderly people use several different medications at the same time. This result in a large number of risk factors in the medication process of the elderly, making preventing medication deviations and adverse drug events a challenging task. We describe the drug treatment process in three wards of geropsychiatry. Apotti uses a closed-loop electronic medication management system. The patient's up-to-date medi-

cine list is obtained from Apotti and the distribution and administration of medicines to patients is documented. In the distribution of medicines, the process has different stages where Apotti warns if an error is about to occur. Apotti has increased the medication safety. The identification of the patient has improved with the new process. Medication dispensing errors have reduced by 50%. However, the medication treatment process is not yet optimum. Health care professionals do not know how to utilize all the possibilities of Apotti. We still have to continue improving to reach a safer medication process for patients.

Seeking schizophrenia in the shadows- Cognitive biases that obscure negative symptoms

by Rhiannon Phillips | HRW Healthcare Research Worldwide

Have you ever 'lost' your glasses when they were on your face? There are hidden cognitive factors for why negative and cognitive symptoms are obscured and can go undetected by healthcare professionals. Cognitive biases unconsciously shape our perception of the world, decisions we make, and filter our behaviour. To prioritise the most important factors, the brain employs strategies that enable the most efficient decision-making process. However, when it comes to schizophrenia, some of these strategies become problematic: positive symptoms are very distressing, both for patients and the people around them. These manifestations then stand out and are prioritised by the brain over and above others that are not so easily noticeable. As a result, negative and cognitive symptoms tend to be overshadowed by the more apparent positive ones and this means that opportunities to improve patients' quality of life beyond the positive symptoms are obscured and can be missed. This post-hoc analysis of 14 research projects conducted in schizophrenia identified key psychological drivers that shape behaviour (cognitive biases and heuristics), and which highlight positive symptoms to healthcare professionals to the detriment of negative and cognitive ones. In this paper we cover three broad categories of psychological tendencies behind why negative and cognitive symptoms can be overshadowed, including:

- Salience, present bias, and inattentional blindness: short-term goals such as seeking control over acute episodes demand more attention and urgency so are prioritised over longer-term goals such as improved functioning.
- Cues and concreteness: cognitive and negative symptoms are often more abstract and difficult to recognise in clinical practice.
- Diffusion of responsibility: in a multi-stakeholder ecosystem such as schizophrenia care, it is unclear who is responsible for detecting, reporting, and acting upon symptoms.

The good news? By recognising these underlying psychological factors and their impact, we can do something about it.

Setting up a Recovery College: Exploring Experiences of Mental Health Service-Users, Staff, Carers and Volunteers

by Dr Adam Benkwitz | Newman University Birmingham

Following the first recovery college being established in 2009, there has been considerable growth in the number of colleges internationally as they have become established features of service transformations. This is the first study that has holistically explored setting up a recovery college from the combined perspectives of service-users, staff, carers and volunteers involved in the development process. An interpretative phenomenological analysis was undertaken following 25 semi-structured interviews. Results included three key themes of ‘Challenges in the early stages of development’; ‘Having a shared understanding of recovery’; and the ‘Conceptualisation of Recovery Colleges’. This study demonstrated that, as well as future groups seeking to set up a recovery college having clear conceptualisations of personal recovery and the underpinning approach of their recovery college, they should actively manage the level of integration between the college and its host organisation, with open conversations about the power imbalances and roles of service-users, staff, carers and volunteers involved. Those planning to develop a college should also

be mindful that although there will be the early challenges as outlined in this study, there are broader benefits for both individuals and the wider organisation via the process of planning and discussions of how to implement co-produced, recovery-oriented practice such as a recovery college.

Simulation teaching of mental health and addiction nursing in collaboration with experts by experience (EsbE)

by Minna Laitila | Seinäjoki University of Applied Sciences

At Seinäjoki University of Applied Sciences, simulation teaching in cooperation with EsbE has been implemented in teaching of mental health and addiction nursing. The simulations highlight an idea of “joint teaching”, where EsbE participate in the planning and implementation of the teaching. The purpose of this study was to gain knowledge how the students and EsbE who participated in the simulations experienced simulation teaching. Feedback from students (n=246) was collected using a questionnaire after the simulations. Feedback from EsbE (n=8) was collected using an electronic survey. The feedback given by students was positive. The students pointed out that the EsbE own recovery stories concretize the theory covered in the lectures. The simulations increased understanding of service users’ views and brought new perspectives. In the simulations, the students felt that they had gained new skills and courage. Feedback and tips from EsbE were considered particularly valuable. EsbE also saw combining theoretical knowledge and practical experiences as important. According to them, the simulations gave concrete examples how mental health and addiction problems can affect everyday life, and how to recover from them. The simulations also offered a safe environment to practice interaction with service users with mental health and addiction problems. There is an increasing amount of research data on the importance of EsbE in the teaching of mental health and addiction nursing, but its practical implementation is often unsystematic, or involvement is tokenistic. In the context of teaching, one significant obstacle to the involvement of service users is that a genuine and equal partnership cannot be reached. In these simulations, the idea of involve-

ment, the students learning together with EsbE and not only from them, was well realized.

Slovenian pilot study of implementing needs assessment in the processes of treatment, evaluation and planning

by Irena Makivić | NIJZ

Needs assessment is important within care process in order to address the needs within the process of treatment effectively. It is also vital within evaluation process and to plan practices that best suit the people in need. This pilot study is presenting a combination of quantitative and qualitative research aiming to assess the needs comprehensively. Within the Dephi study, 49 service providers, decision-makers and service-users, which were assessing the needs at the systemic level. Individual needs were assessed from the professionals, that have used Camberwell Assessment of Need tool on 206 patients within one Community Mental Health Centre. Additionally, patient experiences were measured in one newly established Community Mental Health Centre, where 54 patients participated. The major needs recognized at the systemic level were the needs for: companionship and peer support; continuous implementation of destigmatization campaigns; continuous training, supervision and connected work among all professionals and in all sectors within each service; accommodation facilities with different levels of support; strengthening the network of day-care centres. Professionals recognized that one third of the patients were dealing with the needs about self-care, intimate relationship and company. Around half of the patients felt psychological distress, had the needs in physical health and expressed the need for (additional) information on condition and treatment. On the other side, the majority of patients reported that they can manage their mental health problem better than before joining the treatment. The needs for quality and patient-centred care were addressed. Interestingly, a quarter of patients had mental health problems for more than three years before they have searched for professional help. Therefore, the treatment time-frame was also recognized as a potential unmet need.

Social Class Habitus: A new approach to the mental health social status relationship

by Rachel Brown | Maynooth University

The lived experience of mental health is influenced by a variety of biological, psychological, and social phenomenon. Research has consistently found a relationship between the experience of mental health and social status. Findings suggest social status influences the likelihood of having a mental health condition, the severity and disability experienced as well as accesses to services and outcomes of interventions. Social status is frequently captured as socio economic status using objective measures of education, occupation, and income. However, this study took a different approach by examining the cultural characteristics generated by social and economic conditions known as social class habitus. The habitus links the cultural, social, and psychological aspects of social status influencing psychological processes such as perception, emotions, attitudes, values, and language. Formed through internalisation and socialisation the habitus operates beyond consciousness acting as a guiding principle on lived experience. The study presented here explores the effects of social class habitus on the lived experience of mental health. A socio-cognitive critical discourse analysis of semi structured interviews from participants of various backgrounds provides evidence demonstrating the usefulness of this approach. Findings suggest that social status affects mental health beyond external conditions of social status, but psychologically through schema used to process experiences which are guided by a person's class specific habitus. This study also highlighted the usefulness of the habitus concept as a tool to gain a deeper understanding of the effects social status has on psychological phenomenon and life experiences. Implications of this study apply to research, policy, and practice. It suggests that social status affects the lived experience of mental health beyond economic and social conditions, but on a deeper psychological level. As such, interventions that reduce social inequalities will result in greater equality for lived experiences of mental health.

Staff experiences and response to aggression and violence in children and adolescents in inpatient settings: A qualitative study as part of Safe4Child project

by Maria O'Malley | University College Cork

Children and adolescents may exhibit behaviours that challenge within mental health and paediatric inpatient settings for a myriad of reasons. These behaviours often result in the use of seclusion, restraint, and coercive practices by staff. Coercive practices can traumatize and/or retraumatize a young person who may have experienced past adversity. More therapeutic approaches are required to reduce the use of and impact of these practices for the young person and staff. The aim of this study was to explore staff experiences and responses to aggression and violence in children and adolescents in inpatient mental health and paediatric settings in Ireland, Finland, Germany, and Bulgaria. This study was part of a larger study to develop and implement an educational intervention, incorporating trauma-informed approaches to reduce restrictive practices. Mental health and paediatric nurses, social workers, child and youth care workers and paramedics from inpatient general paediatric, mental health and residential units shared their experiences and responses to behaviours that challenge. Reflexive thematic analysis was used to analyse 9 1:1 interviews and 5 focus groups. Four central themes were generated. Themes reflected participants considerations of how to establish a safe therapeutic environment, the antecedents and responses to behaviours that challenge and identifying future needs for staff, children, and adolescents, including staff's training and educational requirements. Participants stressed the challenges experienced in responding to and managing aggression or violence. The need for training and education for all multi-disciplinary team members to develop their understanding of what lies beneath the child or adolescent's behaviour was emphasised. The findings have implications for mental health practice, particularly in the area of further education and training where a trauma-informed approach has the potential to reduce coercive practices, enhance therapeutic relationships and positively impact recovery and experiences for young service users and staff.

Stigma or Compassion?

by Mina Hazar | Adela Colhon | YMCA of Greater Toronto | YMCA of Greater Toronto

From drug war to decriminalization of substances, and from underground gambling to legalized gaming, different jurisdictions approach gambling and substance use differently; which in turn impacts the stigma towards gambling and drug use disorder as well as the interventions for stigma reduction. Although there are effective treatment options for people experiencing mental health issues, substance use disorders and gambling-related problems, stigma serves as a barrier to help-seeking, forcing individuals to suffer in silence. Structural stigma is a less studied level of stigma coming from the people we go to for help – mental health practitioners, doctors, nurses, lawyers, etc. The attitudes of these individuals contribute to social stigma and impacts the health and wellbeing of people with mental illness. However, their unique roles and responsibilities may create a specific barrier. This presentation defines stigma (self, social and structural), the four stages of stigmatization referred to as cycle of stigma (labeling, stereotypes, separation, discrimination), uses the OMSHC Scale (Opening Minds Scale for Health Care Providers) to recognize stigma, dispels myths and provides factual knowledge and awareness to support a compassionate approach to care in addition to providing practical strategies that break stigma and support recovery.

Suicidal ideation assessment in adolescents in different settings

by Monika Youssef Khalil | Institute of Psychiatry and Neurology

The abstract is a part of proposed workshop focused on suicidality in children and adolescents.

Suicide is increasingly being perceived as a complex phenomenon that appears to be the consequence of interactions between multiple psychological, biological, and social factors.(1) Liu et al. (2020) in their pre-

pandemic meta-analysis of nine studies concluded: “approximately one in 20 individuals in the general population experience passive ideation in any given year”(2) Whereas Lui et al’s (2020) 12-month rate of suicide ideation was 5.81% for community members, another meta-analysis study observed rate of suicide ideation for a similar group was 11.84% during the COVID-19 pandemic.(3) In the adolescent age group rates are higher – recently the suicide ideation prevalence were assessed as 17% (4). Suicide ideation may or may not be associated with immediate risk of selfharm. Suicidality may be reported by child or teenager in different settings to various professionals. Thus the risk assessment and proper referral is crucial and not limited to emergency room setting. Questioning techniques and proper procedures and interventions for adolescent patients with suicidal thoughts will be explored based on 3 case stories and examples.

Suicidality in adolescent - and what to do about it?

by Barbara Remberk | Institute of Psychiatry and Neurology

The abstract is a part of proposed workshop focused on suicidality in children and adolescents.

Suicide is an acknowledged public health issue and adolescents are believed to be an age group with high suicide risk. Suicide ideation and self-harm are common (about 17% each). The risk of suicide attempt (prevalence 2-20%) and completed suicide (rare) should not be underestimated (1, 2). Nevertheless, not every suicidal ideation requires immediate medical action. Over-cautious interventions may be neither rational nor beneficial to the teenager. Brief recommendations' summary will be presented on the basis of the literature. The usual procedures in various countries and different settings will be discussed among the presenting team and workshop attendees.

- Uddin R, Burton NW, Maple M, Khan SR, Khan A. Suicidal ideation, suicide planning, and suicide attempts among adolescents in 59 low-income and middle-income countries: a population-

based study. *Lancet Child Adolesc.* 2019 Apr;3(4):223-233

- Smith L, Shin JI, Carmichael C, Oh H, Jacob L, López Sánchez GF, Tully MA, Barnett Y, Butler L, McDermott DT, Koyanagi A. Prevalence and correlates of multiple suicide attempts among adolescents aged 12-15 years from 61 countries in Africa, Asia, and the Americas. *J Psychiatr Res.* 2021

Supporting parents of adolescent with suicidal thoughts

by Aleksandra Zadrożna | Instytut Psychiatrii i Neurologii

The abstract is a part of proposed workshop focused on suicidality in adolescents.

Suicide thoughts among adolescents are a public health concern in many countries (Campisi, et al. 2020; Uddin, Burton, Maple, Khan, Khan, 2019). Adequate support provided by parents is one of the factors that may prevent a young person’s suicidal behaviors (Ati, Paraswati, Windarwati, 2020). The relationship between the family situation and mental health, including the occurrence of suicidal thoughts (Wang, La Salle, Wu, Liu, 2022; Berlińska, Lalak, Winiewski, Orzechowska, 2021), shows the importance of involving an adolescent’s parents in interventions aimed at helping a child in crisis. The presentation will discuss issues related to the professional support provided to parents of adolescents experiencing suicidal thoughts. Including information about parents’ emotional support, rules of communication, and instrumental support provided by mental health professional (Łuba, 2021; Gmitrowicz, Makara-Studzińska, Młodożeniec, 2016; Miller, Linehan, Rathus, 2011).

Sustainable Seasons: Embracing Environmental Responsibility at Niemikoti Foundation

by Niina Sahlberg | Jouni Nisula | Janne Ratinen | Niemikotisäätiö | Niemikotisäätiö | Niemikotisäätiö

At Niemikoti Foundation, environmental work, circular economy, and activities in accordance with sustainable development are a natural part of the operation. The Niemikoti Foundation is committed to implementing ecological, social and economic sustainable development. In environmental matters, high-quality and durable supplies are preferred - using versatile types of recycling. The burden on the environment is introduced by choosing ecologically produced energy as far as possible, as well as environmentally friendly products for everyday use. Responsible operation in the Finnish social and health sector also includes the well-being of the environment. We want to be the player who, with commitment and determination, implements good environmental actions and improves services together with the personnel, service users and our network. In practice, this happens in an organized way by focusing on different themes at all levels of the organization. During the year, 11 different themes will be communicated internally and externally. The topics of the theme month apply to the units and are reported to the common system.

The themes are:

- Tuneful January (tuning and recycling of clothes and Christmas gifts, New Year's resolution related to environmental work and well-being)
- H2O February (water consumption and water footprint)
- Plastic-Free March (plastic recycling and sorting)
- No-Lift April (avoid using the lift and increase daily exercise, exercise challenge)
- Green Clean May (spring cleaning, environmentally friendly detergents)
- Recycling June (presentation of recycling centers, libraries, services of the sharing economy)

- Energy-Saving August (monitoring and saving electricity consumption, electricity consumption can be reduced)
- Fruitful September (domestic, seasonal, and local food)
- Active October (increasing exercise in everyday life and efficient use of public transport)
- Things to Remember in November (reflectors, safety, time to check that the lights work and are energy-saving)
- Self-Care December (rebellling against the consumption hysteria, self-care)

Sustaining Help-Seeking in Crisis: The Lasting Effects of a Pre-Pandemic Stigma Reduction Intervention

by Virgínia Conceição | Ricardo Gusmão | (1) EPIUnit - Institute of Public Health, University of Porto | Laboratory for Integrative and Translational Research in Population Health (ITR), University of Porto, | (1) EPIUnit - Institute of Public Health, University of Porto, | (2) Laboratory for Integrative and Translational Research in Population Health (ITR), University of Porto

Introduction: The global mental health landscape has significantly shifted amidst the COVID-19 pandemic, impacting help-seeking behaviours. Various studies note a delay or decrease in help-seeking, affecting patient connection to appropriate care, fluctuating impact across demographics, and severity of mental health conditions. Aims: This study investigated the effects of a stigma reduction intervention on help-seeking behaviour among university students, focusing on depression and how these effects evolved during the pandemic. Methods: In this single-blinded randomised control trial, we assigned 969 students to one control and two intervention groups. Intervention groups watched personal experiences and psychoeducational videos on depression. Participants completed questionnaires addressing sociodemographic information, PHQ-9, and GAD-7 scores, evaluated five times from 2019 to 2021. Results: In October 2019, the intervention had a significant effect on help-seeking behaviour (OR=5.71, 95% CI: 3.89, 8.49), especially among students with

moderate and severe depressive (PHQ-9 \geq 15, OR=5.07, 95% CI: 2.91, 9.21) and anxiety (GAD-7 \geq 10, OR=3.21, 95% CI: 2.16, 4.80) symptoms. As the pandemic took hold, there was a sharp increase in depressive (2.52 points) and anxiety (1.75 points) symptoms in 2020; the intervention was still associated with a significant increase in help-seeking behaviour (OR=2.59, 95% CI: 1.76, 3.91), especially among students with moderate and severe depressive (PHQ-9 \geq 15, OR=4.64, 95% CI: 3.12, 6.99) symptoms. However, by March 2021, only changes in depressive and anxiety scores remained significant predictors of help-seeking. Conclusion: Despite the unprecedented challenges posed by the pandemic, the stigma reduction intervention implemented in 2019 positively and significantly impacted help-seeking behaviours, particularly among students experiencing moderate and severe depressive and anxiety symptoms. This study highlights the importance of early intervention and stigma reduction in encouraging help-seeking behaviour and improving mental health care access. Furthermore, it underscores the necessity for adaptable, responsive strategies in mental health care to navigate evolving public health crises effectively.

‘That could never happen to me’: An auto-ethnographic account of covert emotional domestic abuse

by Aine O Donovan | University College Cork

I could not see it, the slow insidious eroding of my sense of self, the attempts to isolate me from friends, the consistent daily message that I was not good enough, the coercive control, the endless promises to never to do it again, the victim playing, and the continuous accusations of infidelity. As a senior mental health nurse academic, I refused to believe that I was being abused. There was no way someone with my knowledge would not recognize abuse. I rationalized everything, even though I was living day to day in a deep state of fear. I convinced myself no one would ever believe that a person who, in public seemed so caring, attentive, and gentle could be abusing an assertive and capable mental health professional. Domestic or intimate partner violence research has focused on

physical violence or overt emotional abuse, little is known or understood about covert emotional abuse. This has led to a lack of understanding on how to recognize it by practitioners, while simultaneously resulting in victims not realizing they are being abused. The Covid pandemic ‘lock-downs’, significantly increased the rates of domestic abuse internationally, the consequences of which have yet to be addressed. Covert emotional domestic abuse is one of the most traumatizing of all types of abuse due to it being hidden carefully by both the abuser and the victim and is often targeted at high achieving partners with strong social standing to boost the abuser’s self-image. This presentation will draw on my own lived experience of covert emotional domestic abuse, discussing it in context of theoretical and research literature. Mental health professionals need to understand how to identify, and respond to disclosure of, covert emotional abuse.

The association of changes in leisure-time physical activity on depressive symptoms during Covid-19 in German adults: a longitudinal study

by Britta Seiffer | Inka Roesel | Jana Welkerling | Felipe Barreto Schuch | Gorden Sudeck | Sebastian Wolf | University of Tuebingen | University Hospital of Tuebingen | University of Tuebingen | Federal University of Santa Maria | University of Tuebingen | University of Tuebingen

This longitudinal survey assesses preventive and curative antidepressant effects of at least 75 minutes/week of leisure-time physical activity (LTPA) at different timepoints of the Covid-19 pandemic. We further investigated if high self-regulation skills were associated with higher odds of initiating or maintaining LTPA during the pandemic. Data was collected online from 4253 participants (age: $m=33.65$ years, $SD=0.79$; 79% female) during the first lockdown in Germany (T1), as well as 4 weeks (T2), and 8 months (T3) later. We performed linear mixed models with changes (T2-T1, T3-T1) in LTPA and baseline MDD as predictors (main effects and interaction effect) and depressive symptoms (at T2, T3) as the primary outcome. We found significant interaction effects of baseline depression

and change in LTPA on depressive symptoms at T2 and T3 ($p < 0.001$). For probable cases of MDD an increasing LTPA to ≥ 75 minutes/week (vs. no change, < 75 minutes/week) was associated with less depressive symptoms at T2 and T3 ($p = 0.003$, $d = 0.28$). For the absence of depression at baseline, remaining at ≥ 75 minutes/week of LTPA was associated with less depressive symptoms at T2 and T3 compared to remaining at < 75 minutes/week ($p = 0.006$, $d = 0.11$) or decreasing LTPA to < 75 minutes/week ($p = 0.018$, $d = 0.11$). Reporting high self-regulation at T1 was associated with higher odds of performing ≥ 75 minutes/week of LTPA at T2/T3 (OR = 1.74, $p < 0.001$). In general, studies report reduced LTPA during Covid-19. To benefit from the reported preventive and interventional effects, further interventions should focus on improving physical activity-related self-regulation to identify and overcome barriers to LTPA.

The challenges of designing novel digital mental health services for use in community settings

by Sophie Stephenson | Patrick McAllister | Maurice Mulvenna | Raymond Bond | Colin Gorman | Orla McDevitt-Petrovic | Action Mental Health | Ulster University | Ulster University | Ulster University | Ulster University | Ulster University

The use of digital interventions is becoming more common throughout industry and the health sector. The implementation of digital services allows for clients to gain access to app-based treatment more flexibly than they would if waiting for traditional in-person sessions, allowing for improvements in preventative services. This allows in-person sessions to be offered to clients needing more intensive care. Despite the clear benefit of increased accessibility and flexibility, digital mental health interventions pose a number of challenges. Interest in digital interventions is increasing due to improvements in awareness; however, many users may find it difficult to engage with these services. Clients from deprived areas may have interest in accessing digital services, but may require additional support. Rural communities are more at risk of digital exclusion due to poor broadband connectivity making core services less accessible. User

retention remains a significant issue in this sector. In randomised trials, retention rates for mental health intervention applications remain below 50%, with a reduced rate being observed for web-based solutions. Figures show engagement dropping by 30% within one day of app installation, with this figure dropping to 10% within a week. The efficacy of mental health interventions cannot be assessed from outcome assessment and retention rates alone. Ecological momentary assessments and event logs can provide an additional layer of anonymised user data that illustrates how clients interact with digital services. Engagement rates can vary based on time of day, and type of assessment, including media, tone and content. When designing digital mental health services, user demographics may be considered to ensure maximum engagement with momentary assessments. In turn, this data can be used to refine the application and improve the quality of care being offered.

The debate surrounding medication free services in Norway – a discursive deadlock suggesting the crux of the coercion controversy

by Olav Nyttignes | Akershus University Hospital

Involuntary antipsychotic treatment stirs controversy and protest. In 2010, the Norwegian Health Ministry instructed Health Enterprises to provide medication free services (MFS), as one of several policy measures to reduce coercion. After years of increasingly insistent instruction, and lobbying from user organizations, MFS commenced in 2016. At that point, academic psychiatrists initiated a public debate engaging users and professionals alike. Standpoints were strongly articulated, which provided a rare opportunity to study how arguments and knowledge traditions were framed as the communication between those for and against MFS activists unfolded and eventually broke down. Methods: We use a combination of qualitative methods to study discursive positions in the documents, as we trace the development of and lobbying for MFS. We then analyze the main arguments and positions in the public debate from 2016 to 2018. Results: Most documents used a mix of discourses. The first

instruction from the Ministry did not show signs of consultation with the Psychiatrist Association. The text adjusted the hegemonic biomedical discourses by including social justice discourse, psy and recovery discourse, and user organization standpoints. The public debate contained five central issues as it intensified and reached a deadlock around the involuntary use of medication for people in crisis who do not benefit from antipsychotics. Conclusions: We argue that this deadlock represent the crux of the controversy of coercion in mental health care. The proportionality of involuntary medication, which for other patients might be appropriate in a utility analyses, seems wanting for patients without benefit from this medication.

The development process of a CBT-based parental training chatbot

by Minni Roth | Kaisa Mishina | Mikael Hekkala | Ilkka Olkku | Andre Sourander | University of Turku | University of Turku | University of Turku | University of Turku | University of Turku

In a world of overburdened mental health systems and health crises brought on by the COVID-19 pandemic, the social environment of health services has transformed into a favorable climate for digital technology like chatbots that can prevent, improve, or treat health issues. On current knowledge, there is lack of studies about the effectiveness of digital parent training interventions for early disruptive childhood behavior problems that have been personalized for the families using artificial intelligence. Aim of this research is to report the development process of a CBT-based parental training chatbot and testing the chatbot's usability. The design of the chatbot is based on workshops where professionals of parental training share their views on the substance and characteristics of the chatbot through focus group interviews. We will also annotate anonymous forum posts from the Suomi24 forum for the chatbot in order to train it to detect human-like question phrasing and writing styles, giving the chatbot a more "humane" appearance. Lastly, we are going to conduct the pilot test, in which we measure the user experience of the chatbot. Preliminary results show that the chatbot is capable of learning the

CBT-based parental training program and applying it to answer human-like questions. Based on these preliminary results, we hypothesize that the chatbot can be a supplemental element in parental training, and the development of the chatbot can bring us key insights on the feasibility of AI in a mental health promotion framework. The research is part of the ERC-funded DIGIPARENT research project. The research is part of the ERC-funded DIGIPARENT research project.

The EEEFCOM Project: Making a Difference for Mental Health Recovery using Co-Production and Emancipatory & Social Approaches

by Nikki Kilburn | Penumbra Mental Health

Penumbra Mental Health is part of the Erasmus EEEFCOM European partnership commissioned to develop a mental health programme alongside people with lived and living experiences of mental ill health and or substance misuse. Penumbra has partnered with Homeless Charity Simon Community Glasgow to work with people with lived and living experiences of homelessness, mental ill health, and unsafe substance use to support them to develop and deliver a recovery programme within their locality/communities. Penumbra Mental Health is working with two groups from Simon Community a men's and women's group from the We See You project. From the six-week development process, the men's group has created a programme to support men at risk of violence living in temporary homeless accommodation across Glasgow city centre. The women have created a programme for women at risk of domestic violence living in temporary homeless accommodation across Glasgow city centre. The development of the recovery programme using Emancipatory & Social Approaches created a safe and informed space for people to share based on their lived and living experiences and consequently, what needs to be included in mental health and wellbeing resources that can make a direct difference in people's recovery. The men's resource focuses on raising awareness of the risks of violence for men across the city, supporting men to speak out about their experiences, and trauma-informed

mental health support. The women's resource provides practical support for women at risk of and experiencing domestic abuse inclusive of trauma-informed mental health support. Peer workers and volunteers from Simon Community will be trained by Penumbra mental health to deliver the programme across Glasgow city centre. The campaign and resources will be launched across Glasgow in late September, early October.

The effect of digital technologies on mental health depends on technology type and measurement level

by Špela Selak | Mark Žmavc | Nuša Crnkovič | Andrej Šorgo | Branko Gabrovec | Katarina Cesar | National Institute of Public Health | National Institute of Public Health | National Institute of Public Health | Faculty of Natural Science and Mathematics, University of Maribor | National Institute of Public Health | National Institute of Public Health

Background: One of the proposed mechanisms of the Covid-19 impact on mental health was the increased use and overuse of digital technologies. Research findings on this topic have not been consistent and have depended on which digital technology measure was considered. The present study compares the contribution of nine measures towards the likelihood of depression symptoms. Method: An online cross-sectional study on mental health was conducted in March 2021 among Slovenian tertiary students (N=4493). Measures of digital technology use were separated into three technology types (internet, social media, videogames) and three measurement levels (use, duration of use and addictive use). These were entered in a regression model predicting depression symptoms in three blocks, according to measurement level. Results: Variables describing whether someone uses the internet, social media, and videogames explained only 0.5% of variance in depression symptoms, and only social media use was a significant predictor. After taking the duration of use into account, a further 6.7% of variance in depression symptoms was explained; both duration of internet and social media use were significant predictors, while duration of gaming was not. Including measures of addictive use into the model yielded additional 15.5% of explained variance in depression scores (22.8% in total), where addictive use of internet, social media, and

videogames were all significant predictors. Conclusions: The relationship between the use of digital technology and experiencing depression symptoms depends on how we measure digital technology use. Social media use was the only technology type which significantly predicted depression scores regardless of measurement level, while gaming use variables consistently showed the weakest relation with depression symptoms. Measures of addictive use (rather than duration of use) may be particularly useful when exploring the effect of technology on mental health.

The FoMO Phenomenon Among University Students of Various Faculties.

by Gabriela Kania | Natalia Józefacka | Pedagogical University of Krakow | Pedagogical University of Krakow

The term Fear of Missing Out (FoMO) has gained popularity through the research of Przybylski (2013), who defines it as follows: the pervasive fear that other people at any given time are having highly rewarding experiences in which I am not participating. In this study, we use Przybylski's definition and consider the occurrence of FoMO together with various aspects related to social media use. The aim of this study was to examine students in terms of experienced FoMO and Problematic Internet Use (PUI) and to present differences based on socio-demographics, the faculty studied and the number of hours spent on social media. The survey was completed by 275 students of full-time studies at one of Krakow's universities. The respondents studied at one of the faculties: Faculty of Humanities (n=66), Faculty of Science and Natural Sciences (n=61), Faculty of Social Sciences (n=49), Faculty of Pedagogy and Psychology (n=52), Faculty of Arts (n=47). The respondents completed an online survey. The survey consisted of questions about socio-demographic data, the number of accounts on social media platforms and the amount of time spent on these accounts, FoMO, PUI, R-SPQ-2F and MSL questionnaires. The results show statistically significant correlations: positive between FoMO and PUI ($p < 0.001$, $r = 0.369$), positive between time spent on portals and PUI ($p < 0.001$, $r = 0.255$) and negative between number of accounts and age ($p < 0.001$, $r = -0.235$). The one-way analysis of vari-

ance did not reveal any differences between individuals from different faculties, FoMO or PUI. Based on the results, it can be concluded that the occurrence of FoMO is a general problem- FoMO is experienced regardless of gender, age, field of study or place of residence. The results obtained are consistent with national surveys and the available literature.

The impact of gravitational insecurity on the emotional well-being and functioning of adults in mental health settings: An interpretative phenomenological analysis

by Rebecca Matson | University of Liverpool

Gravitational insecurity (GI) is a sensory processing disorder characterised by a fear response to movement that is disproportionate to the level of threat (Fisher & Bundy 1989). This increases during activities where the feet are off the ground; the head is out of an upright position; movement is required across variable or unstable surfaces, or there is unstable visual input at the same time as movement (May-Benson & Koomar, 2007). GI can be highly disabling resulting in difficulties with everyday tasks such as using stairs, getting in/ out of a car, walking on different surfaces and using lifts or escalators (Lane, 2020, May- Benson, de Mello Gentil & Teasdale, 2020). The emotional impact of this disorder is thought to be significant enough that these difficulties can be misdiagnosed as anxiety or mental health difficulties related to emotional instability (Coelho & Balaban, 2015). While GI is being increasingly identified in practice as yet there is limited research into the impact of this difficulty. Therefore, the aim of this study was to gain insight into the perceptions of occupational therapists working within mental health settings of the impact of GI on both the well-being and functioning of their service users. As understanding of GI is very much developing it was considered important to first gain insight into the perceptions of occupational therapists with sensory integration training prior to attempting to elicit the understanding of service users themselves. Semi-structured interviews were completed with 6 occupational therapists and analysed using interpretative phenomenological analysis to identify themes and gain further

insight (Smith & Nizza, 2022). This session will present the results of the study to inform the way in which clinicians work with this client group and guide potential future research into the experience of service users themselves.

The Impact of the Coronavirus Pandemic on Homelessness Across Canada: The Stakeholder's Perspective

by Cheryl Forchuk | Mental Health/Health Outcomes Research at Lawson Health Research Institute

Canadian homeless populations experience a high prevalence of psychiatric diagnoses with 80.7% of individuals we interviewed reporting a mental health diagnosis – including schizophrenia, substance use, anxiety, PTSD, and ADHD. Existing vulnerabilities – reduced access to health care and social services, lack of affordable housing, closures of public washrooms and drop-in centers, and increased risk of infection – were magnified during the COVID-19 pandemic. This magnification created numerous new day-to-day challenges nationally, which disproportionately impacted homeless populations. Individuals falling within youth, family violence, or 2SLGBTQ+ populations experienced greater challenges throughout the pandemic than other homeless individuals. As a result, child welfare cheques, an indicator of youth homelessness, increased by 17% during the COVID-19 pandemic. Furthermore, individuals experiencing family violence relied on living transiently as they no longer had the same solutions available. Additionally, individuals that self-identified as 2SLGBTQ+ unsheltered double the pre-pandemic prevalence. This mixed-methods, cross-sectional study investigated the impact of the pandemic on homeless populations across Canada. Specifically, the perspective of community stakeholders who provided services to individuals experiencing or are at-risk of homelessness. Analysis of focus groups from 200 service providers and community representatives across 28 Canadian communities represented every province and territory. An ethnographic approach for thematic analysis determined six main themes: system changes precipitated by the COVID-

19 pandemic; personal changes in life circumstances; previous strategies no longer working; opportunities; some things getting better; likely overall increase in first-time and recurrent homelessness. Homelessness in Canada has been greatly influenced by systemic changes resulting from the pandemic. These systemic changes have had positive and negative outcomes. Unfortunately, the impact of the negative outcomes has greatly outweighed the positive. This imbalance has likely resulted in more first-time homelessness in Canada. Mechanisms to encourage positive outcomes and protective factors that can afford individuals the opportunity to exit homelessness are required.

The impact and presence of the Red Noses Society clowns in medical institutions

by Jasmina Kuduzović | Pérola Regina Ribeiro | Društvo Rdeči noski
(Partner of Red Noses Clowndoctors International)

Since 2010 different organizations that are part of RED NOSES International started a closer cooperation with medical staff by carrying out a project called Intensive Smile. Intensive Smile works with children undergoing medical procedures in hospitals, as well as their families and their care providers. Medical evaluation, treatments or operations often make children and their families anxious or afraid. These unpleasant emotions can worsen pain, making the procedure enormously difficult for young patients. It is also unpleasant for those delivering the treatments. Intensive Smile brings a healthcare clown to accompany the procedure, with uplifting effects on the emotional wellbeing of the children, their families, and the care providers. The collaboration with the medical staff is the central point for the success of Intensive Smile. During medical procedures, the clown, medical staff, children and parents perform dynamic cooperation, intertwining the medical procedure, the work of the clown and the emotions and willingness of children. Both clowns and medical staff use different approaches with different children. During our collaboration with the department, Tina Vesel, MD, told us that when performing skin tests before the collaboration with the Rdeči noski began, some children also fainted due to fear during the skin tests. Since

the Rdeči noski are present when the skin tests are performed, no child has fainted during the skin tests. This information instigated us to start research work at the pediatric clinic in Ljubljana in early November 2022. Researcher Jasmina Kuduzović, was invited to research the impact of the presence of Red Nose Society clowns in medical institutions. This panel aims to present the results of this research.

The importance of oral health interventions for mental health nurses in the recovery of patients with a psychotic disorder

by Sonja Kuipers | Stynke Castelein | Linda Kronenberg | Job van't Veer | Nynke Boonstra | Research Group Healthcare & Innovation in Psychiatry, Department of Healthcare, NHL Stenden University of Applied Sciences, Leeuwarden; Department of Experimental Psychopathology and Clinical Psychology, Faculty of Behavioural and Social Sciences, University of Groningen | Department of Experimental Psychopathology and Clinical Psychology, Faculty of Behavioural and Social Sciences, University of Groningen; Lentis Research Groningen | Dimence Mental Health Care, Zwolle | Research Group Digital Innovation in Care and Welfare, Department of Healthcare, NHL Stenden University of Applied Sciences, Leeuwarden | Research Group Healthcare & Innovation in Psychiatry, Department of Healthcare, NHL Stenden University of Applied Sciences, Leeuwarden; UMC Utrecht Brain Center, University Medical Center Utrecht; KieN Early Intervention Service

We aimed to outline the attitudes of mental health nurses, their needs and barriers as well as suggestions for mental health nurse interventions regarding oral health in patients with a psychotic disorder to gain more insight into what kind of interventions nurses need. We used a human-centered design consisting of a focus group (n = 9), contextual interviews (n = 10), and semi-structured interviews (n = 19) to address the key issues of the problem and the needs of the mental health nurses working with patients with a psychotic disorder. Mental health nurses were involved from the start of the project in every step. We analyzed

the data thematically and personas were composed. Results: This study presents a detailed description of four different personas based on attitude, barriers, needs, suggestions for interventions, and site conditions regarding practicing oral care in mental health. The findings of this study are encouraging for the development of a toolkit with different interventions for mental health nurses to increase knowledge and awareness. mental health nurses named the following promising interventions: (a) oral health training, (b) oral health screening form, (c) posters and leaflets, and (d) 2-minute videos about oral care practice. The results of this study show the need for role clarification and professional leadership. Professional behavior is defined as personal leadership, such as acting proactively, role modeling, taking initiative, self-reflection, showing assertiveness or courage, and is focused on good cooperation. Each mental health nurse should be able to recognize and reflect from their professional leadership on what kind of information or skills are needed to improve the oral health of their patients. This fits into the professional nursing profiles.

The Influence Of Moderate-To-Vigorous Physical Activity And Sedentary Time On Mental Health And Craving In Adults Entering Treatment For Alcohol Use Disorder

by Jacob Meyer | Shania Kelly | Jeni Lansing | Angelique Brellenthin | Iowa State University | Iowa State University | Iowa State University | Iowa State University

Alcohol use disorder (AUD) treatments have high relapse rates predicted by poor mental health and high alcohol craving. Regular moderate-to-vigorous physical activity (MVPA) and high sedentary time (SED) may be modifiable risk factors associated with mood and craving. This study examines relationships between self-reported MVPA and SED with mental health (depression, anxiety, and stress) and craving (verbal and visual) in individuals with AUD. Cross-sectional data were collected from individuals entering treatment for AUD (n=670) in the US at inpatient and outpatient treatment centers. During admission, participants

reported demographics, depression (Center for Epidemiologic Studies Depression Scale), anxiety (Penn State Worry Questionnaire), stress (Perceived Stress Scale-10), MVPA, and SED (International Physical Activity Questionnaire-SF). Behaviors were categorized as MVPA: inactive [0 min/week], insufficiently active [1-149], meets recommendations [150-299], or exceeds recommendations [≥ 300]; and SED: ≤ 4 , $>4 \leq 6$, $>6 \leq 8$, or >8 hrs/day. Multiple linear regressions modeled MVPA, SED, and both MVPA and SED predicting depression, anxiety, and stress, with linear trend analyses, covarying for demographics and level of care. Significant linear trends ($p < 0.05$) indicated that higher self-reported MVPA was associated with lower depression, anxiety, and stress with lower SED related to lower depression. In adjusted models, significant linear trends remained for MVPA, while the SED trend was no longer significant ($p = 0.07$). There were no significant associations between verbal or visual craving and MVPA or SED categories. Low MVPA and, potentially, high SED may be modifiable behavioral risk factors associated with poor mental health at treatment admission in AUD. Additionally, higher levels of MVPA beyond recommendations may be useful for depression, anxiety, and stress, suggesting there may be no upper limit of benefit. As mental health is associated with dropout and relapse, increases in MVPA and decreases in SED may be key targets to support short- and long-term abstinence in people with AUD.

The Life and Mind Delphi study: Developing a targeted Lifestyle Medicine education resource for mental health professionals

by Oscar Lederman | Sam Manger | Linda Barron | Felice Jacka | Tetyana Rocks | University of Technology Sydney | James Cook University | Sunshine Coast Hospital Health Service | Deakin University | Deakin University

People living with severe mental illness have increased morbidity and premature mortality compared to the general population. Evidence-based lifestyle interventions addressing key risk-factors can improve physical

and mental health outcomes, but significant barriers to implementation exist due to a lack of targeted training. The objective was to use expert consensus to inform the development of an online educational course for mental health providers on the adoption of evidence-based lifestyle interventions, behaviour change science, and the implementation of holistic programs in managing the physical and mental health of people with mental illness. The Delphi method was used to develop and refine expert opinions on the key topics of syllabus and learning outcomes for the course. A panel of experts, including clinicians, academics, and those with lived experience, listed three key aspects for each of the eight broad questions in round one. In round two, the expert panel ranked the most frequently listed aspects for each topic in order of importance. The research group analysed the experts' responses after each phase. Eighteen of the 20 experts who participated in the Delphi process completed both rounds of the study. The study identified the essential teaching components within the educational resource, including assessments, interventions, medication optimisation, behaviour change, lifestyle intervention maintenance and adherence, lifestyle-based programs, clinician and consumer perceived barriers, and key research priorities. This study provides valuable insights and expert consensus on the application and implementation of lifestyle medicine for improving mental and physical health outcomes for people living with mental illness. The identified key educational concepts will inform the development of the "Life and Mind" educational resource.

The process of recovery from recurrent depressive disorder as seen by the psychotherapists

by Aleš Neusar, Karolína Czepeková | University of Ostrava, Czech Republic

Recurrent depressive disorder (RDD) is among the most prevalent, disabling, and lethal mental health conditions. Without a proper prophylaxis there is a very high probability of further episodes. Each recurrence presents a risk of becoming chronic with physical, mental, and social complications including shortening life due to illness, disability or suicide.

Because of this nature of RDD it is striking that there is a scarcity of literature on the strategies for achieving full recovery or long-term remission. The common treatment in many countries includes only the maintenance medication, sometimes together with a supportive psychotherapy. But many people don't want to be medicalized or supported! They want to be healed and to live without medication. Our research focuses on the way out of RDD from various perspectives. In this contribution we present the view of psychotherapists who work with these people. How do they see the recovery process? Is it possible? Are there any common factors or are they mostly unique? The results from our qualitative study of 15 in-depth interviews with experienced professionals show that there are many common factors on the side of a client, e.g. improvement of a relationship with a life partner (or escaping it); living a more authentic life according to own standards or expressing thoughts and emotions. None of these factors were relevant to all clients with RDD, suggesting that the causes or aggravating factors are diverse. These factors were also related to the specific psychotherapy approach used. Some professionals focus on inner conflicts, while others on shadow, hallucinogens, bad habits, or emotional regulation. Many factors were rather similar but different jargons made it difficult to identify. Some professionals also did not expect that full recovery is possible which is worrying as it is known that this has an impact on the psychotherapy outcome.

The psychosocial impacts of being a left-behind child in rural China: outcomes from an in-depth study of young adults' life narratives

by Shuhan Dong | University of Leeds

Left-behind children (LBC) in China refers to an estimated 61 million children being separated from one or both migrating parents. Little is known about the long-term impacts of being a LBC as people enter young adulthood. The absence of this knowledge prevents progress in policy and practice around parental migration in China. This study employed an online timeline interview methodology, with twenty young

Chinese adults (aged 18-25) who had been a LBC. Using phenomenological interpretative analysis, the study aimed to understand their experiences as children and their perspectives on those experiences as they become adults, with particular attention to their psychological well-being. The analysis revealed two prominent themes concerning nuclear family, capturing how parent-child relationship evolves over time, as perceived by participants: the pivotal moments/time of initial separations, and love-hate parent-child relationships. The following key findings will be presented: Firstly, the way parental separation occurred had a profound and enduring impact on participants; secondly, it mattered who the children were left with in their family and where they could call home; thirdly, as developmental changes took place, the meaning of being separated changed, and resentment grew; fourthly, the search for signs of love and interest from the absent parent never ceased and informed views on themselves and relationships; lastly, being left-behind had left a legacy of distant and untrusting relationships with parents. Our findings reflect key principles of attachment theory and indicate that being a LBC can be considered an Adverse Childhood Experience and often, trauma. Findings indicate the need for families, communities, schools, and government to understand the impact of being a LBC and the ways to mitigate the effects of trauma, given the likely ongoing cultural drive towards economic migration.

The recovery paradigm in practice: Contribution of NGO sector from the field of mental health to recovery approach in Slovenia

by Suzana Oreski | Vid Ziberna | NGO ALTRA | Social Protection Institute of the Republic Slovenia

The efforts of NGOs in the community mental health field have been developing for more than three decades in Slovenia. It started in the 90 with strong vision of inclusive and towards rights-based practice, with the emphasis on users' participation and involvement in the process of support and development of individualized models of care in the com-

munity. To support this vision NGO (Altra, Šent, Ozara, Novi Paradoks, Vezi) have been developing social protection programmes (SPP) and activities through decades. Nowadays their community services and recovery approach are established within 4 main social care programmes: Day centres, Counselling - information offices, Advocacy, Group homes. Programmes are functioning on national level and many units are on each region of Slovenia. The statistics (number of users, services provided, regional dispersion etc) will show the massive contribution of the NGOs in supporting people with mental health issues. A huge financial contributor is the Slovenian Ministry for Labour Family, Social Affairs and equal opportunities. The SPP used to be financed according to the population included (homeless people, victims of violence etc). The new Resolution of the National Social Protection Programme 2022–30 is bringing new legislation and a new approach of financing SPP according to the intensity of inclusion of the users in SPP.

The role of special observation in supporting personal rehabilitation in forensic psychiatry

by Pekka Seppänen | Vanhan Vaasan sairaala

Special observation has been actively developed since spring 2021. Its main objective is to improve the implementation of special observation in practice and to reduce the number of psychiatric restraints (isolation and physical restraints). Special observation itself means respecting the patient's wishes and resources in achieving personal recovery and allowing the patient to have a say in his or her care. Special observation is provided at the Vanha Vaasa Hospital for those at heightened risk of self-harm or harm to others. The purpose of special observation is to increase the patient's sense of security. Special observation is an interactive treatment in which the nurse is an active participant and helper of the patient. The implementation of special observation is supported by consultation with a multi-professional team and an assessment of need and goals. It is essential to consider the patient's involvement in the intervention and meaningful participation. The planning includes what activities would

bring the patient closer to these goals and what would take him/her away from them. A schedule is built up for the patient and structuring of daily life is facilitated by the use of written agreements, plans and indicators. The patient is guided in managing, expressing and verbalizing their feelings. Skills are practiced to support community functioning. The patient is assisted in recognizing challenging situations and the warning signs of a change of mental state.

There are three levels of special observation:

1. Continuous visiting
2. Visual contact
3. Intermittent monitoring

The lowest possible level of special observation should be used and the aim is to phase out special observation gradually. Flexible special observation allows for a transition between levels of monitoring at the discretion of the nursing staff.

The Scottish Mental Illness Stigma Study (SMISS)

by Bridey Rudd | Jo Finlay | Mental Health Foundation | Mental Health Foundation

Despite growing public awareness that everyone's mental health fluctuates, stigma towards those living with mental illness occurs globally and endures across many areas of life. The Scottish Mental Illness Stigma Study (SMISS) sought to explore experiences of stigma and discrimination amongst people living with mental illness in Scotland, in the first national survey of its kind in Europe. Adults aged 18 and over in Scotland who identified as living with severe, complex and/or enduring mental illness were asked to describe their experiences of stigma and discrimination over the previous 12 months. The survey ran between November 2021 and March 2022 and received 346 eligible responses. Questions covered participants' attitudes towards mental health and experiences of stigma and discrimination across 14 life areas. Qualitative research was undertaken with 70 participants to add depth to survey findings.

Survey data revealed the devastating impact that mental health stigma and discrimination have on people across every life area explored in the survey. Key findings showed that stigma and discrimination can lead to difficulty accessing or engaging with critical services and can impede people's ability to sustain positive relationships, start their own families, maintain meaningful employment, and interact with their communities. The SMISS study findings demonstrate that stigma has led to people with mental illness being denied opportunities to participate in aspects of day-to-day life that many of us take for granted, made to feel shame for their illnesses, and to withdraw from activities, services and society for fear of further discrimination. See Me and the Mental Health Foundation are now using this data to influence policy and to guide further action to improve systems and services in Scotland, led by the voices of lived experience.

The Transformative Power of Peer Led Emancipatory Recovery Education in Communities Experiencing Substance Use and Mental Health Issues

by Em Murphy | Dublin City University

In 2021, an international partnership (<https://eeefc.eu>) of organisations addressing community substance use and mental health issues successfully received Erasmus+ funding to implement a community educational process into communities. This project developed an international network of professionals, experts by experience, academics and people affected by mental health and substance use issues, with a view to building community capacity in responding to these issues through designing and implementing an empowering adult educational process in five designated communities. Over the past two years, we have been implementing the project across these five communities. This presentation seeks to demonstrate the results and impact of the participatory process in positively transforming experiences for people affected by mental health and substance use issues. We will use testimonies from graduates of the course to highlight the lasting impact of this model on the self-worth,

empowerment and wellbeing of participants, and demonstrate how this has contributed to building community capacity in response to substance use and mental health issues. We hope to emphasise that, contrary to mainstream narratives around personal responsibility in relation to recovery, strength and power lies in a participatory community response where people are facilitated to empower themselves towards personal and social recovery. We believe the results so far from this project clearly illustrate this.

The Transition from Secure in-patient mental health care into specialist community forensic services 'Stepping Down'

by Kirsty Fishburn | Dr Jane Wray | Karlynnne Scott | University of Hull | University of Hull | Humber NHS Teaching Foundation Trust

Introduction: The move from hospital in-patient forensic care into the community is a high- risk transition point with clear exit pathways needed for successful outcomes. Trusting, empowering relationships with mental health practitioners are key to service-users' confidence in living successfully and safely in the community. Aim: To explore the experiences and perspectives of service-users who were stepping down from in-patient services or had recently done so and staff working in specialist community forensic services supporting transition. Methods: Face-to-face, semi-structured interviews with service users (8 stepping down, 8 in the community), and 2 online staff focus groups were undertaken (7 staff). Data was collected 2020-2022. Service user and staff data were analysed separately using thematic analysis. Findings: For the service-user, leaving was emotionally charged [excitement, freedom, anxiety], staying required ownership of own health and wellbeing, and skills for a 'new world'. Staying often felt 'fragile' [fear of readmission, feeling/staying safe, maintaining health]. Trusting and empowering relationships with others [health and social care professionals, family/friends/community] supported inclusion. For staff, early and individualised pre-discharge planning, 'transition' services and support, and access to specialist provision enabled leaving. To support staying, staff managed complexity, safety, and

vulnerability, facilitating independence. Lack of suitable and available community provision was identified. Conclusion: Transition from secure care into the community is a significant life experience for service-users. People who had been within mental health, criminal justice and forensic services for prolonged periods of time and have a history of admission and readmission experienced double stigmatisation establishing a 'new life and identity' was challenging. Relationships with professionals, support workers, family/friends and others was central to a service-users' confidence in living successfully in the community. Early planning for discharge, with opportunities for service-users to develop independence skills and relationships with community providers prior to discharge will support successful transition.

The UNiversity students LIFEstyle behaviors and Mental health problems (UNILIFE-M) consortium

by Felipe Barretto Schuch (on behalf of the UNILIFE-M consortium) | Federal University of Santa Maria

College years are marked by a shift in lifestyle (increases in sedentary behavior and physical inactivity, poorer diet and sleep, and increased alcohol and substance use). Lifestyle behaviors are independent risk factors for mental health outcomes, however, they do not occur in isolation, there is a high level of interdependence between them, and thus, changes in one behavior may trigger changes in another. Little evidence, however, investigated how the changes in multiple lifestyle behaviors can be associated with trajectories of mental health problems. The present project portrays an international prospective multicenter cohort to be conducted in over 60 universities in 24 countries, aiming to investigate the relationships between lifestyle behaviors and mental health problems in university students. The prospective study will gather self-reported data on lifestyle behaviors using the Short Multidimensional Inventory Lifestyle Evaluation (SMILE) scale. Mental health problems will be assessed using a two-level approach. All students will answer the DSM-5 Level 1 Cross- Cutting Symptom Measure in level one. Further, the participants

that screen positive for a problem will fill up the level two instrument for that problem(s). The level 2 questionnaires are the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder (GAD-7), the Hypomania CheckList (HCL-16), the Alcohol, Smoking and Substance Involvement Screening Test, Adult Self-Report Scale for the symptoms of attention-deficit disorder (ASRS), the Pittsburgh Sleep Quality Index (PSQI), and the obsessive-compulsive inventory-revised (OCI-R). 300 first-year students will be assessed at baseline (beginning of the 2023 academic year), and followed up for 1, 2, and 3.5 years.

“This is more about who you are as a person”: writing stories about life with people living in 24-hour care settings for severe mental illness

by Mariken de Koning | Annigje van Dijk | Martijn Kikkert | Carola van Alphen | Sarah de Vries | Karin Groen | Fleur van Eeden | Mirjam van Til | Rembrant Aarts | Lieuwe de Haan | Arkin Mental Healthcare/Amsterdam University Medical Centre | Arkin Mental Healthcare/Amsterdam University Medical Centre | Arkin Mental Healthcare | Anoiksis | Anoiksis | Ypsilon | Cordaan | Mentrum (Arkin Mental Healthcare) | Mentrum (Arkin Mental Healthcare) | Amsterdam University Medical Centre

Recent frameworks have foregrounded identity as an important pillar of personal recovery from mental illness. Identity is shaped by our life experiences, but also by how we weave these into stories about ourselves. This weaving of stories can be challenging for people with severe mental illness (SMI). SMI has been linked to disorganization of memories, complicating the formulation of coherent narratives about the self. Furthermore, in particular in long-term care, some aspects of clients' identity can fade into the background and illness identity may predominate over other narratives about the self. This project, named ‘a shared story’, has been developed by a team of experts by experience, family members, health-care professionals and researchers and focuses on clients living in long-term 24-hour care settings. Staff members of three residences in The Netherlands were trained in engaging clients in a conversation about

their life and making with them a book about their story. Qualitative data to evaluate experiences of participating clients, staff and family members are collected in individual interviews and focus groups and analyzed with thematic analysis. So far, 42 staff members have been trained, 23 clients have started working on their story and seven books have been printed. We held 18 interviews and focus groups with a total of 11 clients, 13 staff members and one family member. Clients mostly describe the experience as helping them to put things in perspective, and they are proud of their book. Staff members describe getting to know their clients better and experiencing more ‘human-to-human’ contact. Challenges are the time and energy needed that staff do not always have, and the refusal of many clients to participate at first request. Despite these challenges, this intervention appears promising for supporting identity for people with SMI in long-term care.

Time trends in youth mental health: insights and challenges for the 21st century

by Minea Rutar | University of Maribor

The prevalence of mental health disorders among the youth appears to have increased in the previous decade, as indicated by the concerns raised by both researchers and clinicians regarding a worldwide epidemic of mental health problems. I first wish to shortly present an overview of time trends in youth mental health issues across the OECD countries since 2010, extending the analysis beyond the often narrow focus on time trends in the United States. I will then present the main methodological challenges faced by researchers studying time trends in youth mental health with a special focus on understanding the effects of destigmatization, increased help-seeking behavior and the increased willingness of youth to seek professional help on national prevalence of mental health issues. As mental health awareness campaigns gain traction and societal attitudes shift, more young individuals are stepping forward to seek assistance. This change in help-seeking behavior can potentially influence the reported prevalence rates, requiring careful consideration and adjustment

in our analyses to accurately compare trends across different time periods. Additionally, the phenomenon of social contagion poses a unique methodological challenge when analyzing youth mental health trends. Common mental illnesses such as depression and anxiety can spread through social networks, resulting in clusters of cases within specific communities or peer groups. This social contagion effect complicates the interpretation of time trends, as the observed increase in reported cases may be driven not solely by individual factors but by shared experiences and behaviors within these social networks. Through the exploration of both temporal trends and methodological complexities and challenges of analyzing mental health time trends, the purpose of this presentation is to provide valuable insights into the evolving landscape of youth mental health.

Towards responsible AI for mental healthcare

by Umar Nizamani | NiceDay

Advances in AI in the last decade have introduced incredible new possibilities for improving the care process. Meanwhile, healthcare rightfully requires strong accountability for all decisions made in the process and involves sensitive information about the people receiving care. In this talk, I will share some insights on what we at NiceDay have been doing over the last few years to responsibly move towards building AI solutions that can be used by actual professionals beyond a research setting.

Transgender and gender diverse youth experiences of Mental Health Services: Findings from a Systematic Review

by Ryan Goulding | John Goodwin | Aine O Donovan | Mohamad M Saab | School of Nursing & Midwifery, University College Cork | School of Nursing & Midwifery, University College Cork | School of Nursing & Midwifery, University College Cork | School of Nursing & Midwifery, University College Cork

Background: Transgender and gender diverse (TGD) individuals are defined as those whose sex assigned at birth is incongruent with their experienced gender identity. TGD identity is linked to increased intra-personal, interpersonal, and societal stressors not experienced by their cisgender counterparts. TGD adolescents experiencing gender dysphoria are at increased risk of co-morbidities, such as anxiety and depression. TGD youth also experience limited and delayed access to healthcare and poorer health outcomes. A systematic review was undertaken to identify TGD youth experiences across healthcare settings including CAMHS. **Methods:** Seven electronic databases were systematically searched for relevant studies. Pre-determined eligibility criteria were used for inclusion with a double-screening approach adopted. Included studies were quality appraised. Data were extracted and findings were synthesized narratively. **Findings:** Sixteen studies were included; four narratives were identified. Experiences within mental health settings were present across six studies and two narratives: experiences of healthcare settings and services and experiences of interactions with healthcare providers. Engagement with youth mental health services was identified as futile by TGD youth due to a perceived lack of TGD competence among providers. A need for gender inclusive language and gender sensitive spaces within youth mental health services was identified. Deadnaming (use of a person's assigned name instead of their chosen name), and misgendering (incorrect gendering of a person), were commonly reported by TGD youth across CAMHS services. Youth reported avoiding care due to previous negative experiences with their psychiatrist. Gender dysphoria was questioned within CAMHS due to youths' involvement with activities perceived as female-orientated, such as ballet, resulting in delayed access to gender clinics. **Conclusion:** With TGD youth regularly engaging with CAMHS services, it is imperative that staff create a gender-affirming environment. Increasing TGD cultural competence of CAMHS staff could benefit the ability of the service to provide gender-affirming care and reduce the instances of misgendering and deadnaming reported.

Urbanization and Depression - A Cross-Sectional Network Analysis

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With increasing urbanization, more people are exposed to mental health risk factors stemming from the urban social or physical environment. However, research on urbanization and depression is not clear. The aim of this study was to explore environmental and social factors with depression symptoms in view of a network theory of mental health disorders. The study was conducted among a representative sample of 3,296 inhabitants of Metropolis GZM (63% of women)– the most urbanized region in Poland. The measurements used were: PHQ-9, UCLA, Neighbourhood Cohesion (Neighbourhood Belonging and Social Cohesion), REAT 2.0 (Quality of architecture in neighborhood area), distance and frequency use of green public areas, Self-Rated Health, Physical Activity, size of place of residence per person. The prevalence of depression risk in villages (N=713), towns under 20,000 (N=219), towns (under 99,000; N=823), and cities (under 300,000; N=1541) was 44.2%, 44.7%, 39.2%, and 34.9% respectively. The depression nodes with the highest centrality degree and expected influence were PHQ9 (suicidal thoughts) and PHQ2 (feeling depressed), and neighborhood belonging. Living in a more urbanized area (UA) had a smaller centrality degree in the network. Edges between PHQ9 and environmental factors were mediated by loneliness (UCLA). Poor architectural conditions (REAT) were linked positively with neighborhood belonging and adversely with social cohesion. Living in UA was negatively related to PHQ9, PHQ5, and PHQ2, social cohesion, and green area distance, while positively to PHQ7 (problems

with being focused), poor physical health, REAT, and neighborhood belonging. Living in a city is negatively related to the most central depression symptoms. Even though social cohesion is negatively linked to UA, neighborhood belonging is higher in more urbanized areas. The balance between detrimental environmental factors and those that protect mental health requires a better understanding of the interaction between urban living and depression.

Use of the Safety Plan for suicidal children in child psychiatric acute care

by Kirsi Kauppila | Tampere University Hospital (TAYS)

Need for acute care in child psychiatric inpatient and outpatient treatment has increased significantly in Finland, in Tampere University Hospital (TAYS), as well as in other hospital districts. In TAYS district, the number of on-call referrals has increased +117% and urgent referrals (1-7 days) +79 % in ten years (from 2010 to 2020). Most of the children in inpatient care suffer from suicidal symptoms (66%). According to clinical experience, suicidal symptoms among these patients have become more serious and suitable, effective interventions are needed in inpatient and outpatient treatment. The Finnish Current Care Summary (the Finnish Medical Society Duodecim, 2020) “Treatment of suicidal patient and suicide prevention in health care” introduces the Safety Plan as an evidence-based intervention focused on suicidality among adolescents and adults. The Current Care Summary does not include children, because it is evaluated that the prevalence on suicidal behaviour is rare among under 13-year-old children. However, we have customized the Safety Plan for adolescents and adults to fit into the child psychiatric acute and inpatient care in Tampere University Hospital. The Safety Plan for suicidal children consists of versions for the child and for parents. The pilot versions of the Safety Plan have been introduced in child psychiatric acute and inpatient care in Tampere University Hospital since March 2021. Safety planning with children suffering from suicidality has become an important part of the normal treatment schedule in inpatient and acute outpatient care. The

use of the Safety Plan enables the consistent and systematic contents of the treatment of a suicidal child. We will present the contents of the modified Safety Plan for children (under 13-years-old) and overall principles in the treatment of suicidal thoughts and behaviour.

Using Group Concept Mapping to Represent Service Users' Views on Strengthening Integration in the Mental Healthcare System

by Katrina d'Apice | University of Bristol

The UK's NHS Community Mental Health Framework for Adults and Older Adults (2019) sets out a vision for mental health support which integrates primary, secondary, and social care, public health, and charities. However, many service users report a current lack of integration, and resultant difficulty accessing timely and appropriate support. This study aims to identify ways to strengthen integration among different mental healthcare services to improve mental health and reduce mental health inequalities. Group Concept Mapping (GCM) is a structured mixed methods approach for organising qualitative data into a map that depicts participants ideas. We conducted several GCM workshops with 17 service users in two areas of England. In each workshop, participants wrote statements in response to the question "In your experience how can mental healthcare services work better together?", they shared their statements in small groups and discussed if each statement related to one another. Individually, participants then grouped similar statements together. To aggregate the individually grouped statements we performed multidimensional scaling to create a point map. Each point on the map represents a statement. Statements that are close together were sorted into the same group more often by participants than those far apart and are conceptually similar. To identify the clusters in the point map we used hierarchical cluster analysis to create a group concept map with clusters representing areas where our participants believe change is most needed to improve integration in the mental healthcare system. GCM has many benefits, such as providing structure to facilitate the organisation of ideas

and fostering consensus among the participants by creating a group map. Another benefit is that the maps retain the participants' words and depict a visual representation of concepts that is easily understood. Moreover, GCM can be used to identify gaps in mental health services and areas for improvement.

Variations in appearances and interpretations of interpersonal eye contact in social categorizations and psychiatric populations worldwide. A Scoping Review

by Jos Boer | Dimence Groep

Eye contact is seen as one of the most important forms of interpersonal contact, perhaps the most important. For example, human eyes convey a remarkable variety of complex social and emotional information, and the perception of mental states by the receiver is based on the appearance of eye behavior. Furthermore, eye contact is said to provide a form of interpersonal connection, which plays an important role in social-emotional development, language, communication and interpersonal understanding. Eye contact is also said to lead to meaningful interactions, because people appreciate it when others give them visual attention. And this would lead to better understanding and trust. But does everybody appreciate and interpret eye contact in the same way? Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), atypical eye contact only occurs in autism. This while research has shown that atypical eye contact is also seen in other mental disorders, such as trauma, bipolarity and social anxiety. Besides that, eye contact appears to be used and interpreted differently within cultures and religions. For example, in Islamic culture it is customary not to look the opposite sex in the eye, where in Japan it is preferable to have an averted gaze during social contact. If there is indeed a variety in the populations mentioned above, then perhaps a more nuanced approach should be chosen at eye contact in autism. To date, however, these possible variations worldwide has not yet been mapped out. With this in mind, a scoping review is currently being conducted into the variations of appearances and interpretations of eye

contact in social categorizations and psychiatric disorders. Although this review has not yet been completed, the methods used and the interesting results so far can already be shared with the attendees at this oral presentation.

Verbal de-escalation. The role of mental health nurses in educating colleagues in a multidisciplinary setting

by Kadri Niin | Dagmar-Christel Mähar | Psychiatry Clinic of Tartu University Hospital | Psychiatry Clinic of Tartu University Hospital

Verbal de-escalation. The role of mental health nurses in educating colleagues in a multidisciplinary setting. The hospital environment creates anxiety (how, where, how should I behave?). A visit to the hospital means both physical and psychological undressing. Agitated, anxious patients create tension and anxiety for healthcare workers. With agitation grows the risk of violence. Violence affects an estimated 95% of healthcare workers (Spelten, et al 2022). Verbal de-escalation is based on the Lazare method, de-escalation goals are to ensure patient and staff safety, help the patients manage their emotions and distress and gain control over their behavior, avoid escalation of conflict and other restrictive measures to prevent further escalation of agitation, avoid restraint or other physical intervention until the last possible opportunity. De-escalation shifts the paradigm from power to cooperation, it is patient-centered and helps to increase quality of the treatment relationship and satisfaction with the service. Patient satisfaction survey conducted in University of Tartu Clinic (Vabson, et al 2022) concludes that sincere communication and emotional support are more important to people than the physical environment. Verbal-de-escalation trainings have been conducted at the University of Tartu Clinic since 2021. Trainings have been conducted for the nurses, doctors and caretakers of the Psychiatry Clinic, Emergency Medicine, Women's Clinic and Ambulance by mental health nurses and clinical psychologist. The length of the training day is 8 hours. The training consists of theory and practice. The training is structured based on the needs of the clinics. The aim of the training is to give theoretic-

cal knowledge about de-escalation and practice communication skills. Participants consider effective communication skills important tools for working with anxious, agitated patients.

Well-being of Canadian military spouses during COVID-19

by Lisa Williams | Department of National Defence

Military service can bring about challenges for not only the member, but also their family. As such, spousal and family well-being is of paramount importance to military organizations. With the onset of COVID-19, families have not only had to navigate the military lifestyle but also the range of stressors associated with a global pandemic. Thus, the aim of the current research was to examine the well-being of Canadian Armed Forces (CAF) spouses/partners overall, as well as in relation to COVID-19. Using a combination of stratified and convenience samples, spouses/partners of CAF members were invited to complete a Quality of Life (QOL) survey. A total of 1016 CAF spouses/partners completed the survey; the data were weighted to best reflect the current CAF military population. Results indicated that during the pandemic approximately one-third of respondents were 'very or extremely' concerned with their physical health, about half were similarly concerned with both their mental health as well as their spouse's well-being, and over two-thirds were concerned with their children's well-being. Relatedly, just over half of respondents indicated that their own mental health was currently 'good, very good, or excellent', while one-third perceived their mental health to be 'poor'. Regarding health care services, over one-third of respondents were concerned with the availability of health services during COVID-19, while close to half had not been able to receive health care when needed. Overall, the findings suggest that stressors associated with both the military lifestyle and the pandemic may be contributing to lowered well-being for some spouses and partners of CAF members. Targeted intervention strategies, along with improved access to healthcare programs and services for spouses/partners and families may be useful in mitigating these negative effects, and as such, improving military family well-being.

What does it mean to have a mental disorder with rare/ultrarare elements (from my personal point of view)?

by Timo Kallioaho | *ENUSP/Wellbeing Services County of South Ostrobothnias*

To start with, the diagnosis OCD (=Obsessive-Compulsive Disorder; with ICD-10 code F42) can vary between mild and severe cases. As far as I'm concerned, the OCD became quite soon very severe which couldn't be cured in Finland (-> a neurosurgical operation, anterior capsulotomy, in Sweden). This kind of operations are considered as RARE/ULTRARARE just because there are only FEW hospitals worldwide where they are conducted. For example these hospital centres: Butler and Rhode Island Hospitals, New York, USA; West China Hospital of Sichuan University; OCD Clinic, Karnataka, India; CHU Grenoble, France. You can find further information via Google (e.g. www.butler.org). At those above-mentioned centres, there are available both non-ablative (= the cranium/the skull is NOT opened) and ablative procedures where a surgeon performs brain surgery that begins with a burr hole. Living in Northern Countries we have this defect that geographically many of these high-tech units are situated far away.

Women with learning disabilities in a secure hospital setting and their experiences of seclusion: adopting a feminist case study approach

by Helen Jones | *Birmingham City University*

This PhD study set out to capture the unique experiences of women with learning disabilities by exploring and analysing their own accounts. A qualitative Case Study methodology was adopted that allowed different sources of data to be collected and analysed. Semi-structured interviews were used to gather data from fifteen women in two different medium and low secure hospital settings within the United Kingdom. This data was triangulated with case notes, observations and discussions with care staff. Data was analysed thematically.

Key findings included:

- A-typical and multifactorial nature of seclusion – differing perceptions on the reasons seclusion is implemented
- The importance of language and its misrepresentation of perception. Cultural language embodied by the institution is also adopted and used by the women to express themselves and to describe their experiences. This is reflective of the institution, not necessarily
- of the way in which these women feel.
- The importance that the women attach to having the support of familiar, skilled staff. For seclusion to be and to remain a therapeutic experience then familiar staff need to be utilised with significant therapeutic skills.

The findings of this study offer a unique contribution to knowledge, providing insights of the experiences of seclusion from the perspective of women with a learning disability. We should consider how our current policy, legislation and guidance serves the women and the way in which they experience seclusion. This research contributes to our current knowledge, highlighting gender differences which call in to question processes of seclusion and the way in which these are implemented for both women and people with a learning disability. The research demonstrates that change is required through the way in which women perceive seclusion both as punishment but also as a safe space through which to escape difficult experiences within the ward environment.

POSTER PRESENTATIONS

ABSTRACTS FOR POSTER PRESENTATIONS
(IN ALPHABETICAL ORDER BASED ON THE TITLE)



European Conference
on Mental Health

A study about disembodiment-related brain activation in autism spectrum disorder: possible correlation with interoceptive accuracy

by Jung-Woo Son | Seungwon Chung | Ahjeong Hur | Hoyeon Lee | Hui Yeong Jeon | Department of Psychiatry, Chungbuk National University Hospital | Department of Psychiatry, Chungbuk National University Hospital | Department of Psychology, Chungbuk National University | Autism and Developmental Disorder Treatment Center, Chungbuk National University Hospital | Department of Psychiatry, Chungbuk National University Hospital

Objective: Many studies of sense of self in patients with ASD have been reported continuously, but there are still very few studies on their 'disembodiment' experiences. The purposes of this study were to investigate the difference of brain activity between ASD patients and neurotypicals (NTs) in a state of disembodiment, and to find the correlation between the psychological characteristics, interoception abilities and the activities of disembodiment-related areas. **Method:** All subjects measured psychological evaluation and cardiac interoception two weeks before the fMRI scan. The fMRI images were taken while the ASD group (N=18) and the NT group (N=21) were asked to perform the task composed with ball-throwing animations. The task reflected on either self-agency about ball-throwing or location of a ball. And each block was shown with either different (Changing View) or same animations (Fixed View). The disembodiment-related condition was the interaction between Agency Task and Changing View. **Results:** Within-group analyses revealed that the ASD group exhibited higher activation in the bilateral temporo-parietal areas and precuneus. And between-group analyses showed that the ASD group exhibited higher activation in the area near the left temporo-parieto-occipital junction, left precuneus, left hippocampus, and mid-temporal area. Finally, the cardiac interoceptive accuracy showed significantly negative correlation with the activity of left temporo-parietal area (superior parietal gyrus), and the social communication scores of ADOS-2 showed significantly positive correlation with the activity of left mid-temporal area in ASD group. **Conclusion:** These results show that

the disembodiment-related activation of the brain is easily manifested in ASD patients. In addition, the disembodiment-related brain activation is closely related with the problem of interoception in ASD patients .

Adjustment disorders: a new epidemic? The challenges of treatment

by Bárbara Sofia Gonçalves Castro Sousa | Joana Alexandra Garrido Ramos | CHUCB | CHUCB

Adjustment disorders are a mental health condition that occurs when an individual has difficulty coping with a stressful or challenging life event. The covid 19 pandemic created an environment conducive to this, causing an increase in the prevalence of this disorder. While considered a common disorder, estimated to affect up to 20% of people seeking mental health treatment, prior to the pandemic period, it can be a difficult condition to treat as it involves addressing the underlying stressor that triggered the symptoms. The nature of the stressor itself, whether the stressor is ongoing, and the individual's level of social support are major influencing factors for successful treatment. Also, the uncertainty and unpredictability of the future can make it challenging to manage symptoms and develop effective coping strategies. Thereby, the authors intend to carry out an exposition on the state of the art regarding the prevalence of this disturbance and its relationship with the pandemic period, as well as analyze the challenges regarding the treatment to be instituted. To this end, they will present a study where the prevalence of this diagnosis was analyzed in the year prior to the pandemic, 2019, and during the pandemic, 2022, as well as the treatment carried out in these periods.

An Exploration of Seclusion and Physical Restraint on Autistic Patients in Mental health settings: A Triangulate Exploration of Patients, Professionals and Family Cares

by Madeeha Rahim-Rasool | Dr Simon Bignell | Dr Christopher Barnes | Dr Sigrid Lipka | University of Derby | University of Derby | University of Derby | University of Derby

Although autistic individuals present distinctive considerations for mental healthcare setting providers, surprisingly little is known about how the practice of **Seclusion and Physical Restraint** affects their well-being and consideration that should be taken into account. Whilst there is a national drive to reduce **Restrictive Interventions** such as short-term seclusion and physical restraint, these practices are still widely used and over longer periods within in-patient autism settings, or mental health setting that care for autistic individuals. Therefore it is important to explore what professionals know, how patients feel and learn about their experience and understand more about the involvement of family/carers. A triangulate approach that is encouraged in care by regulatory bodies like the CQC. The current research has sought to explore this from a professionals perspective in terms of their experience, capability and awareness of autism, family members involvement in their child/family members care and how they perceive the use of seclusion and restraint, and also the experience from an autistic individual who has been in inpatient mental health care. A survey was used to scope views from professionals and qualitative interviews were used with autistic individuals who have experience seclusion and/or restraint, as well as with family members. In its infancy of analysis and write up, the research has highlighted themes of The environment, Safety and Risk, Patient Choice and Collaboration, all from the professionals surveys.

Behçet's Disease: Neuropsychiatric Manifestations

by Maria Beatriz Resende | Psychiatry Department Hospital Beatriz Angelo, Lisboa

Behçet's disease is a multisystem inflammatory disorder that presents with a classic triad of recurrent oral and genital ulcerations and uveitis, although neuropsychiatric symptoms may also develop. In such a case, the condition is known as the Neuro-Behçet's syndrome (NBS). Patients with NBS often develop a neurobehavioural syndrome characterized by euphoria, disinhibition, paranoid attitudes, loss of insight and indifference to their disease, defined as "neuro-psycho-BS". Psychiatric manifestations can occur even in the absence of neurological symptoms and even if brain imaging presents no findings. When brain structural changes are present, the brain stem, the thalamus, the basal ganglia and the limbic system are often found to be affected. The goal of this work is to summarize the literature on neuropsychiatric manifestations of Behçet's syndrome, namely by exposing some clinical cases and addressing the psychopathology, clinical findings, therapeutic approaches and prognosis. We consider this work to be relevant given that to our knowledge only a few cases of Behçet's disease first presenting with psychiatric symptoms have been described and for that reason this diagnosis is sometimes missed by clinicians. In our opinion, however, it should be considered as a possible factor in psychiatric symptoms, namely when an organic etiology is suspected.

Connecting young people digitally to improve their mental health

by Becca Randell | Kent Surrey and Sussex Academic Health Science Network

As Covid hit, Kent Surrey and Sussex Academic Health Science Network (KSS AHSN) worked in partnership with the voluntary sector, YMCA DownsLink Group to develop the e- wellbeing website, www.e-wellbeing.co.uk, for children up to the age of 18. This platform helps young people

and their families navigate mental wellbeing services, providing parents, young people and those working with them with tools, information and advice. We worked in partnership with YMCA and University of Sussex, then evaluated the reach and acceptability of e-wellbeing platform. Our work showed that 15,000 young people accessed e-wellbeing in a year, logging over 53,000 page views. The most popular pages were information and advice on low mood and anxiety, and over 96% said that e-wellbeing helped them deal with their problems. KSS AHSN undertook a review of CYP digital services in partnership with YMCA and young e-ambassadors and identified gaps in services, and created digital ambitions co-produced by young people. For example, 85% of children and young people said that online mental health support was useful and 66% said they accessed online support for the first time during the pandemic. Examples of some of the ambitions include the need to embed creativity, prioritise diversity and inclusion within digital solutions, and simplify online referral processes. The Children and Young People's Mental Health Digital Review has been shared, and the digital ambitions are fully embedded within mental health plans and strategies. The e-wellbeing platform has been extended to support over 18-year-olds. A key impact of the review has been funding to develop a toolkit and training programme on how to communicate digitally with young people on their mental health. This training has been co-produced and co-facilitated with young people, e-wellbeing youth -ambassadors, and includes podcasts on embedding a trauma-informed approach, diversity and inclusion and use of different types of social media.

Effectiveness and implementation of a Combined Lifestyle Intervention for Outpatients with severe mental illness (GOAL!): a quasi-experimental study protocol

by *Chermaine Noortman* | GGz Centraal

In addition to their impaired mental health, people with severe mental illness (SMI) have a higher risk of developing cardiometabolic disorders such as cardiovascular disease and diabetes. It contributes to an up to 15-year shorter life expectancy compared to the general population. A lifestyle with little exercise, unhealthy eating and sleeping patterns, and substance use such as smoking plays a substantial role in both their disadvantaged mental and physical health. While multidisciplinary intervention with attention to multiple lifestyle factors can improve overall health and quality of life, there is currently no appropriate structural support for people with SMI in outpatient care in the Netherlands. The Combined Lifestyle Intervention for Outpatients with severe mental illness (GOAL!) is developed to address this gap. The program provides two years of group and individual support from lifestyle coaches and qualified professionals to help people with SMI sustainably adopt a healthier lifestyle. The first year starts with a 3-month intensive course on exercise and nutrition, followed by 9 months of aftercare covering various lifestyle topics. There is close collaboration with local organizations to facilitate a transfer to the social domain. The second year focuses on maintaining the established activities in the neighborhood. This study evaluates the long-term health outcomes, implementation, and cost-effectiveness of GOAL! in a quasi-experimental mixed-method matched design. Participants (N=50) are compared to usual care (N=50), recruited in another region to prevent contamination. Using multiple regression analyses we evaluate effects on physical activity as primary outcome. Secondary outcomes include other lifestyle factors, physical and mental health outcomes, care and social costs, and implementation factors. By evaluating the long-term effects of a Combined Lifestyle Program for Outpatients with severe mental illness (GOAL!) we obtain insight in the (cost)effectiveness and implementation of this program.

Embedding an Emancipatory Educational Framework in Communities for people marginalised and excluded because of mental health and/or substance misuse issues

by Sabine Dick & The EEEFCom Consortium

EEEFCom « Embedding an emancipatory educational framework in communities for people marginalised and excluded because of mental health and/or substance misuse issues» (www.eeefc.eu) is an ERASMUS Plus project with the lead coordinator being Liam MacGabhann from Dublin City University. The poster will present the EEEFCom project at its current stage with its focus on Trialogue and illustrate its implementation at different local sites. One of the objectives is to develop an international network of professionals, experts by experience, academics and people affected by mental health and substance use issues, with a view to building community capacity in responding to these issues through designing and implementing an empowering adult educational process in five designated communities.

The project will evaluate the impact of the participatory process and educational intervention on participant stakeholders and develop good practice guidelines for others who may wish to mirror the process in their communities. At five sites (two in Ireland, one in Finland, one in France, one in Scotland) we have since more than a year developed in a participatory process an educational programme that involves using Trialogue in the process and in research. After a first modul of 3x6 hours training, participants in all the sites have had a two day 6 hours Train-the-Trainer training and will now diffuse courses in their respective communities. For this, one of the partners DNNRC, <https://recoverycollege.ie>, has developed a handbook. Same but different, each local site has developed a course to be diffused in the local communities.

Within the EEEFCom project Sabine Dick (Et Sabine) is the local coordinator in Marseilles, France and helps with dissemination and communication.

Encouraging Social Recovery in the Community through Sport and Physical Activity

by Dr Adam Benkwitz | Newman University Birmingham

Social recovery, compared to personal or clinical recovery, has remained a somewhat overlooked dimension in mental health research. In the literature pertaining to personal recovery, there is often the temptation to focus on the benefits to the individual of the ‘connectedness’ of certain activities or interventions, as opposed to the interplay and interaction of what the person contributes to the community/society, and then again in turn what benefits that provides to the person (e.g., feeling positive about making connections and contributing to society). Social recovery is about rebuilding a worthwhile life, irrespective of whether one may continue to have particular distress experiences – and central to this can be reclaiming valued social roles and a positive self-identity. Although there is a growing consensus that the social aspect of recovery matters more widely, the initiatives needed to support the transformation of health services towards Mariaoming social recovery-oriented are lacking. In an effort to explore ‘what works?’, the argument here is that, drawing on previous studies, sport and/or physical activity ‘works’. A limited, but growing, body of literature relating to mental health and physical activity is increasingly acknowledging the significance of the settings, contexts and cultures where activities actually take place, as they have varying ‘ingredients’ and may have varying outcomes. A common thread across the findings of these studies is the negative impact of social isolation for those with poorer mental health, and how physical activity interventions can be beneficial in offering a ‘space’ to interact with other people and to rehabilitate social skills, creating a social identity that encourages physical activity engagement. Health services, policy makers and practitioners must look beyond the person, and appreciate issues of social justice and social inclusion, as well as considering how recovery processes can be supported in communities and facilitate social inclusion.

Explanatory Models of Common Mental Disorders among South Asians in High-Income Countries: A Systematic Review

by Ruchika Jain | London School of Hygiene and Tropical Medicine

Individuals in the South Asian diaspora in high-income countries face many mental health challenges, often at similar or higher rates than the general population, yet they tend to underuse existing services. The understanding, experience, and help-seeking for these challenges are influenced by cultural factors such as endorsing psycho-social-spiritual over Western biological explanations, somatisation, and stigma. Our systematic review explored the existing evidence-base regarding the explanatory models of common mental disorders (CMDs) among people of South Asian origin residing in high-income countries and their help-seeking for CMDs, including formal and informal care. We ran searches on these topics across five databases. The findings were analysed and presented using a narrative synthesis. We included 33 reports and 29 studies (n=9,030 participants), which were primarily based in Europe and North America. Many participants in the included studies perceived CMDs to be a psycho-social-spiritual lens rather than a biological one (e.g., resulting from weak character or family issues vs. brain chemistry). Participants reported pluralistic help-seeking strategies such as private coping (i.e., crying alone, praying, exercising), speaking to friends and family, and visiting their General Practitioner. This review demonstrates that cultural factors shape where people of South Asian origin go to for help and how successful the help is. Potential avenues to increase mental health service use among this group include scaling up research on this topic, addressing stigma through education campaigns, taking an intergenerational approach to healthcare (e.g., family counselling), and working with community-based organizations and leaders to reach individuals who do not seek help from formal services. Considering the growing diversity in Europe, using evidence generated by reviews such as this one to develop mental health services which people of South Asian origin consider to be culturally safe and accessible, is crucial to creating a more equal and healthy society.

Generative Reprocessing Therapy (TRG): A Promising Approach in Mental Health

by Jair Soares dos Santos | Juliana Bezerra Lima-Verde | Maria Eduarda Luiz Coelho de Miranda | Instituto Brasileiro de Formação de Terapeutas (IBFT) | Instituto Brasileiro de Formação de Terapeutas (IBFT) | Instituto Brasileiro de Formação de Terapeutas (IBFT)

Generative Reprocessing Therapy (TRG) emerges as an effective alternative for addressing mental health issues, particularly in cases where conventional therapies have not yielded satisfactory outcomes. It has garnered widespread usage, demonstrating substantial enhancements in patients' quality of life. The purpose of this case report is to present the scientific community with evidence of TRG's ability to modify individual personal and professional contexts through this straightforward yet impactful therapeutic approach. The subject of this case study is a young, 25-year-old unmarried woman without children, who initially presented symptoms of depression, anxiety, and low self-esteem. A qualitative questionnaire, employing scales ranging from 0 (poor) to 6 (excellent), was employed to assess various aspects of her personal and professional life pre- and post-treatment with TRG. The obtained results on the scales allow for a comparison of values before and after treatment, with 20 sessions required to achieve the following outcomes: 1. Partner relationship (0 and 6); 2. Job satisfaction (1 and 5); 3. Overall life satisfaction (1 and 6); 4. Perception of physical appearance (2 and 6); 5. Satisfaction with the past (0 and 4); 6. Optimism with the future (1 and 6); 7. Perception of professional competence (4 and 5). Additionally, the patient reported discontinuation of previously prescribed medications (escitalopram and venlafaxine) following TRG treatment, with a medically supervised tapering process. Furthermore, the patient no longer experiences suicidal thoughts and no longer harbors the fear of being unloved, as previously experienced. This case study exemplifies one of numerous success stories that underscore the efficacy of TRG as a promising therapy. TRG demonstrates the potential to facilitate significant transformations in patients' lives, offering promising prospects for future development and clinical application.

Grimm Team - Fairytales and writing, a creative group rehabilitation approach in treating young psychiatric outpatients at the Tampere university hospital

by Minna Ruhala | Tampere university hospital

Literature therapy is based on the foundational understanding that certain reading materials can expand a person's self-understanding and the understanding of others. Grimm Team is a part of our treatment options and is suitable for young people (13-17 yrs) suffering from anxiety, mutism, eating disorders and behavioral challenges. Fairytales provides a myriad of spectrum to explore past, present, and future challenges. Offering gentle possibilities to treat one's mind through imagination, connecting and recognizing feelings with the specific Grimm Team tools. Storytelling can be its own medicine. By using Grimm stories, we can be sure that good overcomes bad gets punished. This is a world where young participants can exercise their mindset possibilities to build a more resilient view on their life. Grimm Team offers peer support and is facilitated by psychiatric and literature experts. Every participant is monitored through questionnaires at the beginning of the team and at the end. Grimm Team lasts for 7,5 hours divided in 5 group treatment sessions, 5-6 outpatients per team. Grimm team is a component of the individual care plan made for each outpatient. Grimm Team model:

Each treatment session starts with a Grimm fairytale and serves as an icebreaker, participants write or draw about their feelings and ideas about the fairytale.

Pictures, placing participants current mood in prechosen pictures.

My super force, writing exercise.

Me and my caretaker. Writing a letter to one's parent (not sent).

- Comic strip.
- Happiness & joy toolbox.

The Grimm Team treatment has been successful, for example anxiety has reduced and self-esteem improved. Grimm Team started 2021, outpatient participants n=35.

Guidelines for Designing Language and Conversational Content for Health and Mental Health Chatbots

by Heidi Nieminen | Anna-Kaisa Vartiainen | Raymond Bond | Emilia Laukkanen | Maurice Mulvenna | Lauri Kuosmanen | University of Eastern Finland, Department of Nursing science | University of Eastern Finland, Department of Health and Social Management | Ulster University | University of Eastern Finland, Department of Nursing science | Ulster University | University of Eastern Finland, Department of Nursing science

Within the past decade, chatbots have become a popular method to deliver low-threshold health interventions. There are several mental health chatbots available in app stores. A plethora of studies have been conducted on their user experience, usability, as well as technical issues, and several studies do offer recommendations for design implications. Oftentimes, they cover the chatbot development process broadly. However, the language and conversational content of health and mental health chatbots have been studied less, and research still appears fragmented. To improve user engagement with chatbots, the language is crucial: based on previous studies, e.g., perceptions of impersonal closeness, intention to use, satisfaction, and trust are related to interaction, politeness, and quality of the information. In many development projects, chatbot conversational design is a multi-disciplinary challenge that requires cooperation. To foster health and mental health professionals in the role as conversational designers, compiling recent findings about how to author health chatbot conversations is important. This poster presentation provides tentative results of an integrative literature review which aims to address the following question: What kind of guidelines exist for health and mental health chatbot conversation design? A systematic search was conducted in relevant, multidisciplinary databases with keywords "text-based chatbots", "conversational design", "guidelines or recommendations", and "health or mental health". After two reviewers independently screened 1122 titles and abstracts, and 142 full texts, 16 articles were selected. Thematic analysis will be used to reflect previous knowledge and enumerate recommendations which will support health

care professionals working in multidisciplinary health chatbot development teams as content and conversational designers. This work is in progress and the analysis will be completed during the summer.

Harnessing the Power of Artificial Intelligence as a Therapeutic Tool in Psychiatry: An Overview of Potential Applications, Challenges, and Ethical Considerations

by Antonio Melo | Maria Vaz Velho | Inês Silva | Joana Lopes | Maria Joao Carnot | Hospital de Vila Franca de Xira | Hospital de Vila Franca de Xira | Hospital de Vila Franca de Xira | Hospital de Vila Franca de Xira | Hospital de Vila Franca de Xira

Artificial Intelligence (AI) presents promising potential for addressing mental health disorders [1]. AI technologies like chatbots and predictive algorithms can deliver personalized, scalable mental health interventions [2, 3]. AI-driven chatbots have shown success in delivering Cognitive Behavioral Therapy and alleviating depression and anxiety symptoms [2]. Furthermore, AI's predictive capabilities can facilitate early interventions by forecasting mental health crises [6, 7]. However, concerns arise regarding data privacy and security due to AI's reliance on large datasets [5]. Risks include over-dependence on AI tools and potential misinterpretation of AI responses [9]. AI bias can also impact care quality and equity [10]. Additionally, AI can't fully replace the empathetic aspects of human therapists [11]. As AI's role in psychiatry expands, future developments likely involve more advanced algorithms for personalized treatment recommendations and integration with digital health tools [8, 12]. The paramount need is to address ethical concerns proactively, ensuring robust data security and efforts to correct AI biases. In conclusion, AI shows promise in psychiatric care, but it's a tool to enhance, not replace, traditional therapy [11]. References: [1] World Health Organization. (2020). [2] Fitzpatrick et al. (2017). [3] Vaidyam et al. (2019). [5] Luxton, D. D. (2019). [6] Walsh et al. (2020). [7] De Choudhury et al. (2013). [8] Bzdok, D., & Meyer-Lindenberg, A. (2018). [9] Schueller et al. (2018). [10] Obermeyer et al. (2019). [11] Riva, G. (2018). [12] Torous et al. (2018).

Impact factors on global symptom severity: Study Protocol for a cross-sectional study among outpatients with heterogenous mental disorders

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Introduction: Research implies that repetitive negative thinking, sleep disturbance, poor health-related quality of life, perceived stress, fear of COVID-19, impaired emotional intelligence and impaired emotional regulation are associated with higher symptom severity in patients with mental disorders such as MDD, insomnia, panic disorder, agoraphobia and PTSD, whereas physical activity seems to be associated with improv-

ing symptom severity. This has mostly been examined in studies with disorder-specific samples. However, since there is growing evidence supporting transdiagnostic treatments in patients with mental disorders such as physical activity, research regarding transdiagnostic impact factors on global symptom severity in a transdiagnostic sample is needed. **Methods:** This cross-sectional study aims to evaluate these transdiagnostic impact factors among 401 German outpatients with the aforementioned heterogeneous mental disorders who take part in a physical activity interventional trial. The outpatients are recruited via e.g., psychotherapists, health insurance companies and social media and are diagnosed by trained psychologists using the SCID-5-CV. Primary outcome will be global symptom severity measured by the Global Severity Index of the German version of the self-reported Questionnaire Brief Symptom Inventory (BSI-18). The impact factors repetitive negative thinking, sleep quality, health-related quality of life, perceived stress, fear of COVID-19, emotional regulation, emotional intelligence and participation in physical activity will be assessed via validated self-reported questionnaires. **Results:** physical activity will be measured objectively by accelerometer. Data analysis of the primary outcome will be performed using multiple linear regression with the impact factors as predictors. **Results:** The first results will be presented at the conference. **Discussion:** Since comorbidities are very prevalent in patients with mental disorders, a better understanding of transdiagnostic mechanisms is needed to improve transdiagnostic therapy approaches. Thus, it would be important to examine significant transdiagnostic impact factors in a longitudinal clinical interventional study to evaluate whether they change over time and mediate the primary outcome.

Interventions related to smart device addiction in adolescents

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Background: An overview of the topic of addiction to smart devices in adolescents. The widespread use of smart devices, such as smartphones and tablets, has brought about numerous benefits in terms of communication, information access, and entertainment. There is a growing concern regarding the addictive nature of these devices, particularly among adolescents. **Aim:** explore the prevalence, causes, consequences, and potential interventions related to smart device addiction in adolescents. **Methodology:** A comprehensive search was conducted across multiple electronic databases, including PubMed, PsycINFO, and Google Scholar, using keywords such as "smart device addiction," "adolescents," and "excessive smartphone use." Relevant studies published between 2013 and 2021 were included. The selected articles were analyzed and categorized based on their research design, sample characteristics, measurement tools, and key findings. The research is based on the evidence-based articles and research papers. **Results and conclusions:** To address this issue, several intervention strategies have been proposed. These include parental involvement and monitoring, promoting healthy technology use habits, educational programs about the risks of excessive device use, and cognitive-behavioral interventions targeting underlying psychological factors. Additionally, technology companies and policymakers play a crucial role in implementing responsible design practices, incorporating features that encourage responsible device usage and limit addictive behaviors. addiction to smart devices among adolescents is a growing concern with significant implications for their well-being. Recognizing the prevalence, causes, and consequences of smart device addiction is essential for developing effective prevention and intervention strategies. A collaborative effort involving parents, educators, mental health professionals, technology companies, and policymakers is needed to mitigate the negative impacts of smart device addiction on adolescents.

Mental Health NeuroForce: an alexithymia case study with a portuguese police officer

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Alexithymia is recognized as subclinical phenomena, associated with various neurological, psychiatric and psychological clinical conditions. Alexithymia might be considered a risk factor for wellbeing and mental health, especially those related to affective disorders. Some studies have shown stress as an important mediator variable for alexithymia, which might be specially relevant for jobs such as police forces. For this study we aimed to understand the cognitive and affective impact of a potential brain lesion resulting from an on-duty assault to a police officer. Following a bigger study conducted in Human Neurobehavioral Laboratory, we were contacted by a police officer with relevant symptoms on pain perception, emotion recognition and affective ressonance. To better assess this case, after establishing contact and retrieving informed consent, we conducted a clinical interview, applied a battery of self-report instruments, a short neuropsychological evaluation, and a laboratory session. The latter consisted of three tasks: i) emotional stroop task, ii) facial emotion recognition, and iii) evaluation of emotional valence and activation (affective slider) during emotional challenging videos depicting police forces scenarios. The subject presented a score above the threshold in TAS-20, scoring for alexithymic profile, and scored in general bellow the average in comparison to portuguese population in DASS-21, DERS and IES-R, with exception for dimensions involving emotional clarity and emotional numbness. As for neuropsychological evaluation, the subject showed a high cognitive performance in every cognitive dimension with exception for visuo-perceptive organization and delayed memory recognition, as well as marked difficulties in the facial emotion recognition task. With this study we expect to contribute to further knowledge on this condition, as well as reflect on the need of investment in particularly perilous and stressful occupations and its impact on physical and mental health.

Modifying eDASA + APP violence risk assessment and management protocol to geropsychiatric care with co-design approach

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Violence poses a significant concern with grave ramifications within psychiatric inpatient care. Its occurrence can lead to physical harm and psychological anguish to patients and staff. Notably, geropsychiatric patients, who experience cognitive decline alongside their psychiatric disorders, constitute a distinctive population. Effectively averting violence in geropsychiatric care necessitates identifying patients at risk and employing suitable management strategies. eDASA + APP is an electronic system for clinical decision-making comprising structured short-term risk assessment (DASA) and evidence-based non-coercive nursing interventions (APP). Evidence shows that eDASA + APP reduces violence and the use of coercive measures. The purpose is to describe the co-design approach in modifying eDASA + APP to Finnish geropsychiatric care. Three co-design workshops were organized in 2023 in one geropsychiatric ward. Each workshop included researchers, an expert-by-experience, a nurse manager, registered-, and mental health nurses. In the workshops, the focus was to discuss the utilization of eDASA + APP in the geropsychiatric context and modifications to align the interventions with the specific needs of the local setting. Attention was given to exploring the potential benefits and challenges associated with utilizing DASA for assessing the risk of violence among geropsychiatric patients. Interventions, suitable for geropsychiatric patients, and regarded as effective in practice were presented according to the DASA risk levels (low, moderate, high). The participants actively shared their perspectives on how to optimize the functions and layout of the eDASA + APP, with an emphasis on integrating it into the electronic patient information system. To conclude,

we were able to modify the eDASA + APP to the Finnish geropsychiatric context using co-design workshops. Nurses participating felt heard and their views were respected. Discussion and reflections with experts by experience enriched the process. The co-design workshops were deemed as a suitable approach for modifying eDASA + APP.

Needs assessment tools at the field of mental health: countries presentation

by Irena Makivić | Anja Kragelj | NIJZ | NIJZ

Needs assessment is a very important process within clinical work and also within evaluation process at the field of mental health. Aim of this work was to make a review of the recognized quantitative tools for assessing the needs of people with mental health problems and to recognize in which countries the studies were carried out. An effective review within two databases, following the PRISMA protocol, yielded the first 2638 articles. When taking into account inclusion and exclusion criteria, 242 articles were recognized as appropriate. In studies that were carried out, 39 different tools for assessing the needs of people with mental health problems were used. The majority of studies were carried out in Europe (67.4%), less in America (17.8%) or in Australia/New Zealand (9.1%) and only some of them in Asia (4.5%) or Africa (1.2%). The majority of all studies have been published from 1999 to 2016. The most widely used as well as culturally adopted recognized tool was Camberwell Assessment of Need (CAN) (n=147), which was also used in combination with some other tool (n=12). Different identified tools are addressing service needs either directly either indirectly via measuring biopsychosocial needs. Moreover, some of the recognized tools can be used not only as a clinical tool, helping to manage effective care and treatment, but also as an evaluation tool. We assume that the majority of the tools have been used in Europe because of its organization of the community mental health care. These overview can help researchers see the possibilities of the tools that can be used for needs assessment either within clinical setting in order to plan care interventions according to recognized needs or for research and evaluation purposes in order to better plan the changes in the system.

Parents' participation in development work in child psychiatric care

by Pirjo Rantanen | Pirha, Tampere university hospital

Parent's panel has been organized in the Child Psychiatric Clinic at Tampere University Hospital, Finland since 2017. The purpose was to develop child psychiatric care together with parents and to utilize the experience of parents for the development of services. Mental health nursing is a professional action, which aims to create a dialogue and equal relationship with family. With such relationship targets promote positive mental health. A shared and mutual understanding of the purpose of the care is an important part of the dialogical relationship. The hospital was looking for interested and voluntary parents whose child has been treated by a child psychiatrist clinic. A total of ten parents signed up to participate. The parents have participated in the parents' panel regularly four times a year. At each meeting, there is an agreed topic area on which parents are asked for their perspectives. Four to six parents have been involved in the parents' panel. They have been very active in bringing out their own perspectives. Parents have been asked for example ideas for the new Child Psychiatric Hospital. The parents hoped that acoustic solutions would have been taken into account in the new facilities. At one time, a service path was presented. The parents suggested that the treatment path should be described at the beginning of the treatment, showing the totality and contents of the treatment. The parents have been satisfied to be involved in the development work. Being involved in the development work makes parents feel appreciated and valued.

Prevalence of Depression, Anxiety, and Stress among Health Sciences Undergraduate Students in a University of Mexico

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Introduction. According to the WHO, 75% of the population in low-

and middle-income countries have a mental health disorder. It has been reported that university students in health sciences programs have a high prevalence of mental health disorders. This study aimed to determine the characteristics of mental health in undergraduate students.

Materials and methods. A cross-sectional study was carried out among students enrolled in the health sciences programs of the XXI Century University. The DASS-21 validated questionnaire for Mexico and for its online application was applied, which identifies mental health risks, analyzing depression, anxiety, and stress. The results were analyzed through frequencies and percentages, determining the ranges of the results between normal, mild, moderate, severe, and extremely severe.

Results. 206 students participated, of which 115 were women (55.8%) and 91 men (44.2%). The average age of the volunteers was 21.5 years (95% CI 19.1 – 23.2). 117 students were enrolled in the Medicine program, 85 in Physical Therapy and Rehabilitation, and 4 in Dentistry. For the category of depression; 140 (68%) were normal, 33 mild (16%), 30 moderate (14.6%), and 3 severe (3%). Regarding stress, it was integrated as follows: 172 normal (83.5%), 26 mild (12.6%), and 8 moderate (3.9%). For anxiety, 91 students (44.2%) were normal, 20 were mild (9.7%), 59 were moderate (28.6%), 30 were severe (14.6%), and 6 were extremely severe (2.9%). The extremely severe, severe, and moderate cases were found among first 3 years of their programs.

Conclusions. The most frequent alteration was anxiety, followed by depression and stress. These cases were more frequent in the first three years of the career and in women. Currently, work is underway to expand the sample among our student population and detect risk factors for timely follow-up through to improve their quality of life and academic performance.

Promoting the mental well-being of children, young people, and families using the BIKVA model

by Mikko Häkkinen | Irene Latva-Korpela | Tiina Putkuri | Laurea University of Applied Sciences | Laurea University of Applied Sciences | Laurea University of Applied Sciences

Concern for the mental well-being of children and young people has increased in recent years. Research-based development work was carried out in the subproject “Empowering People Towards Socially Inclusive Society” to promote the mental well-being of children and young people. This study proceeds according to the client-oriented assessment model BIKVA, developed by Hanne Krogstrup. The model is based on clients' views of the quality and effectiveness of services. The views and experiences of clients and employees are communicated to different levels of the organization and, ultimately, to political decision-makers. The aim of the study is to develop the support offered to children, youth, and their parents in situations where a child or adolescent has challenges related to mental wellbeing. The study proceeds in four phases. In the first phase, experts by experience on the studied phenomenon were interviewed. In the second phase, the results of the first phase were communicated to professionals working with children and young people. In the third phase, the information collected from experts by experience and professionals is taken to administrative management. In the fourth phase, co-creation workshops will be organized. The aim of the workshops is to develop a regional operating model to promote the mental well-being of children and young people. Experts by experience, people working with children and young people in well-being services, as well as administrative directors and political decision-makers in well-being services will be invited to the workshops. The strength of the BIKVA model is in allowing different actors' voices to be heard and, in particular, strengthening client participation in the development process. Although using the BIKVA model requires time and expertise, it can be used to produce meaningful data to support development work.

Service system and care pathway of forensic psychiatry patients and their development - international research project 2023-2026

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Forensic psychiatry provides care to people in the most vulnerable situation: persons who have not only committed a serious offence but also suffer from a mental disorder. These persons are treated against their own will. The length of treatment is extremely long including the pre-discharge outpatient period. Ensuring high-quality care and positive treatment outcomes, but also the well-being of staff is a challenge in such a long treatment period. Therefore, we should ensure that the care is optimal and based on quality standards. There are no national standards in Finnish forensic psychiatric care concerning the physical, operative, and security attributes of forensic services. This project is the first attempt to develop national quality standards for forensic psychiatric care and service system in Finland. The purpose of this research project is to develop safe, high-quality psychiatric care. The study will be executed at the Department of Nursing Science of the University of Turku during 2023-2026. Main question of the study is Which factors affect the service system and care pathway of forensic psychiatry patients and how can these be developed further. The research methods include a literature review, a survey based on validated measurement questionnaires (Downes Survey, QPC-FIP, QPC-FIPS), individual and group interviews as well as the Delphi method. The survey will reach a large number of participants on the national level and generate measurable data about the views of the patients and the personnel. The research will cover the multidisciplinary employees at adult psychiatric wards in Finland's larger hospital districts, employees of forensic psychiatric hospitals and patients of forensic psychiatric hospitals. International specialists and specialists within Finland from various fields (nursing, medicine, psychology) will be invited to partake in the expert panel. The results of the study will be reported through publication in peer reviewed journals.

The Association of Development and Research on Mental Health Work – seeking evidence together

by Heikki Ellilä | Minni Roth | Minna Sorsa | Joonas Korhonen | Kaisa Marin | University of Turku | Tampere University and Coordinator, Child Psychiatry, Pirkanmaa well-being area Association of mental health development and research | The center of Child Psychiatric research Turku University of Applied Sciences | Tampere University, Pirkanmaa Hospital District | Turku University of Applied Sciences | Nursing Research Foundation | South Eastern Finland University of Applied Sciences

Background: It was noticed, among many Finnish mental health professionals, a necessity to establish an association concentrating to support multidisciplinary research and development endeavors in the area of mental health. The association was established in 2015. Aims: To promote research, development efforts and implications activities of mental health care.

- Arranges seminars, conferences or other type of education
- Supports research and development work financially by grants
- Popularizes and promotes the issues concerning mental health among population and in whole society
- Co-operates and networks with national and international partners
- Publishes broadly research - and other actual articles
- Takes part in research- and development projects as partners or associate partners

Achievements: During the 8 years of existence, the association has already succeeded to arrange seminars, for example seminars "Mental health work in nursing science" will be arranged already fourth time this year in co-operation of universities. Moreover, association has been a partner in nursing students research projects as a commissioner and delivered personal grants for researchers and developers. Association's own web-pages have been established, likewise other social media platforms such as Facebook pages (over 1000 visitors) Several actual articles and blogposts have been published on these platforms. However, the association performances also as the expert and advisory subgroup of

mental health nursing inside the Finnish Nursing Association. Future: The main goals of the association are 1) Recruit more members by offering more interesting activities 2) Offer more possibilities for professionals and students to get their academic and other type of articles published by establishing a multidisciplinary Journal in digital form on the area of mental health. 3) Find out more national and international partners for co- operation in potential research and development projects.

The Mediating Roles of Self-Concept and Identity Resolution on the Link Between Childhood Adversity and Mental Health Outcomes

by Natnicha Boonyananth | Trinity College Dublin

Adverse childhood experiences (ACEs) have been associated with adult negative mental health outcomes. This may be due to ACEs' disruptive effects on individuals' ability to develop an integrated sense of self. Research has identified two important aspects of identity formation, namely identity content and status. Using longitudinal data from the Growing Up in Ireland studies (n = 4,222), this paper investigated both aspects of self via the Piers-Harris Self-Concept Scale (age 9 and 13) and the Adult Identity Resolution Scale (age 17/18), respectively. We examined their mediating roles on the association between childhood adversity experienced at age 9 and mental health outcome at age 17/18 (as measured by the Strengths and Difficulties Questionnaire), using PROCESS macro. Results revealed a significant direct effect of childhood adversity on mental health difficulties. All of the indirect effects were also significant, except for the pathway from childhood adversity to mental health outcome through identity resolution. The significant indirect effects of childhood adversity on mental health outcome through self-concept at both time points confirmed the hypothesis that identity content plays a crucial role in this mechanism. In other words, early experience of adversity may result in negative views of self, which may persist through developmental stages and increase individuals' vulnerability to developing mental health problems later in life. Moreover, although childhood

adversity did not directly impact identity resolution, it predicted the direction of self-concept, which in turn influenced identity resolution and subsequently mental health outcome. In other words, those who have experienced childhood adversity may be more likely to develop negative views of self, which may make them less likely to resolve their identity crises in adolescence/early adulthood, making them more prone to developing mental health problems. Implications for interventions can be made to target building positive self-concept in individuals who have experienced ACEs.

Tom's cruel depressive voice – a collaborative case study of the recovery process

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PEOPLE: Tom – client; co-creator of the case study; currently suffers from depression; experienced around 35 psychotherapy sessions with A.N. (at the time when the ECMH conference is due); male; 34 years old; secondary education with a high school diploma; currently lives outside Czech Republic in one Western European country; unemployed. Aleš – psychotherapist and psychologist; main author of the case study; recurrent depressive disorder survivor; male; 44 years old; PhD in psychology; lives in the Czech Republic; own psychotherapy practice; psychotherapy approach: systemic narrative therapy with bits and pieces from other approaches like analytical therapy, individual therapy, SFBT, or parts work; Karolína – outsider witness; commentator of the case study who has an experience with people having depression; female; 23 years old; student at University of Ostrava; lives in the Czech Republic. AIMS AND RESULTS: The case of Tom was chosen for several reasons: (a) it was a case with a lot of hopelessness at the beginning and a big progression for the better later on – this could provide hope for others; (b) A. N. had quite a lot of notes and recordings on this case; (c) Tom has an inner expert knowledge and a literary talent that proved to be useful; (d) Tom is a thoughtful person who is usually able to verbalize his thoughts and feelings in a lucid manner; (e) The therapy sessions were quite exemplary cases where many typical narrative procedures were successfully used;

such as externalizing the harsh voice of depression or finding the healthy identity or some other strategies like integrating the shadow; (f) A.N. suspected that the process could be enjoyed by both Tom and himself and it was; (g) This form of collaborative writing proved to be useful and supportive as some kind of bibliotherapy for Tom.

Trajectories of stressful life events and long-term changes in mental health outcomes, moderated by family functioning? the TRAILS study

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We assessed the association between trajectories of stressful life events (SLEs) throughout adolescence and changes in mental health from childhood to young adulthood. Further, we assessed whether family functioning moderated this association.

Data of the first six waves of the TRAILS study (2001-2016; n=2229) were used, a cohort followed from approximately age 11 to 23. We measured SLEs (death of a family member or other beloved one, delinquency, moving, victim of violence, parental divorce, and sexual harassment) at ages 14, 16 and 19. Family functioning was measured at all six time points using the Family Assessment Device (FAD), and mental health was measured through the Youth/Adult Self-Report at ages 11 and 23. Latent class growth analyses (LCGA) were used to examine longitudinal trajectories and associations. We identified three SLE trajectories (low, middle, high) throughout adolescence, and found no significant associations between these trajectories and changes in mental health from childhood to young adulthood. Family functioning and SLE trajectories were significantly associated, however, the association of SLE trajectories and changes in mental health was not modified by family functioning. Mental health problems at age 11 increased the likelihood of high SLE trajectories during adolescence, and of experiencing negative family functioning.

In conclusion, this study shows the importance of lifecourse research on trajectories of SLEs and their longterm associations with mental health. Our findings suggest that experiencing SLEs throughout adolescence does not have a direct effect on long-term mental health. However, adolescents' mental health at age 11 predicts higher levels of SLEs during adolescence. Finally, adolescents that grow up in a family with negative quality of functioning seemed to experience more SLEs throughout adolescence.

Transforming Mental Health: Examining the Framework and Governance of the National Mental Health Programme (2018–2028)

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National Mental Health Programme 2018-2028 is the first document in Slovenia with comprehensive mental health strategy, addressing an inter-sectoral, community-based and integrated approach to mental health. The overarching aim is to strengthen and maintain good mental health among all Slovenian residents and prevent the emergence of mental illness. An important part of the programme is to ensure equal access to high-quality resources of care. The program's activities are structured into six priority areas, each containing specific objectives and measures. These priority areas are community-based approach to improving mental health, mental health promotion, prevention and destigmatization of mental illness, network of services for mental health, suicide and alcohol-related problems prevention, as well as education, research, monitoring and evaluation. The management of the programme operates at national, regional and local levels, facilitating networking of professionals, stakeholders and providers. While the overall management is conducted by the National Institute of Public Health, there is continuous collaboration with specialists from various disciplines and sectors, such as advocacy and humanitarian organizations working in mental health and representatives of service users. These specialists, both lay and professional, operate within management bodies, the expert and programme councils and interdisciplinary working groups. The Action plan is usually

written for a three-year period; however, the forthcoming action plan will span from 2024 to 2028. The implementation of the action plan and respective activities is regularly evaluated. The National Mental Health Programme, along with its periodic action plans, represents a crucial foundation for implementing an organized, systematic, and interconnected approach to mental health care, accessible to all residents of Slovenia. Prioritizing mental health in all sectors and policies is the key to bringing us a step closer towards a mentally healthier society.

ONLINE PRESENTATIONS

ABSTRACTS FOR PRE-CONFERENCE ONLINE PRESENTATIONS
(IN ALPHABETICAL ORDER BASED ON THE TITLE)



European Conference
on Mental Health

Be Aware Of The Blind Spots: A Quality improvement project to improve documentation of driving status and advice on fitness to drive in psychiatric inpatients

by Dr Bhuvana Pandiyan | Herefordshire and Worcestershire Health and Care NHS Trust

Psychiatric disorders, alcohol and substance misuse and psychotropic medications can produce changes in perception, information processing and integration, and psychomotor activity that can disturb and/or interfere with the ability to drive safely. Driver & Vehicle Licensing Agency (DVLA) guidelines states that healthcare professionals should advise individuals about the impact of their medical condition for safe driving ability and their legal requirement to notify DVLA of any relevant condition. The aim of the project was to ensure all psychiatric inpatients are asked about their driving status and are advised correctly regarding driving safety information as per DVLA guidelines. A retrospective review of 67 patients who were discharged over a 3-month period from two psychiatric inpatient wards at Brooker centre, Halton. Data collected from e-notes were analysed for: patient's driving status, type of vehicle driven, whether advice was given in accordance with DVLA guidelines on fitness to drive. Subsequently, posters regarding DVLA driving restrictions were displayed on the ward to prompt discussions. During junior doctor induction, we emphasised on including driving status as a part of admission clerking. Email was sent out to clinicians informing them of the guidelines and driving advice discussion was added to ward MDT proformas. We then re-audited our performance following our interventions. 66 patients were included in the re-audit. There was a notable improvement in recording driving status in case notes from 13% to 58% since the original audit. Documenting the correct driving advice improved from 71% to 84%. The results highlight the need to raise awareness amongst clinicians through continued education to include driving advice as an integral part of our assessment. We also aim to include a question on 'driving status' in the electronic admission proforma as our next intervention to prompt driving advice discussions with the patients.

Co-Occurrence of Bipolar Disorder Type 2 and Hoarding Disorder – a case report

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Introduction: The co-occurrence of Bipolar Disorder Type 2 (BD-II) and Hoarding Disorder (HD) poses significant diagnostic and treatment challenges, impacting the individual's overall functioning and quality of life. This case report presents the clinical characteristics and management of a patient diagnosed with BD-II and HD. **Case Presentation:** D., a 54-year-old female, experienced her first depressive episode in 2001. She was hospitalized in 2018 for a second depressive episode. Hypomanic episodes marked by irritability were also present. D. exhibited prominent obsessive-compulsive spectrum symptoms during depressive episodes, including checking rituals and procrastination tendencies. Cognitive-behavioral therapy and pharmacotherapy were initiated, but the patient's adherence to treatment was challenging. Furthermore, approximately four months ago, she developed hoarding behaviors, accumulating discarded items in common areas. She believes that she cannot discard them as those items can be useful and she's strongly attached to them. **Discussion/Conclusion:** The co-occurrence of BD-II and HD presents diagnostic challenges due to overlapping symptoms, such as impulsivity, indecisiveness, and emotional dysregulation. Research indicates a higher prevalence of hoarding symptoms in individuals with BD-II compared to the general population. Differentiating between primary and secondary HD is crucial, as secondary HD may be related to mood fluctuations in BD-II. Treatment strategies should address both disorders concurrently, incorporating pharmacotherapy, psychotherapy, and environmental interventions to reduce hoarding behaviors and manage bipolar symptoms.

toms. However, therapeutic adherence and engagement may be compromised due to the complex nature of these disorders and their impact on motivation and decision-making.

Complex post-traumatic stress disorder

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The eleventh revision of the International Classification of Diseases (ICD-11) introduced complex post-traumatic stress disorder (CPTSD) as a diagnosis distinct from post-traumatic stress disorder (PTSD), acknowledging complex psychosocial sequelae caused by prolonged interpersonal abuse. CPTSD includes the three core elements of PTSD, as well as three additional elements called disturbances in self-organization, which include emotion regulation difficulties, negative self-concept and relationship difficulties. This disorder has a 1–8% population prevalence and up to 50% prevalence in mental health facilities. Evidence supporting CPTSD as a discrete entity is strong and has been replicated across different countries and cultures. In fact, exposure to particular traumatic events such as repeated childhood sexual or physical abuse, domestic violence, prolonged combat exposure, torture and genocide campaigns is associated with substantially greater risk for complex PTSD as compared with PTSD. Although there is a diagnostic overlap between personality disorders and CPTSD, CPTSD differs from borderline personality disorder (BPD), as CPTSD relational difficulties are characterized by a tendency to avoid relationships, whereas BPD is associated with rapid engagement followed by marked relationship instability. Also, BPD encompasses suicide attempts and gestures and self-injury as a core feature, whereas CPTSD patients don't appear to engage in this type of behavior. ICD-11 CPTSD identifies a distinct group of patients, who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD. Randomized clinical trials support the efficacy of dialectical behavioral therapy in cases of PTSD

related to severe childhood abuse, presenting with emotion dysregulation. Acknowledging CPTSD may result in new treatment protocols, tailored to this subset of patients.

Embodied communication of climate risks on mental health

by Tilly Alcayna | Red Cross Climate Centre

Two compounding risks confront humanity. The mental health burden is at an all-time high while barriers to treatment persist. Globally, 1 billion people have a mental health disorder, yet only 2% of health budgets target mental health. Concurrently, the climate crisis is amplifying conditions for greater mental disorders, trauma, and distress, and increasing risks for those with pre-existing conditions. To date, mental issues have not been adequately integrated into climate policy, funding, and adaptation. The WHO policy brief on climate change and mental health urges for stronger integration across both sectors and increased funding for mental access and local implementation. Traditional policy dialogues have not been sufficient in progressing the integration of mental into climate change policy. Policy dialogues on changing climate risks often simultaneously exclude people with lived experience and increase frustrations of key stakeholders by delaying action. We need to acknowledge that the current approach to policy development is not fit for purpose. If we want to go beyond the status quo, we need to actively pursue breakthroughs. Within the design and implementation of policy development processes, we present the outcomes of research into avenues to deliberately open space for imagination via collaborations with professional circus artists. As an artform, aerial acrobatics compellingly embodies risk. Like pilots in the civil aviation sector, trapeze performers, professional jugglers, and circus artists are remarkably talented at understanding, foreseeing, and managing what can go wrong, and at understanding and controlling fears whilst seeking calm. Circus artists straddle fine lines in mitigating without eliminating risk and using the risk itself as a medium for community engagement and inspiration. This practical research asks: what can we, as transdisciplinary climate risk and mental health practitioners and researchers, learn from their talent and creativity?

Emotional processing and regulation in anorexia nervosa: a state-of-the-art review

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Introduction: Anorexia nervosa (AN) is an eating disorder characterized by food restriction and severe weight loss. It is a multifactorial disorder predisposed by biological, psychological, familiar, and sociocultural factors. Notwithstanding the influence of these factors, recent research supports AN as a disorder that includes core emotion processing (EP) and regulation (ER) difficulties. Recent systematic reviews about EP and ER in AN found evidence of impaired recognition of social-affective stimuli, lower mentalization ability about oneself, and increased levels of alexithymia.

Objective(s): This study aims to explore the relationship between ER, EP, and AN, according to the latest evidence. **Methods:** Review of the literature using the Pubmed database. **Results:** Patients with AN use maladaptive eating behaviors as a way to avoid, suppress or regulate emotions, particularly negative emotions. Emotional difficulties tend to persist after recovery, in particular ER difficulties and higher levels of alexithymia. Findings on alexithymia suggest decreased symptomology from starvation to weight restoration periods, mainly due to improvements in two alexithymia dimensions: difficulty identifying feelings and externally oriented thinking. In turn, the difficulty in describing feelings tends to remain stable during treatment. Regarding ER difficulties and body mass index (BMI), the results are controversial, with some studies reporting an improvement in the ability to regulate emotions with weight recovery, while others did not find an association. Emotional disorders such as anxiety and depression have the potential to mediate or worsen EP impairments in AN. **Conclusions:** Despite the accumulating scientific literature, there is a great gap in knowledge of emotional difficulties in AN. It is unclear whether impaired emotional functioning is limited to the active phase of the illness, as a consequence of starvation and comorbid anxiety and depression, or it constitutes a trait that leverages the emer-

gence of maladaptive eating behavior as an ER strategy. Future research is required to analyze emotional functioning in AN and the influence of starvation on emotional dysregulation.

Experiences of stress and well-being during the COVID-19 pandemic: Young people's lived experiences

by Jessica Hemberg | Åbo Akademi

Young people's well-being and mental health as well as everyday lives have been put at risk owing to the social and societal restrictions during the COVID-19 pandemic. Many young people's health habits, stress and well-being may have been affected during the pandemic, and it is important to examine these in more detail from the young people's own perspectives. The purpose of the study was to explore young people's health habits, stress and well-being during the COVID-19 pandemic. A qualitative exploratory design was used. The dataset consisted of interviews with 13 adolescents and young adults (17-25 years) in Swedish-speaking Finland. The data analysis method consisted of qualitative content analysis. The results showed two main themes and seven subthemes. The first main theme was Resilience from positive health habits, followed by three subthemes: Positive health habits as coping strategies for the promotion of well-being, Resilience through self-compassion and adaptation and Essential with a support network. The second main theme was Changed conditions and the need for better support, followed by four subthemes: Concern for others and lack of social interaction, Insufficient support, Stress and high demands, and The impact of distance learning and social media. Adolescents and young adults lacked a better range of support during the COVID-19 pandemic, although most felt they had done relatively well without the support of anyone other than family and friends. The importance of the support network was emphasized and young people should have at least one person with whom they feel they can talk. Young people's need for support and suggestions for strategies to strengthen their well-being need to be taken into account and be addressed by society. Further research should focus on investigating professionals' views on how young people's stress could be reduced.

Investigating the feasibility of delivering a resilience building programme to parents/caregivers of secondary school children

by David Troy | University of Bristol

Background: The decline in the mental health of children and young people (CYP) is a growing public health concern. Given increasing rates of mental health problems coupled with inaccessible care, early preventative programmes and community-based support that engender resilience to protect CYP from developing mental health disorders are needed. The aim of the study was to assess the feasibility of running a course to aid parents to support their children's mental health and resilience. Methods: This was a feasibility study evaluated using mixed methods. Three secondary schools were chosen to test the feasibility of delivering a 6-week course to parents. Evidence of promise of beneficial effect was examined through comparison of baseline and follow-up data on; (a) wellbeing and (b) resilience surveys and responses in interviews and on the evaluation form. Results: Findings suggest that it was feasible to enrol parents in the course and study, to attend course sessions and for them and their children to complete and return surveys. Recruiting through schools is a feasible way of reaching parents. Participant burden was deemed acceptable by the majority of parents and was reduced by accessing the course online. Parents felt that there were two main ways that they worked on developing resilience in everyday situations: changing their own thinking (attitudes, outlook and perceptions), and improving communication with their children. Wellbeing and resilience scores in parents did improve but did not in children. Conclusions: The course was feasible to run and it was feasible for participants to attend online sessions and for surveys to be administered and returned. Parent wellbeing and resilience showed improvement but this was not evident in their children. Further research is needed to determine if supporting parents can have positive effects on their children's mental health and resilience.

Mental Health NeuroForce: a neuropsychological focused case study with an alexithymic portuguese police officer

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Alexithymia is recognized as subclinical phenomena, associated with various neurological, psychiatric and psychological clinical conditions. Alexithymia might be considered a risk factor for wellbeing and mental health, especially those related to affective disorders. Some studies have shown stress as an important mediator variable for alexithymia, which might be specially relevant for jobs such as police forces. For this study we aimed to understand the cognitive and affective impact of a potential brain lesion resulting from an on-duty assault to a police officer. Following a bigger study conducted in Human Neurobehavioral Laboratory, we were contacted by a police officer with relevant symptoms on pain perception, emotion recognition and affective resonance. To better assess this case, after establishing contact and retrieving informed consent, we conducted a clinical interview, applied a battery of self-report instruments, a short neuropsychological evaluation, and a laboratory session. The latter consisted of three tasks: i) emotional stroop task, ii) facial emotion recognition, and iii) evaluation of emotional valence and activation (affective slider) during emotional challenging videos depicting police forces scenarios. The subject presented a score above the threshold in TAS-20, scoring for alexithymic profile, and scored in general below the average in comparison to portuguese population in DASS-21, DERS and IES-R, with exception for dimensions involving emotional clarity and emotional numbness. As for neuropsychological evaluation, the subject showed a high cognitive performance in every cognitive dimension with exception for visuo-perceptive organization and delayed memory recognition, as well as marked difficulties in the facial emotion recognition task. With this study we expect to contribute to further knowledge on this condition, as well as reflect on the need of investment in particularly perilous and stressful occupations and its impact on physical and mental health.

“My college really values mental health and doesn't hush around the topic”- Student perspectives on mental health and supports across an Irish multi-campus University Community

by Machailla McCabe | G. Cummins | R. Linnane | M. Mc Loone | Atlantic Technological University Ireland, Health and Biomedical REsearch Group (HEAL), ATU

Introduction: The absence of conceptual operationalisations of student mental health leads to a deficiency of effective mental health promotion strategies. This is particularly problematic in young populations specifically student populations who are most vulnerable to the impact of emerging mental ill health issues. This research acts as a baseline for establishing students' views of what they perceive mental health to mean to them. It also identifies potential supports and challenges students face in relation to their mental health by placing their 'voice' as a central focus in this 'student-centred' research project. **Methods:**Data was collected through means of semi structured focus groups and an online questionnaire utilising the Qualtrics survey package. Students registered within the Atlantic Technological University (ATU) and St Angela's College, Sligo (STACS) were invited to participate. Reflexive Thematic Analysis was applied to analyse data while utilising NVivo 12 (data management system). Piloting and inter-rater reliability was conducted also in this study. Ethical approval was granted from the ATU, Sligo Ethics Committee. **Findings:**A total of 655 valid responses from consenting current students in ATU and STACS were recruited for this research. A third of students (33.21%) had a previous diagnosis of a mental health disorder(s) with two thirds reporting they had no previous mental ill health diagnosis (66.79%). Overall qualitative findings illustrated a wide variety of perceptions amongst students regarding their understanding of mental health. With three key themes emerging for the same concept: 1) Emotions & Feelings, 2) Internal Thoughts & Views and 3) Struggle. Definitions and understanding of mental health depends largely on students' current or previous experiences of mental health.

Occupational mental health: Application of Job-demands-control-support in the qualitative study of exposure to algorithmic management among food delivery platform workers in Finland

by Benta Mbare | Tampere University

The prevalence of mental health disorders is increasing globally, with workplaces reportedly being the source of all mental disorders among adults. Exposure to workplace psychosocial hazards pose risks for poor mental health and wellbeing. Advancement of technologies have enabled platform work, which is rapidly rising globally. Platform work has introduced new form of management, known as algorithmic management, which, has transformed the way work is organized. This transformation of management practices has not only exposed workers to new work-related psychosocial risks but have also exacerbated the existing risks. This makes workers susceptible to occupational mental health disorders. Algorithmic management of platform work has been extensively studied in regard to its features. However, limited studies have paid attention to its association with the subjective wellbeing of platform couriers. This paper will present evidence-based results on psychosocial risks and hazards associated with algorithmic management of platform work. The study used an example of food delivery platform work in Finland to understand how the experiences of platform couriers on management by algorithms associate with their subjective wellbeing. The study draws its findings from 30 in-depth semi-structured interviews with platform food couriers in Finland. Data approached through directed content analysis where job demands- control-support model framework was applied as the analysis matrix to discuss the study findings. The results of this study can be used as a reference when designing interventions and policies that aim at managing work related psychosocial risks. This will not only reduce workplace inequalities (SDG 10) but will also enhance a decent work environment (SDG 8) which will promote good health and wellbeing for all (SDG 3).

Professional youth workers views on involuntary loneliness among adolescents and young adults and their thoughts about its alleviation – A qualitative interview study

by Yulia Korzhina | Åbo Akademi University

Recent work suggests that adolescents report emotional correlates of loneliness similar to those of adults, including being unhappy, restless, feeling unloved, and generally despondent. But there is a dearth of qualitative research examining the unique and diverse perspectives and experiences of adolescents who are lonely. The aim of this study is to explore professionals' youth workers views on involuntary loneliness among adolescents and young adults and their thoughts about its alleviation. The research questions are 'What are professionals' views on involuntary loneliness among adolescents and young adults nowadays?' and 'How involuntary loneliness among adolescents and young adults can be alleviated or reduced according to the professionals?'. The study has a qualitative design based on three focus group interviews and one individual interview with professional youth workers based in Eastern Finland. The youth workers are psychologists, sociologists, outreach workers, psychiatric nurse and social supervisor. An interview guide is used. The analysis is conducted in accordance with Graneheim and Lundman (2004) description of qualitative content analysis. The analysis resulted in three main themes: Characteristic features of involuntary loneliness among adolescents and young adults, Reasons for/ contributing factors to involuntary loneliness among adolescents and young adults and Different strategies to alleviating or reduce loneliness. Ten categories emerged in the manifest analysis, which refers to the descriptive level of the content. Under the first theme three categories emerged: Loneliness has increased, Loneliness has changed its form, Loneliness has different expressions. Under the second theme three categories emerged: Psychological issues, Life situation, Global changes in the society. Under the third theme four categories emerged: Strategies for alleviating involuntary loneliness on the service level, Strategies for alleviating involuntary loneliness on the client- professional level, Adolescents own strategies to alleviate involuntary loneliness, Further suggestions for improvement of the services.

Psychopathology in rhinoplasty patients: An intertwined relationship between body dysmorphic disorder and depressive symptoms

by Esra Zıvrallı Yazar | Hatice Demirbaş | Yusuf Kızıl | Erguvan Tuğba Özel Kızıl | Social Sciences University of Ankara | Ankara Hacı Bayram Veli University | Ankara University | Ankara University

Psychological assessment of rhinoplasty patients is considered to be a major component of the clinical protocol, yet this is often dismissed in practice. Body dysmorphic disorder (BDD) that is characterized by pre-occupation with perceived, non-observable or slight defects in physical appearance is prevalent in patients seeking for rhinoplasty. Prevalence of depressive symptoms in the same group, on the other hand, is mixed. There are hypothesized links between mood disorders and BDD in rhinoplasty patients but this has been minimally explored to date. This study aimed to test a model that explains the relationship between BDD and depression symptoms mediated by self-esteem and symptoms of anxiety. 50 rhinoplasty patients and 42 non-clinical control participants (Mage=28 years, M/F =27/23 and 24/18, respectively) were recruited. Groups were matched on age, gender, level of income, level of education, marital status, work status and psychiatric history. They completed self-report measures of self-esteem, symptoms of BDD, anxiety and depression. The severity of BDD symptoms differed significantly between groups, with rhinoplasty patients endorsing higher scores ($p<.001$). Associations between the scores of self-esteem, symptoms of BDD, anxiety and depression were significant in both groups ($p<.001-.05$). A significant mediation model with two mediators (self-esteem and anxiety) was found ($p<.001$), suggesting that self-esteem and anxiety symptoms significantly mediated the relationship between BDD and the depressive symptoms. Results of the present study suggest that BDD-related low self-esteem may lead to anxiety that predicts depressive symptoms. The model holds promise not only for explaining the mixed results of anxiety and depression in rhinoplasty patients but also highlighting a possible mechanism between BDD and depression through self-esteem.

Screening of Patients of Traumatic Injuries for Mental Health Referral

by Dr. Tulika Mehta Agarwal | Hamad Medical Corporation

Daunting experience of being involved in traumatic injuries, immediate period of uncertainty, being ferried to the hospital, being dealt with by multiple healthcare workers, undergoing investigations, followed by hospitalization, may result in mental health sequela which could be clinical or subclinical in nature. This has been established by research. This highlights the requirement of establishing screening as a standard of care within the units of Trauma surgery. Trauma Surgery Section in the Hamad General Hospital is amongst the first in the world and the very first in Middle East where screening has been introduced since the year 2019, to identify patients who could be predisposed to developing a mental health challenge in future. Patients admitted to the Trauma Surgery Unit, having a GCS of 15 and able to communicate, are assessed for pre-disposition to PTSD and Depression using the Injured Trauma Survivor Screener within the first 24 hours of being admitted to the unit. Patients found to be positive are referred to the in-house trauma psychology service for care. Besides this, an additional criteria checklist which has been prepared based on literature review and Trauma Team Activation Criteria, is also being used to identify and refer the patients who might be at risk of developing psychological challenges, to the Trauma Psychology service. Results indicated the following: With appropriate training, nurses are able to identify at risk patients. Mental health screening is pivotal for identifying patients who would otherwise be deprived of holistic re- integration. Using the Additional Criteria Checklist enhances the screening and referral process. It takes time and repeated training of staff to establish the screening measure as a standard.

Suicide and the Media: From Werther to Papageno Effects

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Introduction: Suicide is a complex topic with many variables involved, ranging from mental health problems to social factors. One of the research areas on the risk factors is the possible influence of media stories on subsequent suicidal behavior. Methods: Search on Pubmed® and Medscape® databases with the following keywords: "suicide", "werther effect" and "papageno effect". We focused on data from systematic reviews and meta-analyses. The articles were selected by the authors according to their relevance. Results: The findings indicate that although the media can serve both, as a risk and a protective factor, the vast majority of research suggests that the relationship between the media reporting and the actual suicide rates is causal and real. Moreover, both the quantity and the quality of media reporting may trigger additional suicides in society. Simultaneously, research suggests that especially non-fictional presentations of celebrities' suicides in newspapers and on television news have the biggest influence on the subsequent suicides. The review found data that support the existence of the contagion effect in several parts of the world. In order to prevent imitational suicides after media portrayals of suicides, international organizations and national stakeholders in many countries have developed and implemented media recommendations for suicide reporting. Conclusions: The influence of media reporting on suicide is defined as an important risk factor affecting suicidality in the general population. It is important to monitor the implementation of media recommendations for the reporting of suicide, and continuous education of reporters is needed.

Theory of mind and eating disorders: relation between anorexia nervosa and autism spectrum disorders

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Introduction: Anorexia nervosa (AN) is an eating disorder characterized by an intense fear of weight gain, persistent behavior to restrict energy intake, and a disturbance in the way one's body weight or shape is experienced. AN is more prevalent in females, with a male-to-female ratio of 1: 10. Autism spectrum disorder (ASD) is a neurodevelopmental disorder associated with persistent difficulties in social communication and interaction, as well as restricted and repetitive behaviors and interests. ASD affects around 1% of the population and symptoms are typically recognized during early childhood. The male-to-female ratio is about 3:1. The link between ASD and AN was first suggested in the scientific literature by Christopher Gillberg in 1983. Since then, there has been an increasing interest in the overlap between ASD and eating disorders (EDs), particularly AN.

Objective(s): This study aims to explore the relationship between AN and ASD, according to the latest evidence. **Methods:** Review of the literature using the Pubmed database. **Results:** The similarities between AN and ASD in neuropsychological and social-cognitive functioning have been reported, including poor set-shifting performance, weak central coherence, superior attention to detail, and difficulties in the theory of mind, empathy, and emotion recognition. Individuals with AN also report high levels of social anxiety, isolation, and difficulties in peer relationships, experiences that mirror those of women with ASD. These similarities suggest possible overlap in the mechanisms that contribute to the development of ASD and AN, with some even suggesting that AN is a female manifestation of ASD. A key question is whether AN and ASD are indeed linked aetiologically, or whether starvation or other factors associated with the acute state of AN are producing autistic-like symp-

toms. **Conclusions:** Further research is required to understand, from a neurobiological point of view, the AN- ASD comorbidity and to tailor the treatment of EDs in people with ASD.

“Training as a Psychiatrist When Having a Psychiatric Illness”: a delicate balance

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Sentences such as “working with ‘crazies’ will make you crazy”, the idea that people went into psychiatry in order to heal their own mental illness or because they were “broken in their head”, are typically associated with the mental health workers. Since working in the mental health area implies balancing self-care and reconciling personal experiences with the objectivity required in patient care and the demands of a rigorous training program, some authors concern that this exposure, in some cases, may increase the risk of psychiatric illness. The challenges faced by a psychiatric resident are, in fact, enormous. Although, when we add a psychiatric illness, the equation complicates. And the authors suspect that stigma, bias and the anxiety characteristic by the residence itself, attach more weight to it. However, these difficulties can also provide a unique advantage, afterward as the Portuguese proverb says “only a crazy to understand another”. In fact, the studies evidences that personal experience with an (mental) illness fosters empathy and compassion. This is due to a deeper understanding of the patients struggles, enhancing improved communication, therapeutic alliances and, consequently, a more reliable approach to treatment. Nevertheless, while the mental health professionals are not immune to mental health issues, and faced with the fact that

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WHAT TO DO IN CONFERENCE?

Here are some suggestions

- ☐ Talk to someone you haven't talked before
- ☐ Tell something about your country to someone from another country
- ☐ Cross the river using Dragon Bridge and Triple Bridge
- ☐ Take a picture and post it to the social media #ecmh2023
- ☐ Go to see a presentation outside your field
- ☐ Vote for the best poster
- ☐ Do a morning exercise (morning yoga on Thursday at 7:30)
- ☐ Ask a question after a presentation
- ☐ Talk to our volunteers for information about Ljubljana
- ☐ Breathe and relax
- ☐ Have fun!