

Abstract: In general, resilience is a process in which the interplay of risk and protective factors of the system itself and its environment is balanced in such a way that positive development opportunities open up. The resilience of a person, a system and a profession is therefore reflected in the ability to shape conditions in such a way that positive coping with challenges and crises is possible as a basis for positive further development. The time of the pandemic and the war in Ukraine has led to a large number of adjustments to psychology as a science, as a profession and as a perspective on life. This is associated with opportunities for positive further development of the discipline. European psychology has so far mastered the challenge of the pandemic and the war in Ukraine very well. The task now is to harness its successes as a multifunctional hub for other sciences, professions and society as a whole. The aim is to develop an identity that strengthens the unity of psychology in its diversity. With wisdom and resilience, psychology is also increasingly facing up to the challenges expressed in the United Nations Sustainable Development Goals (UN SDGs). In the discussion of social and professional change, the possibilities for a joint positive development of all professions in these stressful times become clear.

Disclosure of Interest: None Declared

Core Symposium

CRS0001

Community mental health services in Europe: the state of art

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Abstract: In Europe there is significant variability of attitudes, procedure and strategies in clinical care between psychiatrists and settings across different regions and countries. However, there is a significant overrepresentation of data from mental health services from Western and Northern European countries, due a lack of data from Eastern and Central European countries as it has been suggested the Eastern and Central European regions are a “blind spot on the global mental health map”. In respect to community mental health services, Northern and Western countries introduced a large array of multidisciplinary community-based services for people with mental health problems and reorganized the mental health care services towards the community mental health care, replacing largely large hospitals and hospital-based care following recovery-oriented care models with introduction of numerous services which supported full recovery, including supported employment and housing. This process is only in the beginning in the majority of countries in the South and East of Europe. Here we present the data from these countries including the results of the RECOVER-E study (Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe), which incorporated the implementation of community mental health services in five South-eastern European countries.

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CRS0002

Opportunities and challenges of community mental health centers in Türkiye

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Abstract: In 2011, Türkiye restructured the mental health care system in community-based settings following the announcement of the National Mental Health Action Plan. Community mental health centers (CMHCs) are the major element of this approach. As of now, the total number of CMHC have reached 186, and the service users have almost reached 100.000.

Mental health care system gained significant advantages through CMHCs, such as 1) improvement in the conditions of mental health services, 2) better follow-up of patients with chronic severe mental disorders, 3) capability of in-home services, 4) decrease in the number of hospitalizations, 5) increased social involvement of patients with severe mental disorder. CMHCs also played a significant role in promoting social rehabilitation, including employment status, development of social relationships, and redress of stigmatization. All these advantages were put into practice by community mental health teams comprising a psychiatrist, psychologists, nurses, social workers and ergotherapists, if available.

Community mental health centers come with severe challenges and shortcomings despite their ameliorations. First, CMHCs need trained mental health professionals. However, only 52% of the CMHC teams completed the CMHC trainings currently. Second, standardized work flow algorithms should be developed for CMHCs. Third, there should be a strong relationship between CMHCs, primary health care system and inpatient units as a complementary part of essential mental health care. In addition, hospital administration should be trained in terms of CMHC policy since every CMHC is affiliated with a state hospital. For instance, the ongoing issue of defining quality standards for CMHCs contributes to a misconception, portraying these centers as profit-making units rather than dedicated rehabilitation facilities.

In conclusion, community-based settings and CMHCs significantly advance mental health services despite the challenges confronted in practice. To optimize the effectiveness of community mental health care facilitated by CMHCs, it is imperative to review the implementation process with the active involvement and support of non-governmental organizations, including patient-driven organizations and national psychiatric associations.

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CRS0003

Microdosing psychedelics in the treatment of ADHD and comorbid disorders

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Abstract: Microdosing psychedelics has garnered considerable attention within both nonprofessional circles and the scientific community in recent years. This method involves taking small, non-hallucinogenic doses of substances like LSD or psilocybin over weeks or months, purportedly to enhance specific behaviors, emotions, or address psychiatric conditions.

Exploring these assertions is crucial given the potential therapeutic value of microdosing, especially in conditions that respond positively to full psychedelic doses, such as depression. The full psychedelic experience might not always be suitable due to various factors like age, capacity to consent or comprehend the experience (e.g., dementia), or individual personality traits that might hinder surrendering to the experience. Microdosing could potentially serve as a maintenance therapy post-full dose administration, aiding specific psychological or biological processes during therapy or therapeutic exercises.

Recent studies in healthy individuals highlight that small psychedelic doses have nuanced effects on pain perception, mood, neuroplasticity, sleep duration, brain connectivity, and default mode network synchronicity. However, some parameters show null effects after both single and repeated administration.

Our survey research uncovered that individuals with ADHD reported symptom relief through microdosing, deeming it more effective than their conventional treatments. Subsequently, we conducted a naturalistic study following individuals with ADHD across a 4-week microdosing period. Our findings indicated a reduction in symptoms over time, an increase in trait mindfulness, and a decrease in neuroticism compared to baseline. While these results are intriguing, they necessitate validation in a clinical trial. We have recently concluded such a trial and are currently analyzing the data to further explore these effects.

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CRS0004

Easy access to youth mental health services in the Netherlands

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Abstract: Mental health problems have increased following the pandemic and are associated with considerable health, economic and societal outcomes, particularly affecting youth. In co-creation with young people several European prevention and early intervention strategies to promote mental wellbeing of youth are currently being developed. The development and implementation of easy-access youth mental services across Europe will be presented and discussed. In addition pilot data of online, hybrid treatment platforms and self-management ecological momentary intervention apps will be presented. Ultimately the aim is: 1) to develop clinical guidelines, best practices, and policy recommendations to

mitigate the youth mental health challenges and 2) improve (cost-) effectiveness of early intervention strategies for promotion and prevention in mental health, including enhancing mental health literacy, resilience and self-management, while 3) actively involving young people in the process of these innovative developments. To amplify the reach, campaigns designed in co-creation with young people, to increase awareness, literacy, wellbeing and help-seeking among young people, targeting schools, further-education colleges, universities and other specific settings will need to be developed, specifically paying attention to high-risk groups within this young population, including children of parents with mental disorders, migrants, young people growing up in poverty, those in/leaving care, and the LGBTQ+ community, with coordination across domains: schools, general practitioners, and specialized mental healthcare facilities.

Disclosure of Interest: None Declared

CRS0005

Changes in brain structure and function in youth at familial risk for schizophrenia or bipolar disorder: implications for early intervention

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Abstract: The evaluation of child and adolescent offspring of patients with schizophrenia or bipolar disorder seeks to understand changes taking place in the brain in individuals at heightened risk for disease during a key developmental period. In this session I will present findings from the BASYS (Bipolar And Schizophrenia Young offspring Study) cohort, which has recruited young offspring of patients with schizophrenia or bipolar disorder ages 6 to 17 years, using clinical, cognitive and brain imaging measures for over 15 years in Spain. I will begin by reviewing our baseline and 2 year findings using structural magnetic resonance imaging (MRI) measures, where we found whole brain and regional cortical grey matter volume and surface area reductions, specifically in offspring of patients with schizophrenia relative to controls, but not in offspring of patients with bipolar disorder, which I will compare with results from the ENIGMA relatives working group analyses. Within our cohort I will explain the relevance of baseline brain structural findings to clinical and cognitive outcome over time. I will then present longitudinal analyses of structural and functional MRI measures at up to 8 year follow-up, examining the influence of development of psychotic spectrum symptoms over time and cognitive and functional outcomes, on longitudinal brain imaging measures. I will finish the talk explaining avenues for future research in the field, which include incorporating other imaging modalities and validating our findings in other cohorts, while I will also present avenues for increasing understanding of the neurobiological changes underpinning our MRI findings.