ENMESH
2026

16th International ENMESH Conference

Rethinking Mental Health in a Time of Change

◆ 18-20 June 2026 ◆

Sofia | Bulgaria

ABSTRACT BOOK

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ENMESH 2026

16th International ENMESH Conference

Rethinking Mental Health in a Time of Change

18-20 June 2026 Sofia | Bulgaria

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KEYNOTE PRESENTATIONS

Abstracts are arranged in alphabetical order by title.

Other

BETWEEN POLICY AND REALITY: TRANSFORMING MENTAL HEALTH CARE TO ELIMINATE VIOLENCE AND INEQUALITY

Dovile Juodkaite , Lithuanian disability forum

Violence, coercion, and systemic rights violations remain widespread in social care and psychiatric institutions, as highlighted by the 2025 FRA report Places of Care = Places of Safety?. Persons with disabilities continue to face practices such as involuntary treatment, isolation, neglect, and degrading conditions, often justified under care and safety frameworks, and in all EU countries there are shortcoming in preventing violence and protecting those who are at a higher risk of experiencing it, in line with the UN Convention on the Rights of Persons with Disabilities (CRPD). Human Rights violations are reinforced by the lack of community based services and programs, weak monitoring systems, lack of accountability, and limited involvement of service users in policy design and service provision. Although mental health policies have expanded, their implementation frequently fails to ensure equality, accessibility, and quality of care comparable to somatic services. Tools such as WHO QualityRights emphasize the urgent need for human rights–based monitoring, user participation, and evidence-driven reforms to transform services into safe, inclusive, and rights-respecting environments.

Other

MENTAL HEALTH IN TIMES OF CHANGES - PERSPECTIVES AND CHALLENGES IN GLOBAL AND NATIONAL CONTEXT

Hristo Hinkov , National Center of Public Health and Analyses

The time we live in is filled with turbulent and fundamental changes affecting all areas of life. The historical parallels that emerge when observing the current global situation largely resemble the period between the two world wars, but they also have a number of specific characteristics related to technological progress and the latest scientific advancements, which have a direct impact on the mental health of modern people. They can be summarized as follows: 1. The revolution in communications and the wave of over-information 2. The emergence of artificial intelligence 3. The disintegration of traditional civil society and the fragmentation of society into separate communication bubbles through social networks 4. The growing threat of global conflict after the end of the Cold War and the threat of revision of post-war global security agreements 5. The deepening discrediting of traditional science and the foundations of modern knowledge 6. The impact of the COVID-19 pandemic and its consequences All these factors exert various effects on the psyche of the modern person: overload of perceptions, disorientation, inability to adequately assess events, breakdown of established cognitive schemes, loss of empathy, de-realization, dehumanization, magical thinking, and the emergence of archetypal apocalyptic fears. The clinical manifestation of these effects is various psychopathological symptoms and an increase in baseline or existential anxiety. In the context of Bulgarian culture, anxiety manifests in a way that differs from Western European models. The anxious Bulgarian is not anxious according to the commonly accepted norms for exhibiting such a state. He conceals his anxiety, masks it with various strategies, does not allow himself to consciously acknowledge that he is anxious, and pays the price with psychosomatic illnesses, which places him among the leading ranks in global mortality. The COVID-19 pandemic clearly demonstrated that the hidden morbidity from anxiety disorders, whether masked or manifested through cardiovascular, oncological, or other psychosomatic illnesses under extreme conditions like a pandemic, increases mortality to global levels.

Other

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Neil Greenberg , King's College London

This talk will cover the psychological challenges faced by military personnel who carry out arduous and dangerous duties.

Other

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Robert van Voren , FGIP

The war in Ukraine has not only global political consequences, but also affected other fields including mental health. While it is definitely not the only military conflict that the world faces, it is one that has the biggest influence in the way modern warfare is conducted. As a result, the psychological consequences are likewise influenced. A traditional means of conducting war has changed fundamentally as a result of modern technology. While the whole country is subjected to massive bombing attacks with missiles and drones, and front line regions are systematically erased from the face of the earth, the frontline has become a combination of a trench war reminiscent of the First World War, with an ongoing barrage of artillery, combined with a high-tech war with drones, resulting in a frontline not more than forty kilometers wide. A new aspect is also the “human safari”, hunting ordinary citizens in front line towns and cities, making killing indiscriminate and similar to computer war games – but now with real live victims. The introduction of AI will further this change in warfare even more. The physical and mental consequences of this type of warfare have reached a new level, as a result of the omnipresence of drones and the inability to find safe hiding places. Death rates at the front, and the high percentage of military mutilated by drones, also affect morale. The more than a million and a half military and veterans have families, and these families are part of communities, and thus virtually no Ukrainian will not be affected by the psychological consequences. In addition, many Ukrainians have to deal with the psychological consequences of the nightly bombardments with drones and ballistic missiles. After four years citizens have become exhausted due to sleepless nights, lack of electricity and heating and the absence of any light at the end of the tunnel. Those who fled the country will and return will be confronted with a completely changed and probably in some cases hostile environment.

Other

PLURALISTIC COLLABORATION AGAINST INSTITUTIONAL INJUSTICE

Helene Speyer , University of Copenhagen

Mental health care is facing a profound crisis of stagnation. Despite decades of normal science conducted within predominantly reductive frameworks, meaningful clinical progress has slowed, waiting lists continue to grow, dissatisfaction among service users and clinicians intensifies, and demands for resources exceed system capacity. These patterns point not only to scientific or economic shortcomings but to deeper structural and epistemic limitations in how distress is conceptualised. A central problem is typology overreach, in which the diagnostic system has expanded into an organising principle it was never intended to be. Typology overreach contributes to injustice. Through recursive feedback across macro, meso, and micro levels, it places responsibility for socially produced conditions onto individuals, narrows interpretive possibilities, and stabilises inequitable patterns of access and response. To move towards justice and equity, we need a new way of understanding human suffering. Pluralism has been proposed as a novel framework for thinking about mental health, recognising that complex problems require more than one perspective. While promising in academic discourse, I introduce here the idea of collaborative pluralism as a form of social innovation capable of intervening in these systemic mechanisms. Collaborative pluralism is operationalised through a six stage framework that includes threshold recognition, experience naming, explanatory model formation, the articulation of interventional principles, shared deliberation, and expectation alignment. These six stages function as system nodes where stakeholders can meet and contribute different legitimate and potentially incommensurable perspectives without being pushed toward forced consensus. In doing so, the framework acts as a leverage mechanism within a complex adaptive system, offering both a theoretically grounded and practically applicable means of mitigating the processes through which typology overreach reproduces institutional injustice.

Other

RESPONSIBLE TECHNOLOGIES FOR DEATH AND DYING

Elvira Perez Vallejos , University of Nottingham

The integration of technology into end-of-life practices—often referred to as Death Tech—is reshaping how individuals, families, and societies experience mortality in the digital age. This presentation explores the intersection of digital wellbeing, online safety and responsible artificial intelligence within this emerging domain. We examine how platforms and tools designed for memorialisation, grief support, and posthumous data management raise critical questions about privacy, consent, and emotional resilience. Drawing on principles of Responsible Research and Innovation, the session highlights risks such as digital exploitation, misinformation, and psychological harm, alongside opportunities for compassionate design and inclusive practices. By analysing real-world examples and ethical frameworks, we aim to provide actionable insights for researchers, developers, and policymakers to ensure that Death Tech promotes dignity, security, and wellbeing for all stakeholders.

Other

RETHINKING MENTAL HEALTH CARE IN TIMES OF CHANGE

Graham Thornicroft , Centre for Global Mental Health, King's College London

In this talk I shall give a brief contextual background about the global impact of mental health conditions. I will then present a series of proposals of what action we need to take to radically improve care for people with mental health conditions worldwide. I shall conclude by presenting a series of resources (see below) that may be of interest to participants at the 2026 ENMESH conference. Resources Thornicroft, G. & Sunkel, C. et al 2022. The Lancet Commission on ending stigma and discrimination in mental health. Lancet, 400, 1438-1480. Thornicroft G. Drake RE., Gureje O., Mueser K. & Szmukler G. (2025) Oxford Textbook of Community Mental Health (2nd edition). Oxford University Press, Oxford . Sartorius N. & Thornicroft G. (2025) Practical Professional and Leadership Skills. A Guide for Health and Social Care Professionals. Elsevier, London. World Health Organisation. Who Mosaic Toolkit to End Stigma and Discrimination in Mental Health. Copenhagen: World Health Organization, 2024. World Health Organization. Who Mental Health Atlas. Geneva: World Health Organization, 2025.

Other

WHAT WE COUNT, WHAT WE MISS: RETHINKING MENTAL HEALTH SERVICE EVALUATION

Sara Evans-Lacko , Institute of Psychiatry at King's College London

Mental health needs, service models and data environments are changing, with increasing use of digital tools, hybrid modes of delivery and new opportunities to link information across systems. Over the same period, social and economic inequalities have widened in many settings, and structural barriers continue to shape who receives support, what kind of care is offered and how long people are able to remain engaged. In this context, there is a growing need to reconsider what we evaluate and why. In this talk, I will focus on how implementation and engagement are assessed in relation to mental health services, including questions of reach, acceptability, sustained participation and quality of delivery. Drawing on examples from digital and in-person interventions, I will discuss approaches to examining whether people not only gain access to care but are able to use it in ways that fit their everyday constraints. I will then consider how structural and cross-sector policies in areas such as education, employment and social protection can be conceptualised and evaluated as part of the broader mental health service environment, including attention to education, work and other life chances trajectories.

Other

WORKING IN THE MARGINS: HOW RESEARCHERS WITH LIVED EXPERIENCE INFLUENCE RESEARCH, AND WHAT WE CAN DO TO SUPPORT THEM

Stefan Rennick-Egglestone , Institute of Mental Health

Researchers with personal lived experience of mental health problems benefit the quality of mental health research in many ways, from drawing on their knowledge to enable equitable, productive and destigmatised interactions with participants, through to prioritising the selection of research questions and implementation approaches that have the capacity to make a difference to people who are struggling. We need a pipeline by which people with lived experience can enter research professions, and progress through to leadership roles. Continued work to enable such a pipeline requires us to address known challenges associated with the causes and phenomenology of mental health problems and their impact on current and potential lived experience researchers, such as inequalities in educational access, and the raised emotional labour of lived experience research. In this keynote, I will talk about how lived experience researchers benefit health research, and how we can enable them to succeed.

ORAL PRESENTATIONS

Abstracts are arranged in alphabetical order by title.

A QUALITATIVE VIEW ON THE THERAPEUTIC ALLIANCE IN TEAM-BASED CARE FOR SEVERE MENTAL ILLNESS

Melina Tetzlaff , Lentis Psychiatric Institute and University of Groningen

Jojanneke Bruins , Lentis Psychiatric Institute
Stynke Castelein , Lentis Psychiatric Institute

Introduction: The therapeutic alliance (TA) is a well-established predictor of treatment engagement and outcomes, yet its conceptualization and evaluation have traditionally relied on dyadic frameworks. For individuals with severe mental illness (SMI), contemporary care is delivered primarily in multidisciplinary teams, raising questions about how a meaningful TA is established and maintained when responsibility treatment is shared across providers. Method: This study explores how mental health practitioners (MHPs) and peer support workers (PSWs) understand, develop, and navigate the TA within team-based SMI care. We aimed to: 1) conceptualize the general TA; 2) identify factors that facilitate or hinder TA development; 3) provide an initial exploration of a treatment team alliance in multidisciplinary settings; and 4) formulate practice-oriented recommendations for TA development. N=13 MHPs and PSWs from psychiatric institutes in the Netherlands participated in in-depth, semi-structured interviews. Data were analyzed using inductive thematic analysis, iterative coding, researcher triangulation, member-checking, and external reflection. Results: Participants described the TA as a dynamic, reciprocal, and context-dependent process. Key facilitators included genuine personal connection, authenticity, transparency, reliability, balanced professional boundaries, and collaborative decision-making. Regarding team-based care, participants emphasized the importance of consistent relational approaches across team members, effective internal communication, a designated point of contact, and client choosing their MHPs. While the collective team relationship was considered essential, ruptures with individual team members could destabilize the broader alliance. Discussion-Conclusion: These findings challenge traditional protocol-centric models in treatment and argue for renewed measurement approaches that capture TA dynamics across treatment-teams.

A SYSTEMATIC REVIEW OF REFUGEE MENTAL HEALTH STIGMA: IMPLICATIONS FOR ENHANCING THERAPY INITIATION

Eva Gharibi , UCL

Caroline Dix , University of Sheffield

Refugees and asylum seekers experience disproportionately high rates of mental health disorders, yet their engagement with psychological therapies remains notably low. One key factor identified in the literature is the role of stigma and negative attitudes toward mental health and help-seeking. This systematic review synthesised existing research on refugees' and asylum seekers' attitudes and stigma towards mental health. Following PRISMA guidelines, 23 studies were identified and analysed, including qualitative (n = 14), quantitative (n = 6), and mixed-methods studies (n = 3). A thematic synthesis revealed four overarching themes: (1) Stigma as a Barrier to Help-Seeking, including fears of being labelled "crazy," concerns about confidentiality, and the influence of gendered cultural expectations; (2) Cultural and Religious Frameworks Shaping Understandings of Distress, with mental illness often attributed to God or supernatural causes, and healing linked to religious and familial support; (3) Mistrust and Barriers in Accessing Services, reflected in preferences for community-based support, distrust in Western healthcare systems, and fears of institutional repercussions; and (4) The Need to Increase Mental Health Awareness to challenge misconceptions and reduce stigma. Findings highlight how stigma is intertwined with cultural, religious, and structural factors that shape refugees' perceptions of mental health and influence their engagement with therapy. Addressing these barriers requires culturally sensitive psychoeducation, community outreach, and improved trust between refugees and healthcare systems. Future interventions should prioritise collaboration with refugee communities to foster understanding, reduce stigma, and promote equitable access to mental health care.

ACCESS TO JUSTICE FOR PERSONS WITH PSYCHOSOCIAL AND INTELLECTUAL DISABILITIES IN MENTAL HEALTH PROCE

Dimitar Germanov , Foundation "Global Initiative on Psychiatry"

Kalina Ivanova , Foundation "Global Initiative on Psychiatry"

Access to Justice for Persons with Psychosocial and Intellectual Disabilities in Mental Health Proceedings Abstract Introduction Ensuring access to justice for persons with psychosocial and intellectual disabilities is a key human rights obligation under Article 13 of the UN Convention on the Rights of Persons with Disabilities (CRPD). In mental health-related judicial proceedings, such as involuntary treatment, placement in residential social services, and restrictions of legal capacity, effective participation of affected persons remains limited. This study explores the support and training needs of stakeholders involved in these procedures in Bulgaria. Methods A qualitative study was conducted between February and May 2020. Data were collected through four focus groups and ten semi-structured interviews in three locations (Sofia, Lovech, and Lukovit). Participants represented all major stakeholder groups involved in mental health-related court proceedings, including judges, prosecutors, lawyers, social workers, healthcare professionals, police officers, municipal authorities, court experts, guardians, interpreters, and persons with lived experience. Results The findings indicate the absence of a unified, rights-based procedural framework ensuring effective access to justice for persons with psychosocial and intellectual disabilities. While some stakeholders perceived current practices as sufficient, most identified significant gaps in knowledge related to mental health conditions, available social and health support systems, human rights standards, and reasonable accommodations. Communication with persons with disabilities was reported as a major challenge and was frequently associated with violations of procedural rights. Participants emphasized the need for improvements in expert assessments, social reports, and judicial oversight. Discussion and Conclusion Access to justice in mental health proceedings depends not only on procedural safeguards but also on professional attitudes toward disability. The study highlights the need for coordinated, interdisciplinary training grounded in CRPD principles, anti-stigma approaches, and individualized reasonable accommodations to ensure meaningful participation and equality before the law. Keywords Access to justice; mental health; human rights; psychosocial disability; reasonable accommodations

ADVANCING CROSS-CULTURAL APPLICABILITY OF RECOVERY COLLEGE MECHANISMS AND TOOLS

Yasu Kotera , University of Nottingham

Sara Vilar Lluch , Cardiff University
Claire Henderson , King's College London
Mike Slade , University of Nottingham

Background: Recovery Colleges (RCs) offer an educational approach to mental health grounded in co-production, adult learning and personal recovery. As RCs now operate globally, questions remain about how well key mechanisms and tools (the RECOLLECT Change Model (RCM) and Fidelity Measure (RFM), both developed in England) apply across cultures. This Delphi study is the first systematic effort to identify which RCM and RFM components are culturally robust and which require adaptation. Methods: A global Delphi following Belton's six-step methodology is underway, recruiting experts globally. Round 1 included responses from 54 panellists across 21 countries. Quantitative ratings assess importance and cultural difficulty of each RCM and RFM item. Exploratory regressions examine associations with cultural metrics. Qualitative input will undergo linguistic analysis to identify culturally aligned phrasing and potential revisions. Member checking will follow the final round. Preliminary Findings (final findings to be identified before the conference) Round 1 showed strong consensus (>70%) on the importance of most items, with borderline agreement for Tailor to students (69%) and Community focus (70%). Cultural difficulty ratings varied; only Learning, Social connectedness and Commitment to recovery were consistently viewed as not difficult to implement. No associations met $p < .05$, but trend-level links ($p < .10$) indicated that Uncertainty Avoidance corresponded to higher importance placed on Tailor to students and Community focus, while Cultural Tightness corresponded to lower perceived difficulty in facilitating personal growth. Discussion: Forthcoming linguistic analyses will identify culturally meaningful expressions for items showing variability, informing recommendations to enhance the global applicability of RCM and RFM. This cross-cultural enhancement approach may serve as a model for adapting other international mental health frameworks.

AI-DRIVEN PSYCHOLOGICAL FIRST AID FOR FIRST RESPONDERS: A CASE-SPECIFIC DECISION-SUPPORT TOOL

Talia Meital Schwartz Tayri , Ben Gurion University

Dan Vilenchik , Ben Gurion University

Psychological First Aid (PFA) is widely recommended after potentially traumatic events, yet first responders often receive limited training, and real-time implementation remains difficult to standardize. We developed an AI-driven decision support app to deliver case-specific PFA guidance during the first 48 hours post-exposure. Grounded in WHO PFA, the SIX Cs cognitive-activation model, and PIES "forward psychiatry" principles, we built a large-language-model system within a secure messaging interface supporting Arabic, English, and Hebrew. A nine-member multidisciplinary team curated 20 prototypical acute stress reaction scenarios with structured five-step responses, then iteratively refined prompt engineering, safety constraints, and cultural adaptation over eight weeks. Semantic case matching and template-based generation, rather than open-ended chat, were used to preserve fidelity and reduce hallucinations. In bench testing with over 80 real-world queries from social workers, paramedics, and other responders, the system produced structured recommendations within 5–7 seconds over mobile networks. Expert review confirmed strong adherence to WHO and SIX Cs principles and appropriate application of PIES rules, while flagging edge cases (e.g., child bereavement, intra-familial violence) requiring additional safeguards and expanded templates. The system ran reliably on an AWS Frankfurt Virtual Private Cloud with encrypted storage and minimal metadata retention. An expert-guided, case-based LLM architecture can translate established PFA models into scalable, standardized, yet contextualized guidance across disasters, conflict zones, and routine emergencies. Beyond augmenting field care, the tool supports just-in-time training and systematic evaluation of PFA delivery. Ongoing simulation and naturalistic studies will assess its impact on acute stress reactions, usability, and ethical-legal acceptability, informing broader integration of AI decision-support into mental health services.

ANCHORS FOR RESILIENCE: AN ECOLOGICAL RESILIENCE-INFORMED SCHOOL INTERVENTION IN TIMES OF WAR

Orit Nuttman-Shwartz , Anchors for Resilience A Weizmann Institute of Science initiative, Israel

Alon Chen , President, Weizmann Institute of Science; and Chair of the Board, Anchors for Resilience A Weizmann Institute of Science initiative, Israel
Shira Garber , Anchors for Resilience A Weizmann Institute of Science initiative, Israel

Introduction: Anchors for Resilience is a community-based, resilience-informed educational intervention developed during the “Iron Swords” War to address children’s psychosocial needs amid large-scale disaster. Grounded in an ecological resilience framework, the program targets individual, relational, school, family, and community levels to enhance coping, connectedness, and a sense of safety. Adapted from the Resilience-Informed Educational Systems model, it uses a peer-mentoring (“big brothers and sisters”) approach to promote resilience among both students and facilitators. Methods: The 2024–2025 pilot was implemented in 14 schools in southern Israel, involving 70 classrooms and approximately 2,500 students. Ninety-seven undergraduate facilitators conducted weekly paired sessions. Data included 720 structured monthly facilitator reports and were analyzed using a mixed-methods approach combining Aspect-Based Sentiment Analysis with AI-assisted qualitative analysis under human supervision. Results: Findings showed high initial fidelity to core components, followed by adaptive, context-responsive implementation. Classrooms received an average of 17 of 31 planned sessions. Effective practices included experiential activities, flexible facilitation, collaboration with teachers, and school- and community-level engagement. Challenges related to behavioral difficulties, inconsistent teacher involvement, logistical barriers, and content complexity. Reported outcomes included improved emotional expression, classroom climate, relational trust, and community engagement. Conclusion: Anchors for Resilience demonstrates the feasibility and preventive value of an ecological, trauma- and resilience-informed school-based intervention during prolonged emergencies, offering a scalable model for strengthening child and community resilience. Keywords: Ecological resilience; community-based prevention; trauma-informed education; child mental health; large-scale disaster

ARE PEER WORKERS STIGMATIZED IN THEIR WORKPLACE ? A MIXED METHOD PARTICIPATORY STUDY

Adrien Seguela , University of Bordeaux

Simon Felix , University of Bordeaux
Antoinette Prouteau , University of Bordeaux

Background : Peer support has emerged as a critical intervention for advancing recovery-oriented approaches in mental health care. However, qualitative research on peer support implementation suggests that peer workers (PWs) frequently encounter stigmatization within workplace settings. A deeper understanding of these stigmatization experiences is essential to optimize the integration of PWs in mental health systems. Aims : This study aims to i) identify stigmatizing situations experienced by PWs ii) characterize their relative importance and iii) identify individual and contextual factors associated with this stigmatization. Methods : A multi-phase mixed-methods participatory approach was adopted to address these objectives. Initially, a focus group-like method including PWs (N=9) was used to select the 15 most relevant situations of stigmatization in the workplace. Subsequently, an online survey was disseminated among PWs (N=68) and other mental health professionals (N=79) to characterize the frequency, perceived stigmatization and distress associated with these situations. Finally, associated individual and contextual factors were explored. Results : The study identified 15 work situations where PWs experience stigmatization, often linked to considerable distress and with variable frequency. Personal recovery, training and social support were factors strongly associated with perceived stigmatization. Conclusions : These findings provide strategies to improve PWs' integration into mental health services.

ARE RECOVERY QUESTIONNAIRES THERAPEUTIC TOOLS OR MENTAL HEALTH SERVICE EVALUATION MEASURES?

Rosa van Mourik , GGZ Noord-Holland-Noord, Research Department

Marjolein van Dijk , GGZ Noord-Holland-Noord, Research Department
Eva Velthorst , GGZ Noord-Holland-Noord, Research Department

Introduction Questionnaires are important tools for measuring recovery and informing treatment decisions in mental healthcare. However, a challenge is that questionnaires often serve two main purposes: (1) providing meaningful insight into an individual’s recovery process to inform treatment decisions, and (2) generating reliable data on recovery patterns at an organisational level. Initially, questionnaires are often chosen to measure recovery at the organisational level, but they are not always well-suited to diverse groups of care users and are sometimes ignored during treatment. There is a need for short and valid questionnaires that can serve both purposes in a diverse group of care users. Ideally, it measures multiple dimensions of recovery in one composite questionnaire: symptomatic, i.e. (mental) health, societal, i.e. active participation in society, and personal recovery based on the CHIME framework. Methods We have created a composite questionnaire that includes indicators of symptomatic, personal, societal and somatic recovery. These indicators are derived from the Mental Health Inventory (MHI-5), the Brief INSPIRE-O and items from the MANSA and the Functional Remission Scale. We used feedback from care users and providers to refine this composite questionnaire on several occasions. We validated the resulting composite questionnaire by comparing the outcomes of care users on the short questionnaire to their outcomes on full recovery measures (OQ-45, MANSA and full INSPIRE-O) for each recovery dimension separately. Furthermore, the sensitivity of change of the composite measure before and after treatment was assessed in care users. Results and discussion: We will present preliminary findings from the pilot implementation studies, alongside initial results from the validation study. We will also discuss the implications of measuring recovery at individual and group levels, and the tension between these two goals.

ASSESSING THE COST-EFFECTIVENESS OF BRIEF PSYCHOLOGICAL INTERVENTIONS FOR CONFLICT-AFFECTED REFUGEES

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Richard Bryant , School of Psychology, University of New South Wales
Aemal Akhtar , Department of Clinical Neuroscience, Division of Insurance Medicine, Karolinska Institutet
Sebastian Burchert , Department of Education and Psychology, Division of Clinical Psychological Intervention, Freie Universität Berlin
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Introduction: Globally there were 117 million displaced people in 2025, including more than 42 million refugees, the greatest number since the Second World War. There is substantial evidence on the immediate and long-term adverse impacts of conflict on the mental health of refugees and displaced people, making them an important group for mental health intervention. A recent review indicated that the evidence base on the cost effectiveness of mental health interventions for this group is very limited and that is it essential to strengthen this evidence base to understand not only what interventions are cost-effective but how they can be implemented cost-effectively. Methods: We assessed cost-effectiveness of a culturally-adapted version of Problem Management+ (PM+). Developed by the WHO, this is a brief 5-session psychological intervention that targets symptoms of common mental disorders. This was delivered by trained refugees from the Syrian conflict to their adult peers, as part of randomised controlled trials in different contexts and using different modes of delivery: Jordan and Switzerland (individual-based therapy), the Netherlands and Türkiye (group-based therapy) and Egypt, Sweden and Switzerland (e-therapy). Overall, more than 2,300 people were enrolled. In each trial the comparator was care as usual and the primary measure for the economic analysis was incremental cost per quality adjusted life year gained at 3-month and 12-month follow up from both the healthcare system and societal perspectives. Results: We will present detailed results which indicate that despite very different implementation contexts, e.g. access to health care services, host community integration, and restrictions on personal liberty, there is a promising economic case for investment. Discussion: As well as demonstrating there is an economic

case we also highlight implementation learnings for replication/adaptation for other target population groups affected by conflict.

ASSOCIATED FACTORS OF THERAPEUTIC ALLIANCE IN PEOPLE WITH SEVERE MENTAL ILLNESS: A SYSTEMATIC REVIEW

Melina Tetzlaff , Lentis Psychiatric Institute and University of Groningen

Jojanneke Bruins , Lentis Psychiatric Institute
Stynke Castelein , Lentis Psychiatric Institute

Introduction: Despite the recognized importance of the therapeutic alliance (TA) in mental health care services for people with severe mental illness (SMI), research examining factors associated with the quality of the TA remains limited. Methods: This review systematically synthesizes literature on factors associated with TA quality across six domains: client, mental health professional (MHP), clinical, social, care, and other factors. TA ratings from clients, MHPs, and independent observers are included. Parallel literature searches in PsycInfo, Medline, and PubMed between 2000-June 2025 identified 5198 potential articles, of which 48 met inclusion. Results: Factors associated with better client-rated TA included better illness-insight, client secure attachment style, positive outcome expectancy, less stigma, use of supportive techniques during therapy, and early positive connections. For MHP-rated TA, better outcomes were linked to better client insight, MHP attachment style, early positive connections, and less severe client symptomatology. Discussion-Conclusion: Clinical symptom severity influenced MHP-rated TA, but not client-rated TA. A secure attachment of the client favored TA quality, while other attachment styles appeared to be unrelated to TA. Early positive interactions between client and MHP establish a foundation for later stable TA. Creating a warm, supportive environment helps clients overcome stigma and develop positive outcome expectations. Emphasizing supportive techniques such as providing feedback and shared agenda-setting, rather than focusing solely on the clients' symptomatology, may enhance TA perception. Future TA research may benefit from understanding the interplay between client and MHP-related contributions to the alliance, thereby incorporating the multidisciplinary nature of MHPs involved in SMI treatment.

ASSOCIATION BETWEEN EVOLUTION IN HIGH AND INTENSIVE CARE IMPLEMENTATION AND COERCIVE MEASURES

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Introduction: The development of Psychiatric High and Intensive Care (HIC) wards in Belgium—adapted from the Dutch model (van Mierlo et al., 2013)—represents an innovation in the treatment of patients with acute and severe psychiatric conditions. The HIC model is designed to prevent escalation on psychiatric wards and to reduce the use of coercion by offering humane, intensive, and needs-adapted care grounded in participatory practices and continuity of care. To support implementation, the HIC model is evaluated using the HIC Monitor, which encompasses ten domains assessed through peer-led audits across all 31 Belgian HIC wards. The first objective of this presentation is to provide insight into the peer audit methodology and its role in consolidating this innovative evaluation practice. The second objective is to examine whether higher HIC Monitor scores are associated with lower use of coercive measures. Methods: Since 2021, the implementation of HIC in Belgium has been monitored across 31 wards using: (1) biennial peer audits between wards based on the HIC Monitor, and (2) annual activity reports from HIC wards providing information on the use of coercive measures. Results: The first and second rounds of peer-led audits showed an association between higher scores on the HIC Monitor and a decrease in the use of seclusion. By June 2026, the third round of peer audits will have been completed, allowing us to assess whether a progressively stronger degree of implementation is associated with a further reduction in the use of seclusion, and whether a similar pattern is observed for the use of mechanical restraint. Discussion: The peer audit process provides essential scientific information about the implementation of the HIC model in Belgium. Moreover, it promotes reflection, learning, and continuous quality improvement within each ward.

BARRIERS AND ENABLERS TO SHARED DECISION-MAKING IN RISK ASSESSMENT AND MANAGEMENT

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Introduction Shared decision-making (SDM) is central to rights-based mental health care, yet its implementation in the assessment and management of risk remains inconsistent. This programme of research investigates perceived barriers and enablers to SDM across key stakeholder groups. Methods We conducted qualitative interview studies with service users (published in PLOS Mental Health, 2024) and professionals (preprint on medRxiv, 2025). A third study with carers is currently underway. Data collection and analysis were guided by the Theoretical Domains Framework for behaviour change, which encompasses fourteen domains identified as influencing behaviour. Results: Service users reported limited involvement in identifying risk, and most were unaware of the information included in their risk management plans. Perceived barriers to involvement included difficulty talking about sensitive topics, the emotional impact of engaging in discussions about risk and power dynamics. Enablers included improved understanding of risk and enhanced ability to maintain safety. Professionals reported barriers such as challenges related to decision-making capacity, the type of risk being discussed, the quality of the therapeutic relationship, and fear of negative consequences such as causing distress, disengagement, or reinforcing stigma. Enabling factors included a supportive multidisciplinary team, training received as part of education and practice, and a commitment to empowerment and person-centred care. Carer perspectives are expected to add further insights. Discussion/Conclusion: The findings of the study highlight that mental health professionals and service user support SDM, but a range of complex factors influence consistent implementation in practice. This research provides a foundation for developing behaviourally informed strategies or interventions to enhance collaborative, person-centred approaches to risk assessment and management in mental health services

BETWEEN CHILDHOOD MALTREATMENT AND SUBJECTIVE WELLBEING: SELF CONCEPT CLARITY AS A MEDIATOR

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Introduction: Childhood maltreatment is linked to adverse outcomes across the lifespan, yet mechanisms through which early trauma influences later wellbeing remain incompletely understood. Self-concept clarity (SCC), the extent to which self-beliefs are clearly defined, internally consistent, and stable, may play a key role in explaining these relationships. This study examined whether SCC mediates the relationship between childhood maltreatment and subjective wellbeing. Method: Participants (N = 668) completed standardized measures of childhood maltreatment, self-concept clarity, and subjective wellbeing. Mediation analysis using Hayes' PROCESS macro (Model 4) with bootstrapping examined direct and indirect effects of childhood maltreatment on subjective wellbeing through self-concept clarity. Results: Childhood maltreatment negatively predicted self-concept clarity ($b = -1.42$, $p < .001$) and subjective well-being ($b = -0.86$, $p < .001$). Self-concept clarity positively predicted subjective well-being ($b = 0.22$, $p < .001$). The relationship between childhood maltreatment and subjective well-being was partially mediated by self-concept clarity, with a significant indirect effect ($b = -0.31$, 95% CI [-0.37, -0.24]) accounting for 36% of the total effect. The mediation model explained 46% of the variance in subjective well-being. Conclusions: Disruptions to self-concept clarity represent an important mechanism through which childhood maltreatment influences subjective well-being in adulthood. Interventions targeting the development of a clearer, more coherent sense of self may benefit individuals with maltreatment histories. Future research should explore additional mediators and examine whether enhancing self-concept clarity can mitigate the negative effects of childhood maltreatment on well-being.

Discrimination, equality and human rights

BUILDING A LIVED EXPERIENCE INFORMED & INCLUSIVE RESEARCH ENVIRONMENT

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Introduction: Researchers with lived experience (LE) combine academic training with personal, transformative experiences of mental health challenges and apply these perspectives to enrich research. The value of LE-led research is increasingly recognized as essential for advancing mental health research. However, persistent barriers in research settings limit the full potential of LE expertise, therefore knowledge and guidance are needed. Methods: The Danish ‘Network of Researchers with Lived Experiences’ was surveyed regarding the LE role. Seven members participated in two focus groups (one in-person, n=3; one online, n=4), facilitated by CHP and JWD. CHP and JWD collaboratively coded the data and identified four primary needs of the network: 1) Increased awareness and understanding of the purpose; 2) A clear and transparent definition of the role; 3) Leadership and professional development in LE expertise; and 4) Training in LE-led research, co-production, and dissensus. These four needs were elaborated in a discussion with five participants, including newly joined network members, adding the need for further elaboration with: Empirical knowledge of the field; Best-practice guidelines for LE workforce employment; and Expert review from international LE research leaders. Results: The guideline addresses: 1) LE role definitions and identity, including the values and barriers of LE-led research; and 2) Guidance to apply LE research expertise, employment of LE expertise researchers, disclosure boundaries, considerations of LE leadership and workplace resources, and development of LE training for all research staff. Discussion: Although the value of LE-led research is increasing, persistent barriers remain such as unclear LE roles, stigma, underdeveloped leadership pathways,

and systemic undervaluing of co-produced knowledge. While the guidelines offer ways to challenge existing hierarchies, real progress relies on their adoption by funders, leaders, and policymakers.

Mental health in times of war and trauma

CLIMATE ANXIETY AND EMOTIONS IN SOUTH ASIA: A YOUTH PERSPECTIVE

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Climate change is being recognized worldwide as an emotional and psychological crisis, affecting youth and other vulnerable groups. At present, there is little to no research on this originating from one of the most climate-vulnerable and densely populated regions of the world, South Asia. Here, a diverse population of over 1.9 billion is at risk of deadly heatwaves, flooding, cyclones, forced displacement, disaster-induced poverty, and other traumatizing events this century. My thesis critically examines and contextualizes current research on climate anxiety and emotions within the South Asian context. It adapts and expands upon this literature by drawing from the lived experiences of young residents aged 18-30. The study combines three methods: an online survey that garnered 245 responses; 12 in-depth interviews; and two focus groups involving youth, mental health professionals, and climate experts and advocates from the region. Over half of the survey participants were directly affected by climate change, and nearly all suffered indirect impacts. A total of 78.8% identified with climate anxiety and related emotions, of which 48.7% struggled with it consistently, and 30.1% occasionally. The most common stressors were heatwaves and floods. Climate emotions vary based on vulnerabilities like prior exposure to extreme climate events (worry, stress, fear) and lifestyles, like close involvement in climate action (anxiety, motivation, resilience). Interview and focus group findings revealed both optimism for this topic and frustration regarding inadequate systemic action, mental health stigma, and lack of culturally relevant resources. Nonetheless, there was a recurring curiosity about the climate-mental health nexus and a positive regard for gaining access to terms that defined people's lived experiences over many years. There is a need for culturally considerate, intersectional, and decolonial literature that is rooted in local nuances. This could inspire communal care, effective support systems, systemic and public acceptance, and transform health and climate plans to include the mental and emotional impacts of climate change in one of the world's most vulnerable and young regions.

CO-DEVELOPED TOOLS TO REDUCE STRUCTURAL STIGMA IN CANADIAN HEALTH-CARE SETTINGS

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Structural stigma—embedded in policies, practices, and organizational culture—continues to undermine access, quality, and equity for people with lived and living experience of mental health and/or substance use health problems or illnesses (PWLLE). This presentation introduces a practice-oriented model, developed by the Mental Health Commission of Canada, for identifying and addressing structural stigma using a suite of tools co-designed with PWLLE. Early piloting demonstrates strong potential to guide system-level improvement that advances more equitable and rights-affirming approaches to care. We focus on three complementary resources developed to support system-level change: 1.A practical implementation guide to assess readiness, engage leadership, and embed stigma-reduction strategies into existing quality-improvement efforts. 2.Validated structural-stigma measurement scales that capture service-user experiences and help organizations identify inequities and track change over time. 3.A web-based eLearning course that builds leaders' awareness, reflexivity, and capacity to recognize how structural factors shape patient experiences and drive inequities. Using early pilot data from one implementation site, we highlight promising shifts in provider attitudes and knowledge, as well as insights into how organizational structures can unintentionally marginalize certain groups. These findings demonstrate how the tools can support more inclusive, person-centred practice and reinforce health care's responsibility to uphold dignity, fairness, and human rights in service delivery. Together, these tools represent a scalable, evidence-informed approach with significant potential to transform health services. By grounding the work in lived experience and equity principles, this model offers a pathway for organizations seeking to reduce structural harms, strengthen cultural safety, and create health-care environments where all people can receive respectful, high-quality care

CO-PRODUCING MENTAL HEALTH SERVICES RESEARCH WITH SOCIALLY EXCLUDED PEOPLE: A REVIEW CASE STUDY

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People in inclusion health groups (those experiencing homelessness, substance dependence, vulnerable migration, modern slavery, contact with the criminal justice system, Gypsy Romany and Travelers, involved in sex work) face profound mental health inequalities. Systematic reviews often homogenise these groups or fail to engage those with lived experience,. To address this, we embedded stakeholders throughout our realist synthesis, ensuring the research reflects the priorities of those most affected. We undertook a realist synthesis to develop programme theories explaining how to improve mental healthcare for people from inclusion health groups, and why and under what circumstances these improvements may work. We worked alongside stakeholders (including clinicians, commissioners, voluntary sector partners, policymakers) and people with lived experience to define the review question. Realist synthesis involves inductive and deductive analysis, including exploration of transferability, relevance, and researcher hunches; we worked with multiple stakeholder focus groups to coproduce these processes, aiming to ensure diverse perspectives were represented and to avoid homogenisation of experience. Early coproduction resulted in focusing on stigma and discrimination in non-specialist services, and contributed to early programme theory development and the design of iterative searching. Engagement informed working definitions of stigma, clarified assumptions about transferability within and across inclusion health groups and supported retrodictive thinking regarding how/why changes happen. These contributions strengthened the relevance and inclusivity of the programme theories. This work demonstrates that relevance of mental health services research is improved when lived experience shapes research design and interpretation. Researchers should embed lived experience throughout reviews, thus reducing tokenism, and enhancing relevance and applicability of findings.

COMMUNITY RESILIENCE AND A PSYCHOLOGICAL FIRST AID INITIATIVE IN A WAR-EXPOSED STUDENT POPULATION

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Following the ongoing “Iron Swords” war, Ben-Gurion University of the Negev implemented an on-call Psychological First Aid (PFA) system during exam periods, after more than 18 acute stress reactions (ASR) were documented in exam rooms. Trained clinicians were available on a one-minute call to deliver brief, protocol-based PFA and refer students to the university resilience center for follow-up care. This study examined the associations between personal resilience, perceived stress, community resilience, and attitudes toward the PFA system during the second semester of the 2023/24 academic year. About 200 students participated, mainly from engineering, the humanities, and social sciences. Measures included personal resilience, community resilience, perceived stress, and a two-item index of attitudes toward the PFA initiative (Cronbach’s α = .57–.90). Participants reported high exposure to emergency events, typically one or two incidents. Descriptive statistics indicated moderate perceived stress, relatively high community resilience, and medium to high personal resilience; students rated the PFA system as highly important. Correlation analyses showed strong negative associations between perceived stress and both community resilience and personal resilience, and a moderate positive association between community and personal resilience. A multiple linear regression with personal resilience as the outcome and PFA attitudes, emergency exposure, perceived stress, and community resilience as predictors (complete-cases subsample) explained 44% of the variance in personal resilience ($R^2 = .44$, adjusted $R^2 = .30$; $F(4,16) = 3.12$, $p = .045$). Findings highlight the central role of perceived stress, rather than objective exposure, in shaping personal resilience among students living and studying in a shared war reality, and point to the need for stress-reduction and resilience-building interventions alongside PFA systems in academic settings.

COMPREHENSIVE MODEL OF STIGMATIZATION TOWARD PEOPLE DIAGNOSED WITH MENTAL DISORDERS IN MENTAL HEALTH

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People with mental disorders (MD) experience stigma even from mental-health (MH) staff, whose close and continuous contact with users makes their role especially relevant The study aimed to develop a comprehensive theoretical model of stigmatization toward adults diagnosed with MD in secondary-level MH centers A convergent mixed-methods study in 12 MH centers in south-central Chile involving users with MD, MH staff, and managers. The quantitative phase included 218 staff members who completed scales on humanized care, social distance, and attitudes toward MD. The qualitative phase included 58 users, 51 professionals, 17 managers, group interviews, and ethnographies in six centers across three months each. Data (July 2022–July 2023) were audio-recorded, transcribed, and analyzed using thematic analysis (NVivo12) Six themes emerged: health system, health centers, work experience in MH, individual factors, user care, and consequences. At the macrosocial level, chronic underfunding and the prioritization of individual care—reinforced by FONASA financing—undermine the community model and contribute to structural stigma. At the meso level, centers reproduce institutional pressures, resource scarcity, and team devaluation, reinforcing associative stigma. At the micro level, workload and resource struggles erode care quality. While users generally value staff, stigma appears through diagnosis-centered biomedical practices, distrust, mockery, and paternalism that limits autonomy. These forms reflect interactions among structural, institutional, and individual factors (e.g., user diagnosis or appearance; staff education or beliefs about dangerousness). Stigma in MH care is shaped by macro-, meso-, and microsocial dynamics and intersects with structural and associative stigma. It arises not only from individual attitudes but from broader social and organizational conditions. Stigma has also evolved into subtler forms, making its detection and mitigation increasingly difficult

CONVERGING AND DIVERGING PERSPECTIVES: A MULTI-STAKEHOLDER EXPLORATION OF ANTIPSYCHOTIC MEDICATION

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Background: Antipsychotics are considered the first line treatment for Serious Mental Illnesses (SMI) such as schizophrenia and schizoaffective disorders. Yet, they are often accompanied by adverse effects that can significantly impact patients' quality of life and influence both patients' and their relatives' willingness and attitude toward using them. Methods: focus groups conducted with three key stakeholder groups-parents, consumers of antipsychotic medication, and psychiatrists were applied to illuminate areas of convergence and divergence in their experiences and attitudes toward antipsychotic medication. Results: All three groups grappled with profound ambivalence about antipsychotics, recognizing both benefits and costs. Stigma emerged as a central concern across perspectives, manifesting as internalized shame, fears of being labeled "defective" and hierarchies around different medication severity. The quality and nature of relationships with other stakeholders was found to influence treatment decisions and experiences. Each group also emphasized the tension between medication's role in crisis stabilization and functional recovery versus concerns about diminished agency and autonomy. Parents highlighted systemic issues such as poor service coordination, trial-and-error prescribing with limited information, and the painful emotional tension between protecting their child and respecting autonomy. Those with lived experience using antipsychotics uniquely articulated how medication affected their sense of identity and self, and described specific fears around parenting competence, custody loss, and social pressure related to adherence. Psychiatrists emphasized how clinical experience and therapeutic relationships guide prescribing. Discussion and conclusions: Analysis emphasize the need for improved information-sharing, systemic coordination, and family-centered care models that honor consumers autonomy while supporting parents navigating uncertainty.

DEPRESSIVE SYMPTOMS AMONG OLDER GAY MEN: WHAT ARE THE MOST IMPORTANT DETERMINANTS?

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Background: Studies have shown that gay men experience higher levels of depression and are more likely to report suicidal ideation, plans, and attempts over their lifetime compared to heterosexual men. However, most studies have been conducted with adolescents and young adults, while there is a lack of research focusing on older adults. The aims of this study are to assess the level of depressive symptoms among older gay men and examine the associations between five key factors-loneliness, internalized homophobia, self-esteem, ageism, health behavior-and depressive symptoms. Methods: The convenience sample included seventy-nine gay men living in the community. Prospective participants were recruited by facilitators of social and support groups, who either distributed the questionnaire directly to members on-site or forwarded a link to their emails. All study measures used were valid and reliable. Results: Participants' mean level of depression exceeded the scale's cutoff point for detecting depression, indic

DIGITAL COPING, ACTIVISM, AND MENTAL HEALTH ADAPTATION DURING ARMED CONFLICT

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During prolonged armed conflict, digital platforms become central to how individuals manage uncertainty, regulate distress, maintain social connection, and mobilize politically. Yet empirical evidence on how digital coping relates to well-being, resilience, and civic participation remains limited. This study examines patterns of digital coping during ongoing conflict and their associations with psychological and social adaptation, using a newly validated scale that captures coping at personal and community levels. A cross-sectional online survey is being conducted among adults experiencing continuous wartime stress. The survey includes the digital coping scale along with measures of political activism, psychological well-being, and resilience. Additional items assess the perceived usefulness of digital tools for emotional regulation, information management, collective solidarity, and meaning-making. Data are analyzed using correlational models and multivariate regressions to identify distinct digital coping profiles and their psychological correlates. Preliminary findings reveal considerable variation in digital coping behaviors: some individuals rely on social support, others on information seeking, and others on digital civic engagement. Constructive digital coping—such as maintaining supportive ties, participating in community groups, or engaging in moderated political action—is associated with higher resilience and emotional well-being. In contrast, compulsive monitoring, conflictual engagement, and exposure to distressing content appear linked to lower well-being. Political activism also emerges as a meaningful mediator shaping how digital engagement influences psychological outcomes. Initial results highlight digital coping as a multidimensional process intertwined with mental health and civic participation during conflict. The validated digital coping scale provides a strong framework for identifying coping profiles and understanding pathways to resilience.

DISCRIMINATION OF FAMILIES IN NEUROPSYCHIATRIC CARE: BARRIERS TO RECOVERY AND HUMAN RIGHTS

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Neuropsychiatric conditions, including psychiatric disorders, epilepsy, dementia, and autism, constitute a substantial global health burden.Extensive evidence demonstrates that family involvement is a key factor in recovery, contributing to symptom reduction, care continuity, and successful community integration.Nevertheless, families often experience significant caregiver burden, compounded by stigma and systematic exclusion from clinical decision-making. Such practices affect family well-being, undermine patient outcomes, and conflict with principles of equality and human rights in mental health services.Methods This presentation synthesizes findings from five empirical qualitative studies conducted by the author to examine the lived experiences of family members involved in neuropsychiatric care. Across studies, the research explores patterns of professional exclusion, stigma, and power asymmetries between families and healthcare systems. One study focuses specifically on the exclusion of families during the COVID-19 pandemic as a critical case study of intensified discrimination during systemic crises. An additional trauma-informed qualitative study used narrative interviews with 56 family members from 28 families and a narrative, thematic analysis guided by post-traumatic symptom clusters to examine how psychiatric illness in the family may be experienced as chronic traumatic stress. The analysis integrates empirical data with an autoethnographic perspective grounded in the author's lived experience as a family member. Results Across studies, a consistent pattern of "double vulnerability" emerged: families faced primary distress related to the illness itself alongside secondary trauma resulting from stigmatization and exclusion by healthcare professionals. Findings from the COVID-19 case study illustrate how emergency conditions exacerbated family marginalization, restricted communication, impaired shared decision-making, and heightened psychological distress among patients and family members. Complementing these findings, the trauma-focused study demonstrated cumulative distress developing through repeated crises and persistent uncertainty, with narratives consistent with intrusive distress, avoidance, negative emotional and cognitive changes, and heightened vigilance, supporting the conceptualization of psychiatric illness in the family as chronic traumatic stress. Discussion and Conclusion The findings suggest that systematic exclusion of families in neuropsychiatric care constitutes structural discrimination with direct implications for recovery and well-being. Recognizing families as equal partners in care is both clinically justified and a matter of human rights.The presentation concludes with policy and practice recommendations aimed at institutionalizing family-centered and trauma-informed care as an ethical and professional standard within mental health services. Keywords Family Caregivers; Neuropsychiatric Disorders; Discrimination

DISMANTLING STIGMA AND ADVANCING EQUITY: CANADA'S ACTION PLAN ON CRIMINAL JUSTICE AND MENTAL HEALTH

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People experiencing mental health challenges and mental illnesses are overrepresented in Canada's criminal justice system, with equity-deserving populations especially at risk. The recognition that incarceration can have harmful and even fatal consequences for individuals living with mental health challenges has sparked calls for more equitable, rights-based, anti-racist and anti-oppressive, and recovery-oriented justice processes. These calls extend to the workers within these systems, who face significant psychological demands and require adequate support, training, and safe working conditions. To answer this call, the Mental Health Commission of Canada has led a multi-year initiative to develop a National Action Plan for Mental Health and Criminal Justice. This plan aims to improve the mental health and well-being of all individuals who interact with the criminal justice and forensic mental health systems. Grounded in extensive research and engagement, it reflects the voices of hundreds of people with lived experience, experts, and system partners. The action plan recommends actionable changes at key points of contact, from pre-contact to incarceration and reintegration. It emphasizes prevention, diversion, comprehensive supports, and continuity of care, while advocating for critical legislative and systemic reforms to improve existing systems and create viable alternatives that support meaningful and sustainable transformation. Importantly, the plan recognizes that stigma and discrimination tied to mental illness, substance use, and criminal justice involvement must be dismantled. Several recommendations of this action plan address stigma and discrimination to reduce the overrepresentation of individuals with mental illness in the criminal justice system and promote a stigma-informed approach to care and support.

EARLY CAREER PSYCHIATRISTS' READINESS TO MANAGE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

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Background and aim: Negative symptoms (NS) of schizophrenia (SZ) remain insufficiently recognized and inadequately treated in clinical practice. Our previous works showed early career psychiatrists' (ECPs) knowledge of NS is limited; additional data indicate that their readiness to manage NS is also limited. This preliminary analysis aims to evaluate ECPs' readiness to consult patients with various psychiatric diagnoses, with particular focus on NS. Methods: CARE is a cross-sectional, online survey conducted among ECPs from European countries. The present analysis includes responses from 828 participants assessing their perceived competence and willingness to consult patients with major depressive disorder (MDD), schizophrenia (SZ), bipolar disorder (BD), personality disorders (PD), schizophrenia with persistent negative symptoms, anxiety disorders (ANX), and substance use disorders (SUD). Responses on 5-point Likert scales were grouped as positive, neutral, or negative. Results: Only 38.7% of ECPs agreed that they feel as competent in consulting patients with negative symptoms of SZ as those with positive symptoms, 35.2% disagreed. The proportion of ECPs agreeing they felt competent consulting patients with different diagnoses was highest for MDD (89.6%), ANX (83.1%), SZ overall (76.8%), and BD (74.5%), and lower for PD (53.2%), SUD (49.2%), and SZ with persistent negative symptoms (46%). Willingness to consult patients was highest for MDD (91%), ANX (85.2%), SZ (84.4%), and BD (84.2%), while lower levels were reported for SZ with persistent negative symptoms (69.3%), PD (56.8%), and SUD (54.1%). Conclusions: ECPs' readiness to consult patients differs markedly across psychiatric diagnoses. NS of SZ represent an area of ECPs' low perceived competence. These findings highlight a gap in ECPs training, which should be addressed to improve the quality of care for patients with schizophrenia.

ECOLOGICAL ANALYSIS OF MENTAL HEALTH CARE SYSTEMS IN AUSTRALIA AND WESTERN EUROPE

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Introduction: International comparisons of mental health systems are often limited by terminological variability and lack of commensurable units. This study aims to compare the ecological abundance and diversity of mental health care in Australia and Western Europe using a standardised bottom-up approach. Methods: Data were collected from 36 local regions (19 in Australia and 12 in Western Europe) between 2013 and 2023, as part of various projects compiled within the GLOCAL project. Services were classified using the DESDE system, which defines care types across residential, day, and outpatient branches. Ecological metrics (abundance and diversity indexes) were applied to assess patterns of care. Results: Australia shows significantly higher availability of care teams and types of care per 100,000 adults, particularly in acute hospital care and mobile/non-mobile outpatient care. Western Europe exhibits a greater provision of community residential care and day services. Both world regions have limited alternatives to hospitalisation. The care patterns among world regions differ. Australia is more hospital-based and fragmented, while Western Europe maintains a community-oriented model with stronger psychosocial and vocational rehabilitation services. Diversity analysis reveals high internal diversity within each local region, indicating heterogeneous care ecosystems. Between local regions exists very high variability, especially among European regions, reflecting differences in national systems; Australian regions are more similar to each other. Between world regions, diversity is moderately similar, with Australia slightly richer in care types. Discussion-Conclusion: Despite a shared commitment to community care, Australia has shifted toward hospital-based and social outpatient care, resulting in reduced intermediate services and increased costs. Western Europe retains a more balanced stepped-care model. Findings highlight the need for improved alternatives to acute admission and integration of intermediate services in both regions. Standardised mapping tools such as DESDE enable accurate cross-country comparisons and inform evidence-based planning.

EIGHTHS (INFINITY WALK) SOMATIC GROUP INTERVENTION FOR SURVIVORS OF WAR-RELATED TRAUMA

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The October 7, 2023 terrorist attacks in Israel generated extreme, layered trauma and placed unprecedented demands on community mental health services. Evidence-based trauma treatments such as EMDR and Somatic Experiencing are effective but resource-intensive and difficult to scale in mass-casualty contexts. This study evaluates “Eights (Infinity Walk)”, a brief somatic group intervention that integrates EMDR’s Adaptive Information Processing model with movement-, body-, and art-based regulation tools, delivered in Israeli trauma and resilience centers. We conducted a naturalistic pre–post–follow-up evaluation in two highly exposed civilian populations: Nova music festival survivors and kibbutz emergency response teams who fought to defend their communities during the attacks. Participants rated Subjective Units of Distress (SUD, 0–10) immediately before the intervention, after the final exercise, and at follow-up. A repeated-measures ANOVA was used to test Time, Group, and their interaction. Extended models included gender and age group to examine potential moderation. Across the combined sample, SUD scores showed a highly significant decline over time. There was no overall baseline difference between groups; however, the Time × Group interaction was significant. Both groups improved, with a very large within-group effect for Nova survivors (ges ≈ 0.80) and a medium-to-large effect for emergency response teams (ges ≈ 0.47). Adding gender and age did not change these patterns; neither main effects nor interactions with Time were significant. “Eights (Infinity Walk)” appears to be a safe, low-cost and scalable somatic intervention that rapidly reduces subjective distress among civilians exposed to extreme war-related trauma, with particularly strong gains for direct terror survivors. Effects were robust across gender and age, supporting the feasibility of embedding this protocol within community-based trauma and resilience services following mass-violence events.

EMPLOYEE TURNOVER IN COMMUNITY PSYCHIATRIC REHABILITATION

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abstract A key factor often overlooked in evaluating mental health services is the high job turnover rate among staff, impacting continuity of care, service quality, and evidence-based practices. In psychiatric rehabilitation, both academically trained and paraprofessional staff play a vital role in guiding service users through rehabilitation. Employed through outsourced services, these workers foster community integration in areas such as housing, employment, education, social participation, and leisure. This study examines factors influencing turnover intentions among community psychiatric rehabilitation workers using Lee & Firman's (1996) Voluntary Turnover Model. This model conceptualizes turnover as influenced by personal perceptions, organizational experiences, and contextual factors, focusing on public appreciation, supervisor support, organizational justice, self-efficacy, and spirituality. The quantitative research design involved 222 community psychiatric rehabilitation workers. Data were collected through anonymous online questionnaires and analyzed using correlation and regression analyses. Findings indicated that public appreciation, supervisor support, and organizational justice significantly correlated with turnover intentions. Workers perceiving lower appreciation or support reported higher turnover intentions. Supervisor support notably explained variance in turnover intentions. Self-efficacy was linked to turnover intentions among men, but not women. The study emphasizes the importance of supportive supervisory relationships and workplace fairness. It advocates for fostering a culture prioritizing emotional support and developing training programs for managers. It also highlights the need for public recognition of rehabilitation workers and their contributions. This research contributes to discussions on human rights by emphasizing the need for continuous, high-quality care for service users, which may be compromised by high turnover. By evaluating how organizational conditions impact retention, the study highlights ethical implications for marginalized populations in psychiatric rehabilitation and promotes strategies to enhance workforce stability and service effectiveness.

ENHANCING EQUALITY IN RESEARCH: SUPPORT AND CAPACITY BUILDING FOR LIVED EXPERIENCE RESEARCHERS

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Introduction: Integrating lived experience into mental health research is increasingly common and considered best practice. Benefits include contributions to agenda setting and reducing power inequities between service providers and users. To realise this, support and capacity building is needed for ‘Lived Experience Researchers’ (LERs), who explicitly draw on their experiences of mental health difficulties in research processes. Training in research-related knowledge and know-how, and other forms of emotional or institutional support may be needed. However, barriers including discrimination remain and little is known about best practice for supporting LERs. This project explored LERs’ experiences, needs and recommendations regarding training and support for their research roles. Our research team combines academic and lived experience identities. Methods: Online stakeholder consultations were held with LERs (n=18) to identify key topics. This informed design of an online survey that was completed by 30 LERs working in or linked to university research projects. Quantitative survey data was analysed descriptively; open text-based responses were analysed using qualitative content analysis. Results: LERs reported often relying on prior knowledge of research principles and practice, that training they’d received for LER roles was minimal and fragmented, and that they often ‘learned on the job’ informally. Research training tailored to specific project tasks and co-delivered by LERs was valued and recommended. There were mixed views about the use of reflective spaces. LERs suggested future training and support topics and endorsed person-centred support for their personal and professional development. Discussion: Our findings suggest LERs need more and better tailored support for researcher roles and can inform design and delivery of this. Better LER training and support opportunities may enable more equitable involvement in mental health research that includes lived experience perspectives at all stages. As capacity is built in the LER community, discrimination and inequalities can be reduced.

EVALUATING QUALITY OF CARE THROUGH PATIENTS' EXPERIENCES

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Monitoring patients' experiences (PREMs) with mental health care is a key component of high-quality and person-centered health systems. This study represents the first national assessment of patients' experiences with mental health care in Slovenia, designed as part of a repeated monitoring framework. The implementation of the Resolution on the National Mental Health Programme 2018-2028 and the establishment of Community mental health centres (CMHCs) at the primary level of care provided an opportunity to initiate this research. The aim of this study was to monitor patients' experiences with care and treatment, to assess patients' needs, and to support the evaluation of Community mental health centers' performance by identifying areas requiring additional support. It explores key dimensions such as professionalism, patient involvement in holistic care planning, and the monitoring of treatment outcomes.Fieldwork was conducted in all 17 CMHCs that had been established at the start of the study. A total of 6,540 questionnaires were prepared, of which not all were disseminated. The response rate for all CMHCs was approximately 25 %, with 1267 patients participated in the study. The results of this study indicate that the vast majority of patients reported positive experiences with care in the CMHCs. High ratings were also reported for courtesy and respect, as well as the quality of communication. Almost all patients reported that professionals asked them about other aspects of their lives which are important to them, such as family circumstances and daily functioning. This further supports a holistic and person-centred approach. Most patients also reported feeling involved in decision-making regarding their treatment. Among patients who were prescribed psychiatric medication, some reported that they had not received information about potential side effects. These findings highlight key elements of person-centred care, as also emphasized in international guidelines.

EVALUATION OF LIVED EXPERIENCE MENTORING PROGRAM FOR ACADEMICS

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The Lancet Psychiatry Commission on lived experience in mental health research is one of many recent efforts to promote leadership of lived-experience academics in mental health research, moving beyond tokenism, with expectations for lived-experience inclusion in publication and practice. To support this transfer of power, the Care Economy Research Institute (CERI) at La Trobe University (Melbourne, Australia) ran a Lived Experience Mentoring Program aimed at strengthening the capacity of academics to engage lived experience expertise. The program was rolled out as a three-month pilot, with interested staff being placed into pairs or small groups that met regularly to discuss lived experience involvement in their research projects. Simultaneously, all participants were invited to monthly seminars aimed at providing general knowledge and upskilling. An evaluation of the pilot project drew upon realist evaluation methodology to explore the question: How do participants perceive the impact of the mentoring program on their professional development as academics, in the context of lived experience engagement and research practices? The evaluation found that the Lived Experience Mentoring Program was highly valued and demonstrably successful in achieving its core goal of capacity building, confidence enhancement, and professional development for academics to engage lived experience expertise in their work. The program filled a recognised professional development gap at La Trobe University, applicable to other Universities wishing to engage lived experience expertise. Participants gained crucial conceptual clarity, emphasising the importance of involving lived experience experts, and the Program was particularly transformative for early career academics and students.

EVOLUTION OF ATTITUDES TOWARDS VACCINES IN BULGARIA

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Introduction: A report published by the European Commission in 2018 concluded that among all EU countries, Bulgaria was the ‘least likely to agree that vaccines are safe’. This was well before SARS-CoV-2 emerged. The aim of this report is to examine the attitudes toward vaccines in Bulgaria, to find the reasons for different attitudes and to measure the evolution in this particular part of public health. Materials and Methods: Three surveys on the topic supported by WHO, UNICEF and Ministry of Health with the same type of questions were conducted in three consecutive years - 2023, 2024 and 2025. The questions mainly concern the self-determination of the health status of the participants (n=600, 400 and 400 resp.) and their attitude towards mandatory and recommended vaccines. Results: Five types of respondents were clearly identified: The number of hardline anti-vaxxers in Bulgaria is between 12% and 16%, their views cannot be changed with rational scientific arguments. About 25% are active supporters of vaccines. About 20% are skeptics who can be influenced by targeted messages. Two more groups were detected: passive adherents, who passively follow the medical advisers and uninformed/apathetic who show no interest about their health. A high level of trust is reported for both mandatory and recommended vaccines, but still twice as many people trust the mandatory ones. Specialists – GPs or pediatricians - enjoy high trust, with pediatricians experiencing a slight decline in trust in 2025. A particularly sensitive topic is the source of information, to which special attention will be paid. Conclusions: Variations are observed among users regarding the protective/preventive effect of different vaccines. The variations are more serious about "new" vaccines. The hesitations include both distrust in new technologies and fear of insufficient effectiveness and side effects. However, in general, the numerous vaccination campaigns lead to a slow but steady increase in vaccination coverage in Bulgaria. Key words: vaccines, evolution of attitudes on population level, reasons for vaccine hesitancy

EXPERIENCES OF PEOPLE LIVING WITH SEVERE MENTAL ILLNESS AND COLORECTAL CANCER: A QUALITATIVE STUDY

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There is evidence that people with severe mental illness (SMI) are more likely to be diagnosed at a later stage and die earlier from colorectal cancer (CRC). To address these gaps, Cancer Australia funded our team to investigate the prevalence and treatment patterns for people with SMI and CRC in an Australia-wide, multi-methods study. In the quantitative results, people with SMI were less likely to be screened or receive subsequent guideline-appropriate care than the general population. Their mortality was 84% higher. This presentation reports on a qualitative sub-study conducted in New South Wales that explored the barriers to effective CRC diagnosis and treatment for this group using qualitative interviews with four people diagnosed with CRC and SMI and one carer for a person in this group. A lived experience researcher was engaged to co-facilitate interviews and support analysis. Our thematic analysis identified four key themes: diagnostic overshadowing, fear, practical access, and interpersonal partnerships, and found that participants were less likely to have their healthcare needs met because of discrimination and unmet needs associated with their diagnosis of SMI. This indicates that the higher rates of death as a result of colorectal cancer are partly due to service failure. The study recommends that future research focus on practical strategies to minimise discrimination among healthcare providers and policymakers, utilising the lived experience of people living with these diagnoses.

FLYING THE PLANE WHILST BUILDING IT: EXPLORING EXPERIENCES OF RUNNING AN AUSTRALIAN RECOVERY COLLEGE

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Introduction: The Recovery College model is well established in the UK with increasing evidence that it is an effective, highly acceptable, and extremely cost-effective model. However, despite growing recognition of the value of Recovery Colleges in Australia, less than 10 are currently operating in Australia, and their existence remains precarious. This unique research explores Recovery College implementation in multiple Australian settings. Methods: Eleven managers and senior staff from 7 past and present Recovery Colleges were interviewed on their experiences and views of running a Recovery College. Reflexive thematic analysis was used to generate a pattern of experiences of implementing a Recovery College in Australia. Results: Themes included as a foundation, managers and senior staff believed that they 1) Coproduced a transformational space by doing things differently. Staff discussed 3) Making sure there is a Recovery College for people to attend which encompassed several subthemes of Doing all the work needed to run the College, appreciating that People of all experiences collaboratively work together to run a Recovery College and emphasising that they were Flying the plane whilst building it: developing a Recovery College on the run. All of this was accomplished whilst 3) Running a Recovery College within resourcing, attitudinal and systemic constraints. The final theme 4) Bringing hope by building connections and opportunities to learn what is possible is considered a Recovery College's raison d'être. This encompasses all the joy, freedom and satisfaction that people get from being involved in a Recovery College. It is why Recovery College staff in Australia, do what they do, and continue to struggle within the constraints they operate under to ensure Recovery Colleges are there for people to attend. Conclusion: Further expansion of securely funded Recovery Colleges in Australia is an imperative. Key words: Recovery Colleges, implementation, Australia

FROM ADVERSITY TO ADAPTATION: EDUCATIONAL ACHIEVEMENT AS A MARKER OF YOUTH MENTAL HEALTH RESILIENCE

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Adverse childhood experiences (ACEs) are strong predictors of mental health difficulties, yet their impact on educational adaptation—a key social determinant of mental health—remains underexplored. This study examines how different constellations of ACEs relate to high school matriculation eligibility among Israeli youth known to welfare services, treating educational attainment as an indicator of developmental resilience under psychosocial risk. Using a 30-year, nationally representative linked administrative dataset, we constructed a sample of 462,128 youth. ACEs were derived from welfare records and linkage to parental and household data, grouped into personal–familial adversities and social disparities. We compared matriculation eligibility by ACE exposure, examined dose–response patterns, and contrasted ACE constellations. Youth with any ACE indication were less likely to obtain a matriculation certificate than those without ACEs, yet the correlation between the number of ACEs and eligibility was small. The most impaired group comprised youth exposed to both personal–familial adversities and social disparities, whose odds of eligibility were lower than for youth exposed to only one ACE type or none. Social disparities alone were also more detrimental than no ACEs, whereas personal–familial ACEs alone did not differ significantly from no ACEs. Grounded in the Conservation of Resources theory, the findings suggest that compounded resource loss across family and structural contexts undermines educational adaptation and narrows mental health resilience. Results highlight the need for trauma-informed, multisystem “wraparound” interventions integrating mental health, welfare, and educational services for youth facing combined familial trauma and social adversity.

FROM CRISIS TO CONTINUITY: CHANGING VIEWS ON TELEPSYCHIATRY IN MENTAL HEALTH CARE

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Abstract Introduction: The COVID-19 lockdown accelerated the adoption of telepsychiatry, yet uncertainties remain regarding its acceptance across user groups. This study examines clinicians' and clients' experiences with online treatment during and after the Dutch government-imposed lockdown, focusing on satisfaction with individual (OIT) and group treatment (OGT). Methods: Two independent cross-sectional surveys were conducted in 2020 (clients: n = 350; clinicians: n = 146) and 2021 (clients: n = 357; clinicians: n = 122) at a Dutch specialized mental health service. Participants evaluated their experiences with OIT and OGT with a newly developed satisfaction scale. Principal axis factoring was used to identify item cluster(s). Hierarchical regression analyses compared satisfaction with telepsychiatry between survey years: Step 1 included participant variables (gender, age, diagnosis/profession), and Step 2 added survey year. Exploratory subgroup analyses examined within-year variation in satisfaction by gender, age, and diagnosis. Results: Despite prevailing preference for face-to-face treatment, clients reported significantly higher satisfaction with OIT in 2021 compared to 2020 (B = 0.22, p = .001). Satisfaction with OGT did not differ significantly between years. Clinicians also reported increased satisfaction in 2021 for both OIT (B = 0.69, p < .001) and OGT (B = 1.40, p = .003). Exploratory subgroup analyses found no meaningful differences in satisfaction based on gender, age, or diagnosis for either clients or clinicians. Conclusion: Our findings indicate that telepsychiatry is well tolerated and broadly acceptable, making it a feasible alternative to in-person care for clients who choose it. Keywords: Videoconferencing, Patient Satisfaction, Clinician Perception, Telepsychiatry, Attitude Shift

FROM INEQUITY TO EQUITY: A SYSTEMATIC REVIEW OF PSYCHIATRIC REHABILITATION UTILIZATION AND RETENTION

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Introduction Psychiatric rehabilitation services (PRS) are central to recovery, community integration, and quality of life (QOL) among individuals with severe mental illness (SMI). Grounded in human rights and equal opportunity, PRS aim to ensure equitable access to community participation. Despite proven effectiveness, utilization and retention remain low, with disparities among minority and underserved groups. This review synthesizes empirical findings on factors influencing PRS use and retention, guided by Andersen's Behavioral Model of Health Service Use (BMHSU) .Methods Following PRISMA guidelines, a search across PubMed, PsycINFO, Web of Science, and Scopus yielded 12,566 records published up to June 2024. After screening and quality assessment, 16 empirical studies were included. Studies spanned the United States, Europe, Asia, and the Middle East. Data were thematically analyzed using BMHSU domains. Results Three domains were central to PRS utilization and retention: Healthcare system-flexible, user-centered, and well-staffed services supported retention, while rigid, under-resourced programs and transport barriers led to dropout. Environmental-stigma, discrimination, lack of culturally adapted services, and regional disparities restricted equity, particularly among marginalized groups. Individual: Predisposing-positive attitudes and hope enhanced retention; minority status and low motivation reduced use. Enabling-family support and trust-based client–provider relationships promoted engagement. Need-psychiatric symptoms, comorbidities, and hospitalization history shaped service use. Discussion–Conclusion Policies must reduce disparities, expand culturally responsive services, and strengthen workforce sustainability. Addressing stigma, building therapeutic alliances, and engaging families and communities are vital for continuity and empowerment. Findings highlight the need for rights-based, multilevel interventions that promote recovery, QOL and human rights.

HEALTH SERVICE CHANGE THROUGH POSITIVE SERVICE USER FEEDBACK

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Introduction: Service users frequently provide feedback about treatment received. Solicited and unsolicited service user feedback is provided in abundance through online systems. Corpus linguistics analyses demonstrate it is mostly positive in content and tone. Use of online feedback by health services frequently focuses on feedback that raises complaints or concerns, meaning that positive feedback (PF) is under-used. We have explored the use of PF from service users to create health service change. Methods: We conducted a systematic scoping review on forms of change created through PF, and empirical analyses of 1) PF about mental health services; 2) PF about mental health nursing practices. Results: Our systematic review included 68 studies [https://doi.org/10.1371/journal.pone.0275045]. The most common feedback recipients were nurses (29 studies). Our synthesis evidenced 1) short-term emotional benefits, 2) improved work performance, and 3) improved home-life relationships, for healthcare staff. Only two studies were interventional; effectiveness data is lacking. Our empirical analysis of mental health services PF [https://doi.org/10.1136/bmjhci-2024-101113] proposed a typology describing tone (positive-only, mixed), form (factual, narrative) and intent (grateful). Separating positive and negative elements in mixed feedback could be challenging due to ambiguity. Narrative feedback often described the cumulative impact of interactions with healthcare services and community organisations, hence has the potential to inform mental health phenomenology. Our empirical analysis of mental health nursing practices perceived as beneficial [https://doi.org/10.1111/inm.70116] identified the importance of nurses “being there”, enabling patients to be heard, and characterised their role in recovery. Conclusion: Health service staff benefit from PF receipt. Analyses of PF can identify good practices, with the potential for replication. PF is an abundant resource that deserves greater attention.

HOW IS TRAUMA-INFORMED CARE CONCEPTUALISED IN ENGLISH NHS MENTAL HEALTH SERVICES? A SCOPING REVIEW OF ORGANISATIONAL DOCUMENTS ACROSS THREE TRUSTS.

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Background: Trauma exposure is highly prevalent among individuals living with serious mental illness (SMI) and is associated with disengagement from planned care, increased crisis presentations, and greater service use within mental health systems. Trauma-informed care (TIC) has been advanced as a systems-level approach to improve safety, engagement, and recovery-oriented practice. In England, no national framework exists, and hence implementation across National Health Service (NHS) mental health services is variable. Organisational policies and training materials help shape how routine care is delivered for people with SMI. This study, therefore, explored how TIC is represented in formal NHS organisational materials across three Trusts and what these representations reveal about the structural conditions for implementation. Methods: Following PRISMA-ScR guidance, we conducted a scoping review of grey literature published between 2008 and 2024 across three NHS Trusts. Documents were identified through Trust websites, Freedom of Information responses, and staff-provided materials. Eligible documents contained substantive TIC-related content. Data were charted and analysed using inductive-deductive thematic synthesis, informed by the Consolidated Framework for Implementation Research (CFIR). Results: Forty-six documents met the inclusion criteria. Conceptualisations of TIC varied markedly within and between Trusts. Five domains were identified: (1) foundational understandings of trauma, (2) TIC principles, (3) approaches to organisational transformation, (4) implementation approaches, and (5) expected outcomes. In the wider context across Trusts, TIC was generally supported in principle but was most often embedded in safeguarding and training structures, with limited focus on workforce standards, governance, ownership, or monitoring mechanisms. CFIR analysis identified three barriers: low intervention specificity, limited organisational readiness, and minimal external implementation drivers. Conclusions: Trauma-informed language was widely present in NHS mental health Trust documents, but its organisational embedding was uneven. Without clearer definitions, workforce standards, governance accountability, and evaluation processes, TIC is likely to remain more aspirational rather than operational. More consistent implementation in UK mental health services will probably depend on national guidance, tiered competencies, and stronger support through commissioning and governance arrangements.

HOW TO IMPROVE THE QUALITY OF SERVICES FOR LGBTQIA+ PEOPLE: TRAINING REQUIREMENTS FOR MENTAL HEALTH

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Introduction: Research indicates that discrimination and minority stress are associated with poorer mental health among LGBTQIA+ populations, promote disparities in accessing services and resulting in unmet health needs. This study aims to assess mental and social health professionals' attitudes, knowledge, and preparedness regarding LGBTQIA+ service users and analyse their associations with sociodemographic characteristics, professional roles, and degrees of authoritarianism/conservatism. Methods: Mental health and social service professionals (including junior doctors) were interviewed, via a web-based questionnaire, to gather sociodemographic data and assess clinical preparedness, basic knowledge, and attitudes using the LGBT-DOCSS Scale. The Very Short Authoritarianism Scale (VSA), the Kurzskala Autoritarismus Scale (KSA-3), and the Social Desirability–Gamma Short Scale (KSE-G) were also used. Multiple regression analyses were performed to assess possible associations. Results: A total of 446 participants were included (49.1% aged 29–45 years; 72.2% assigned female at birth; 45.5% from Northern Italy); the most represented professional groups were psychiatrists (36.5%) and junior doctors (23.9%). Total DOCSS scores were influenced by profession (nurses: β = - 0.37) and VSA (β = -0.20). More favourable attitudes were observed among participants assigned females at birth (β = 0.35) and were inversely related to VSA (β = - 0.40). Knowledge scores were lower among psychologists (β = - 0.63) and were inversely associated with KSA (β = - 0.47). Participants from Southern Italy/Islands showed higher clinical preparedness (β = 0.30); while clinical preparedness was lower among those assigned females at birth (β = - 0.51), junior doctors (β = - 0.52), and nurses (β = - 0.50). Conclusions: Attitudes, preparedness, and knowledge appear to be influenced by professional role, gender, age, and ideological orientations. These findings can be used to inform future training

programs. Enhancing professionals' preparation should help to improve services quality and reduce mental health care disparities in LGBTQIA+ populations.

HOW WELL DO QUALITY ADJUSTED LIFE YEARS RELATE TO SUBJECTIVE QUALITY OF LIFE IN MENTAL HEALTH?

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Economic evaluations in many countries use quality-adjusted life years (QALYs) as an outcome measure. QALYs are generally calculated using generic preference-based instruments and the most widely used is the EuroQol which contains five domains (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. The benefit of using generic measures such as this is that comparisons can be made across different health care conditions. However, for this to be valid, the domains included should be relevant for each condition. There have previously been concerns that generic measures may be particularly problematic in mental health research. The aims of this study are (i) to see how well the five domains of the EuroQol relate to the visual analogue component of the instrument which reflects subjectively valued quality of life and (ii) to compare this relationship between different conditions. Data from the Health Survey for England 2018 include the EuroQol. Analyses will examine the ability of the five domains to collectively explain variations in the visual analogue component using regression models which account for the bounded distribution of scores. Comparisons between mental health conditions and physical health conditions will be made.

IMPACT OF A PRIMARY CARE PSYCHIATRY CONSULTATION PROTOCOL ON REFERRALS AND ACCESS TO CARE

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Introduction: In the Portuguese National Health Service, mental healthcare is provided through Primary Health Care Units (PHCU) and hospital-based services. It is estimated that 30–40% of individuals with mental health disorders do not receive adequate treatment. To address this gap, the Department of Psychiatry and Mental Health of Setúbal Hospital implemented, in 2018, a Primary Care Psychiatry Consultation Protocol. This protocol consists of monthly on-site consultation, focused on case discussion, diagnostic clarification and therapeutic guidance, with referral to hospital-based psychiatric care reserved for more severe cases. Methods: We conducted a retrospective observational study based on clinical records from 2022 to 2024. Four PHCU from the same health region and with similar characteristics were selected: two implementing the protocol (PHCU1) and two without it (PHCU2). Descriptive statistics were performed, followed by comparative statistical analyses between groups. Results: Referrals for first hospital psychiatric consultations were lower in PHCU1 (n = 81; 29% of all referrals) compared with PHCU2. Demographic characteristics were similar, with a predominance of female patients (58% in PHCU1 vs 64.6% in PHCU2) and comparable mean ages (43 ± 17.9 vs 46.4 ± 19.6 years). At the first psychiatric appointment, two patients were discharged in PHCU1 compared with nine (6.9%) in PHCU2. PHCU1 showed lower rates of missed appointments (12,3% vs. 22.3%; p=0,056), and a significantly shorter mean waiting time for psychiatric consultation (64.5 vs 88.9 days; p=0.0004). Discussion/Conclusion: The implementation of a structured psychiatry consultation protocol in primary care was associated with improved referral appropriateness, higher appointment adherence and substantially reduced waiting times. This collaborative care model enhances integration between primary and secondary mental health services, promotes timely management of non-severe cases and strengthens the clinical capacity of primary care teams. Keywords: Primary Care Consultation Psychiatry Protocol; Mental health service integration; Waiting times; Appointment adherence.

IMPLEMENTATION OF A COLLABORATIVE CARE MODEL FOR COMMON MENTAL DISORDERS IN PRIMARY CARE IN FRANCE

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The collaborative care model (CoCM) is a team-based approach involving care managers (CMs) who work alongside general practitioners and remote psychiatrists to provide evidence-based mental healthcare for common mental disorders. Between 2021 and 2023, a pilot study implemented the CoCM in France in four primary care practices with nurses with experience in psychiatry acting as CMs. As part of the implementation research of this pilot, we analyzed the fidelity of the CM intervention with the original CoCM, considering the CM process of care metrics, whether it followed a stepped-care approach, and its link with patients' outcomes, which have rarely been addressed in research on the CoCM. Methods Using electronic medical records, we calculated fidelity measures, including CM early intervention (time to first intervention), intensive care (number of visits and intervention duration), evidence-based care (type of care delivered), and variations according to initial symptom severity, in line with a stepped-care approach. Patient outcomes, particularly depression response and remission, were described according to initial symptom severity and fidelity measures. Results A total of 235 patients were included. The care provided by CMs tended to match the original CoCM, in terms of early intervention, intensive care, and type of care delivered. It was adapted to the initial symptom severity, in particular for early intervention, in line with a stepped-care approach. Higher fidelity of the CM intervention to the CoCM, especially with respect to the time to treatment initiation and number of visits, was associated with better patient outcomes. Conclusions The CoCM shows promise for improved treatment of common mental disorders in a stepped-care approach in French primary care. Its extension requires ensuring fidelity of the CM intervention to the model, which appears crucial for optimal patient outcomes and provides lessons for other countries implementing the CoCM.

IMPROVING ENGAGEMENT WITH MENTAL HEALTH INTERVENTIONS AMONG LOW-INCOME UNIVERSITY STUDENTS

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Introduction Substantial evidence indicates that cognitive–behavioural therapy (CBT) is effective for indicated prevention and treatment of common mental health problems. Yet only a minority of young people receive any care, and even fewer access evidence-based interventions, particularly in low- and middle-income countries. Digital mental health interventions aim to improve accessibility, especially in low-resource settings. However, a key limitation is sustaining engagement over time, with particularly pronounced barriers for low-income students. Methods We conducted a pilot four-arm hybrid type III cluster-randomised controlled trial in four Brazilian public universities. Eligible participants were low-income university students. Universities were allocated to digital group CBT alone (control), one of two co-designed implementation strategies or their combination. The digital group CBT intervention is a guided, synchronous digital group CBT programme delivered by recently qualified psychologists via a secure web-based platform in 10 weekly 60-minute sessions.

Engagement strategies were co-developed with university students and key stakeholders to support consistent and meaningful engagement with the digital group CBT programme. We assessed engagement, depression and anxiety symptoms and functioning, career optimism, and university dropout, at baseline and 3 months. Results We will describe feasibility of recruitment and delivery among participants (n=39) across universities alongside clinical and engagement measures in addition to experiences of students and facilitators with the different engagement strategies. Discussion Findings will inform optimisation of implementation strategies to enhance engagement with digital group CBT among low-income university students and guide progression to a fully powered hybrid effectiveness–implementation trial. Note: More information can be provided on request but some details are redacted while the study is ongoing

IMPROVING SOCIAL CARE FOR CHILDREN WITH MENTAL HEALTH DISABILITIES IN FRANCE: THE SERAFIN-PH REFORM

Bahrami Stéphane , UVSQ

Introduction. In France, the health and social care sector provides institutional and home care, as well as support, to 60,000 children with behavioural, psychological or neurodevelopmental disorders. It also supports other children and adults with disabilities. Historically, institutions providing this support have been characterised by the type of support provided (full-time institutional care, day care or home care) and the type of disability supported, and financed through locally defined and thus heterogeneous budgets. This has raised issues regarding funding equity and the flexibility of support provided, at a time when person-centred and inclusive support are being promoted. In 2025, following ten years of preliminary work, the first stage of the SERAFIN-PH (Services et établissements: réforme pour une adéquation des financements aux parcours des personnes handicapées) reform was passed in the 2026 Social Security Financing Act. Led by the Ministry of Health and the National solidarity fund for autonomy (CNSA), this reform overhauls funding for health and social care providers supporting disabled children. Objective and Methods. This presentation will describe the new financing scheme, analyse its expected impact, and report on the policy formulation process that led to its acceptance by stakeholders in 2025, drawing on public and internal administrative documents regarding the reform. Results. The scheme provides nationwide financing rules for existing capacities, with additional incentives for high levels of activity (high volume, high intensity or flexible care), as well as for patient-centred, inclusive care. Principles for updating variables and parameters take into account expected improvements to information systems as well as evolving practices. Discussion. The shift towards inclusive care requires profound changes to providers' practices that must be supported by the funding scheme without disrupting existing care. The continuous interplay between stakeholders (provider representatives, scientific advisors, and the administration) calls for embedded scientific expertise within the administration.

Innovations in the evaluation of mental health services

IMPROVING THE NEGLECTED EVERYDAY LIFE IN SUPPORTED ACCOMODATIONS

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Persons with serious mental illness (SMI) living in supported accommodations often experience a deprived and monotonous everyday life, characterized by limited opportunities for meaningful activities, social participation, and progress. Both residents and staff occupy positions influenced by stigma and low status, which reinforces marginalization and hinders recovery-oriented practices. Methods: This project explored the implementation of a complex integrated intervention; the Everyday Life Rehabilitation (ELR) model. ELR combines person-centered, collaborative, and activity-oriented support with recovery principles. Key components include individualized exploration, goal-setting and gradual activity-training of residen’ts choice, supported by an occupational therapist, along with team-work involving housing staff, and an educational package promoting collegiate learning and reflective practice. Results: Findings indicate positive effects of ELR on residents’ recovery and quality of life, demonstrating the potential of person-centered, activity- and recovery-oriented interventions in supported housing contexts. However, implementation within organizations proved challenging. Management often neglected the importance of implementation strategies and processes, resulting in insufficient organizational support. Staff adherence was hindered by traditional norms and routines, limiting collaborative engagement with residents and reducing intervention fidelity. Conclusion: While ELR shows promise for enhancing everyday life and recovery for persons with SMI, poor organizational implementation significantly undermines its impact. Lack of managerial commitment and resistance to change among staff pose critical barriers. Future efforts must prioritize robust implementation strategies and cultural shifts within supported housing services to ensure sustainable improvements for both residents and staff.

IMPROVING TREATMENT OF SURVIVORS OF FEMALE GENITAL MUTILATION / CUTTING (FGM/C) IN GERMANY

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Female Genital Mutilation (FGM) has been acknowledged as a human rights violation and a widespread form of gender-based violence for decades. Still, there are more than 230 million women and girls in the world who have been subjected to it, approximately 600.000 of them are currently living in Europe, more than 100.000 in Germany. FGM/C can cause multiple medical, somatic and mental problems, with medical care often needed. As access to medical treatment is a human right, the German government is responsible for the accessibility of medical care in the country. Unfortunately, the challenges of language diversity create barriers to access, as there is no established system for the use of interpreters and translation-tools. When it comes to medical treatment, patients and activists often report discriminatory behaviour, a monodisciplinary, narrow approach and lack of knowledge regarding the consequences of FGM/C. Especially the psychological dynamics often seem to be overlooked. However, there are not enough scientific studies to underpin these anecdotal findings yet. This study started with a qualitative approach, interviewing women who have been harmed by FGM and have had or are currently in treatment in Germany, asking them about their wishes and needs regarding their treatment. Working together with these interviewees, a quantitative online survey is prepared, in order to reach more women who are affected by FGM/C, trying to generalize findings. These findings will be presented to focus groups of health care workers, develop strategies to better take into account the wishes and needs of the patients. This congress presentation will focus on giving an inside view into a scientific process that aims at balancing the idealistic view of equal, participative research with practical challenges, limits and decisions.

INNOVATING WITH LIVED EXPERTISE TO ACHIEVE EQUITABLE PROGRESS: A ROAD TO QUALITY MENTAL HEALTH CARE

Laura Mullaly , Manager, Mental Health Advancement, Mental Health Commission of Canada

Nitika Rewari , Mental Health Commission of Canada

According to the State of Mental Health in Canada (CMHA, 2024), Canadians' mental health is three times worse than before the COVID-19 pandemic, and 2.5 million people cannot access the care they need. It is more important than ever to ensure that our health-care systems provide quality, equitable, and barrier-free care. The Mental Health Commission of Canada (MHCC) is a national non-profit organization in Canada, primarily funded by the government to improve mental health outcomes of all living in Canada. MHCC informs policy, innovation, service delivery models, and research priorities in this regard. In 2025, the MHCC released the Quality Mental Health Care Framework (QMHCF) to identify the critical dimensions that define the quality of mental health care for both patients and providers. This work supports the belief that everyone deserves access to quality mental health care, regardless of location or circumstances. Developed after a comprehensive environmental scan of 15 provincial, territorial, national, and international frameworks as well as 59 key informant interviews from diverse healthcare organizations and people with lived and living experience, the QMHCF and an accompanying Implementation Toolkit highlight the need for cultural safety, equity, and integration of mental health within healthcare systems while putting the patient at the centre of quality care. In this presentation, we will introduce the QMHCF, its eight dimensions, and the Implementation Toolkit, which have been designed to support healthcare providers, administrators, system leaders, and policymakers in enhancing the quality of mental health care by equipping them with resources, case studies, and reflection questions. Throughout this presentation, we will discuss the importance of involving people with lived and living experience, utilizing one dimension of the Framework: equitable, which emphasizes that care is accessible while recognizing the system's existing inequities and barriers.

INTEGRATING MENTAL HEALTH INTERVENTION INTO CLEFT CARE: A PROSPECTIVE COHORT STUDY FROM INDIA

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Aksha Gaunekar , Institute of Psychiatry and Human Behaviour

Background: Children with cleft lip and palate (CLP) frequently experience psychosocial difficulties alongside medical and surgical challenges. In low- and middle-income countries (LMICs) such as India, stigma related to both visible craniofacial differences and mental illness remains substantial and may delay help-seeking and contribute to treatment disengagement. Evidence on the integration of mental health services within cleft care in LMIC settings remains limited. Despite increasing recognition of psychiatric comorbidity among children with CLP, structured mental health integration within cleft services remains uncommon in LMIC settings. This study prospectively evaluated the feasibility and clinical relevance of embedding psychiatric assessment and intervention within a multidisciplinary cleft clinic in a public tertiary hospital in India. Methods: Consecutive children and adolescents aged ≤18 years attending a psychiatry-integrated multidisciplinary cleft clinic at Goa Medical College between January 2022 and September 2024 were prospectively followed for 12 months. Screening for emotional and behavioural difficulties was conducted using the Strengths and Difficulties Questionnaire, followed by targeted assessments and ICD-10 diagnostic formulation where indicated. Mental health care was delivered within the clinic and included psychoeducation and parent guidance, brief counselling, behavioural interventions, cognitive-behavioural techniques, pharmacological treatment when clinically indicated, and interdisciplinary coordination within the cleft team. Follow-up continuity was categorised as regular, irregular, or dropout (≥90-day lapse). Feasibility indicators and caregiver feedback were also evaluated. Results: Of 224 registered patients, 210 met the inclusion criteria (mean age 9.8 ± 4.3 years; 56.2% male). Follow-up patterns were regular in 45.7%, irregular in 25.7%, and dropout in 28.6% of participants. Psychiatric comorbidity was identified in 53.3% of children and was significantly associated with follow-up status ($p = 0.009$), with higher prevalence among irregular attendees and dropouts. Anxiety, adjustment difficulties, and learning problems were the most common conditions. From a service perspective, 93.8% of registered patients were enrolled and baseline psychiatric assessment was completed in all participants. All children with identified psychiatric morbidity received at least one mental health intervention. Caregiver feedback ($n = 150$) indicated high satisfaction with integrated care and perceived reductions in stigma and caregiver stress. Conclusions: Embedding mental health services within multidisciplinary cleft care is feasible and acceptable in a public-sector LMIC setting. The high prevalence of psychiatric comorbidity and its association with follow-up disruption highlight the importance of integrated psychosocial assessment and early intervention within cleft care pathways.

Discrimination, equality and human rights **Neptune Hall #1**

INTEGRATING PERSONS WITH MENTAL HEALTH PROBLEMS IN NEIGHBORHOODS AND VILLAGES

Rosalie Metze , Associate professor Mental Health & Society

Cindy Boerema , Research group Mental Health & Society

Background — In the Netherlands, little research examines the lived experiences of people with mental health vulnerabilities in small rural communities and urban neighborhoods facing complex social challenges. Understanding these contexts is essential for developing inclusive local policies and community care. Objective — This presentation integrates insights from two practice-based research projects to explore how “generous communities” can foster belonging and social inclusion for people with mental health vulnerabilities. We examine which conditions in small rural villages (Hardenberg) and an urban neighborhood (Dieze Oost) support inclusive co-living, social participation, and stigma reduction. Methods — In Hardenberg, working groups of people with mental health vulnerabilities, neighbors, and professionals examined experiences of living in small communities and co-developed integration interventions. In Dieze Oost, we used participatory design, collaboration with formal and informal networks, and ethnographic observations and interviews. In both contexts, cross-stakeholder workshops co-created recommendations for local practice and policy. Expected Outcomes — We aim to identify context-specific needs and resources that promote social safety and belonging. The Hardenberg project develops practical recommendations for more inclusive rural communities, while the Dieze Oost project seeks to strengthen cohesion, reduce stigma, and create tools to improve public perceptions of mental health. Implications — By comparing rural and urban settings, the research will inform evidence-based strategies for inclusive community design, mental health support, and stigma reduction, guiding municipalities, care providers, and community organizations in building socially generous environments.

INTEGRATING PSYCHO-ONCOLOGY INTO MENTAL HEALTH SYSTEMS: A BIOPSYCHOSOCIAL MODEL FOR ONCOLOGY CARE

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Introduction: Psychosocial distress in cancer patients is a multidimensional phenomenon affecting the emotional, cognitive, social, and existential domains of their lives. Empirical findings from studies conducted among oncology patients in the early stages of treatment indicate that distress and depressive symptoms are highly prevalent and significantly influence treatment decision-making, treatment adherence, quality of life, and clinical outcomes. Despite this, psycho-oncological care remains insufficiently structured and poorly integrated into mental health systems. Methods: This paper builds upon previous empirical research investigating distress and depression in oncology populations and integrates these findings with the biopsychosocial model and psychoneuroimmunology. A structured 5D Integrative Framework is proposed, based on patient adaptation across five domains: bodily regulation, emotional processing, cognitive meaning-making, relational context, and existential integration. Each domain is associated with validated assessment tools and targeted interventions. Results: The framework provides a structured approach to psycho-oncological care throughout the course of the disease trajectory. It includes early distress screening, domain-specific interventions, and outcome monitoring. This structured framework addresses key gaps identified in empirical research, such as insufficient early identification of distress and the lack of continuity and consistency in the provision of psychological care for oncology patients. The framework is compared with psycho-oncological care models in the United States (NCCN), Canada (CPAC/CAPO), the United Kingdom (NICE) and Germany (DKG/AWMF). The model supports both individualized interventions and system-level integration within mental health services. Discussion and Conclusion: The proposed framework enables a transition from reactive psychological support to proactive, structured care embedded within oncology services. By linking empirical findings with a measurable and multidimensional model, it offers a practical tool for the evaluation, design, and implementation of approaches and services that may positively contribute when integrated into oncology care systems. Integrating psycho-oncology into the mental health system has the potential to improve patient outcomes and quality of life, as well as reduce the burden on the healthcare system. This approach is aligned with contemporary priorities in the evaluation of mental health services, emphasizing accessibility, effectiveness, and patient-centered care. Keywords: psycho-oncology; distress; mental health services; biopsychosocial model; oncology care

Digitalization and AI in mental health services and research

LEVERAGING A NATIONAL DIGITAL HEALTH DATA SYSTEM FOR RESEARCH ON MENTAL DISORDERS: THE FRENCH CASE

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Catherine Quantin , Centre de Recherche en Épidémiologie et Santé des Populations (CESP), INSERM; CHU Dijon Bourgogne, INSERM, Université de Bourgogne
the Mental Disorders Working Group of the ReDSiam network , French research organizations or public institutions

Introduction Addressing persistent knowledge gaps in epidemiology and adequate care of mental disorders requires robust population-based data. This presentation will illustrate how a national digital health system can advance research on such disorders and inform public health decision-making, using the French national health data system (SNDS) – one of the largest longitudinal health claims databases globally – as an example. By highlighting associated methodological innovations, opportunities and challenges, it will also inform the development of similar research in Europe. Methods We conducted a thematic mapping of studies that used the SNDS to investigate mental disorders from a health services research perspective. Relevant studies were identified through the collective expertise of the Mental Disorders Working Group within the ReDSiam network, a national expert group dedicated to developing algorithms for use within the SNDS. Sources included presentations at group meetings, scientific conferences, and existing literature. Results First, the SNDS, particularly when combined with prospective cohorts, enables large-scale research on factors associated with the onset of mental disorders, ranging from early-life exposures to adverse life events. Second, it supports the epidemiological surveillance of these conditions by facilitating the development of refined detection algorithms and the monitoring of temporal and spatial trends. Third, it allows advanced analyses of care trajectories for individuals with mental disorders, adopting a whole-system approach capturing pathways across services. Conclusion The SNDS offers unprecedented opportunities to advance health services research on mental disorders through digitalization. Ongoing methodological advances and data integration position the French experience as a valuable model for other countries seeking to strengthen mental health research, surveillance, and service planning using digital health data.

LONELINESS IN PSYCHOSIS: A QUALITATIVE INTERVIEW STUDY

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Introduction Loneliness has emerged globally as a major public health concern due to its adverse effects on health and well-being. Defined as the distress arising from a discrepancy between desired and actual social relationships, loneliness is strongly linked to poorer mental and physical health. For individuals with psychotic disorders, loneliness is particularly concerning, as it represents both a significant health risk and a barrier to recovery. Increasing complexity in the needs of people with psychosis underscores the importance of addressing loneliness within psychosocial interventions. However, there remains a gap in interventions specifically targeting loneliness in this group, and research on their lived experiences with loneliness is limited. A deeper understanding of how loneliness is experienced, and of the factors that alleviate or exacerbate it, is essential to inform the development of effective, targeted interventions. Therefore, this study aims to explore how individuals with psychotic disorders experience loneliness and how it may be overcome. Methods A qualitative individual interview study is currently being conducted in three regions in Denmark. Adult individuals enrolled in a Flexible Assertive Community Team in one of these regions are being recruited. The interview guide was developed following the five-step approach described by Kallio et al. Interview data will be transcribed and analysed thematically on an ongoing basis guided by the approach from Braun & Clarke. Results As of December 2025, 9 of the planned 25 interviews have been completed, transcribed and included in the initial phases of the analysis. Results from all 25 interviews will be presented in the oral presentation. Discussion/Conclusion The study results, together with existing literature on interventions targeting loneliness, will form a series of co-creation workshops involving researchers and key stakeholders.

MENTAL HEALTH EFFECTS AND EXPERIENCES OF SELF-COMPASSION INTERVENTIONS WITH PEOPLE WHO ARE ETHNICALLY MINORITISED: A SYSTEMATIC REVIEW

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Introduction: Self-compassion (SC) is the ability to respond to difficulties with kindness, understanding, and humanity towards the self. SC acts as an emotional regulation system in which distress is met with non-judgement and self-care instead of self-criticism. SC can be cultivated through practice, therefore SC interventions aim to increase levels of SC. Evidence shows that higher levels of SC are associated with improved well-being, physical benefits, and reduced psychopathology. SC is an important predictor of both mental and physical well-being. However, most studies on SC focus on dominant ethnic groups. Emerging research suggests that SC is experienced differently across cultures. SC offers promising benefits for minoritised groups. It may act as a protective buffer for those experiencing psychological distress caused by racial discrimination and internalised oppression. Therefore, investigation into minority group experiences of SC is important and timely. Objectives: What are the mental health effects and experiences of self-compassion interventions among people from ethnic minority groups? What variance exists in the effects and experiences across different ethnic minority groups? What are the research gaps and recommendations for future research? Methods: This systematic review followed PRISMA guidelines. We searched MEDLINE, PsycINFO, Web of Science, and Google Scholar for studies on self-compassion interventions in different ethnic groups. After screening titles/abstracts and full-texts, studies which met inclusion criteria were checked by expert consultation. Risk of bias was assessed using the Cochrane risk of bias tool. Quality was assessed and data synthesized narratively. Results: Preliminary analysis indicates that SC interventions offer promising therapeutic benefits to people in different ethnic groups. Cultural adaptations may be necessary to maximise benefits. Discussion: Results indicate how SC interventions are most effective for people in ethnic minorities.

MENTAL HEALTH INNOVATION NETWORK: ADVANCING GLOBAL INNOVATION AND EVALUATION FOR MENTAL-HEALTH CARE

Petra Gronholm , London School of Hygiene and Tropical Medicine / Mental Health Innovation Network

The Mental Health Innovation Network (MHIN) is a global community of 13,500+ mental health innovators from around the world, including researchers, implementers, policy makers, funders, students, and lived experience experts and advocates. MHIN's mission is to share innovative resources and ideas to promote mental health and improve the lives of people with mental, neurological and substance use disorders through improving the quality and coverage of care. MHIN facilitates the development and uptake of effective mental health interventions and services by enabling learning, building partnerships, synthesizing and disseminating knowledge, and leveraging resources. MHIN is a leading actor in the global mental health field, showcasing innovations in the evaluation of mental health services with a specific focus on work from culturally and contextually diverse settings and lower-resourced contexts. In this way MHIN contributes to equity and parity in the mental health innovation field, spotlighting work which might not otherwise have the resources to establish global online visibility. This presentation provides an introduction to MHIN's origins, operational themes and strategic objectives, and its structure in terms of central coordination and regional hubs. An overview will also be provided of the different types of mental health innovations that MHIN features, and initiatives and projects that MHIN is directly involved with, with a focus on innovative service provision and approaches that improve access to care. The presentation will instruct the audience on how those interested can join MHIN at no cost, have their work featured on MHIN, and benefit from its global network: getting inspired by browsing MHIN's catalogue of mental health innovation case studies from around the world, building partnerships through engaging with the global MHIN community, and sharing knowledge through exchanging ideas and resources.

MENTALIZATION AND INTERAGENCY COLLABORATION IN THE CONTEXT OF DEINSTITUTIONALIZATION OF CHILDREN'S S

Galina Markova , Know How Centre for Alternative Care for Children, New Bulgarian University

Introduction Over the past two decades, Bulgaria has undergone extensive deinstitutionalization, reducing the number of children in residential institutions from approximately 35,000 in 2000 to fewer than 100 today. This rights-based reform created a new community child welfare infrastructure and required a shift from group-based institutional care to individualized case work—an approach historically unfamiliar within Bulgaria's family-oriented culture and hierarchical professional systems inherited from socialism. In practice, limited intersectoral collaboration and entrenched hierarchies often reproduce single-sector responsibility, leaving children with complex, multi-system needs excluded from mainstream services and cycling through placements. Methods We examine two national implementations of Adaptive Mentalization-Based Integrative Treatment (AMBIT) within a collaboration with trainers from Anna Freud Centre, London. Sixty professionals across social, health, education, and justice sectors were trained, including the development of local AMBIT trainers. Data sources included training processes, training evaluation, supervision reflections, and team collaboration case examples. Results AMBIT's emphasis on shared team mentalizing, epistemic trust, and network-based responsibility supported shifts from hierarchical to partnership-oriented collaboration. Teams reported improved joint formulation, shared ownership of risk, and more sustained engagement with complex cases. Barriers before intersectoral work have been formulated. Community model for intersectoral casework collaboration was developed. Discussion–Conclusion Key implementation challenges concern the inclusion of mental health professionals, parent-children involvement, and engagement of local authorities in disseminating and contextualizing the model. Psychosocial needs remain largely delegated to the social sector, which often lacks the expertise, authority, and status to involve mental health specialists. The health sector is pivotal because it maintains established standards for parent involvement, whereas parents are more frequently excluded in social services—reflecting institutional traditions inherited from socialism. Mentalization-based implementation can strengthen intersectoral collaboration in deinstitutionalizing systems, but requires balancing model fidelity with contextual adaptation and supporting trainers to embed mentalizing practices within evolving service cultures.

MH & SOCIAL CARE SYSTEMS REFORM, INTEGRATION&PARTICIPATION OF PERSONS WITH PSYCHOSOCIAL DISABILITIES

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The transformation of the mental health and social care system in Lithuania has been ongoing for 3 decades since 1997. With the help of EU structural funds investments, a number of positive changes have been implemented: the number of beds in psychiatric hospitals is being reduced by 35%, modern services are being developed that are more focused on people with psychosocial disabilities (development of 115 primary mental health services in the community, 47 day hospitals, 5 crisis units, sheltered housing, psychosocial rehabilitation, etc.), and diagnostic, treatment and rehabilitation evidence-based methodologies are being developed. Over the past 10 years, suicide prevention training and developed online response algorithms have reduced the number of suicides, especially in large cities by half. The incapacitated status of people with mental disabilities is gradually being abandoned, with the development of methodologies for assessing individual needs, limited capacity and assistance with participation in civil society, and the introduction of the recovery paradigm in psychiatry. However, the integration and participation of people with psychosocial disabilities still remains limited, due to the uneven distribution of human resources and stigma, the OECD recommendations have not been implemented. Also, alcohol and drug use in certain risk groups remains high, and the effectiveness of prevention programs is not systematically measured. The mental health of children and adolescents has significantly deteriorated after the COVID-19 pandemic, and during the war in Ukraine and hybrid attacks from Byelorussia, the level of anxiety is increasing, and so far no suitable ways have been found to increase the resilience of children and young people to new mental and physical health challenges: low physical activity, risk of metabolic syndrome, hopelessness, anxiety, depression, unemployment, loneliness, addictions to the Internet, social networks, new psychoactive substances. Healthcare structural reform that resulted in reduction of rural hospitals, also diminished resilience of population to health challenges. We will present R&D activity plans to conduct a systematic multi-profile analysis of the results of the mental health policy reform, to determine the frequency of exposure to risk factors in certain age groups, with special attention to the mental health of children and adolescents. Assessment of the impact of stigma in the context of the transformation and assessment of effective integration models and obstacles to their sustainability will allow better prediction of reform priorities in the future, implement more effective mental health policies, increase the faster implementation of best practices, reduce socio-economic exclusion in vulnerable population groups and between regions, and increase the resilience of society to hybrid risks. WHO QualityRights standards implementation in Lithuanian inpatient psychiatry will be presented as well.

MINIMALLY ADEQUATE TREATMENT FOR ANXIETY AND DEPRESSION: ESTIMATING THE EFFECT OF INCREASING ACCESS ON HEALTH OUTCOMES AND HEALTHCARE SYSTEM COSTS IN CANADA

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Background: Less than one in two individuals with anxiety or depression consult for their mental health. Reported barriers to mental health service use include personal reasons, long waiting lists, and out-of-pocket costs for accessing mental health services in the private sector. To inform efforts to improve access to quality mental healthcare and mental health policies, the current study aimed to: 1) determine the prevalence and predisposing, enabling, and need factors associated with receipt of minimally adequate treatment (MAT) for moderate or severe symptoms of anxiety or depression; 2) assess the attributable healthcare costs of receiving MAT; and 3) estimate the projected mental health outcomes and healthcare costs of increasing MAT. Approach: The sample includes participants from the Ontario Health Study, one of the established regional cohorts of CanPath, who reported incident or persistent moderate-to-severe symptoms of depression or anxiety in 2020 and 2021 and had linkable health administrative data (n=1374). Mental health service use and barriers since the pandemic were self-reported. Receipt of MAT was defined as either ≥4 outpatient mental health physician encounters or ≥8 psychotherapy claims (primarily with physicians) over a year and a half. Total healthcare costs include outpatient consultations, emergency department visits, inpatient stays, and drug expenses. Mean adjusted differences in costs related to receipt of MAT are calculated, with corresponding 95% bias-corrected bootstrap confidence intervals (CIs). Different scenarios aimed at reducing barriers to mental health service use and increasing receipt of MAT are examined to assess their effects on mental health outcomes and healthcare costs over a 15-year time horizon (discounted at 1.5%). Results: Receipt of MAT was observed in 13% of incident cases, 24% of persistent cases, and 14% of remitted cases. Overall, among those reporting barriers to mental health service use, the most common were not feeling comfortable (54.3%), financial reasons (loss of health benefits) (14.7%), inability to get an appointment (10.6%), and other reasons (20.4%). Receipt of MAT was associated with increased mean adjusted healthcare costs in persistent cases ($6941; 95% CI: $2713, $13,621) but not in incident or remitted cases. Policies aimed at eliminating financial barriers and reducing personal barriers by 30%-75% could increase MAT receipt to 30% in incident cases and 47% in persistent cases. In these scenarios, there would be a reduction in persistent cases and a rise in remitted cases, with additional yearly healthcare costs averaging $112 to $403 per case. Conclusion: While

MAT is associated with higher healthcare costs, over the long term, MAT is associated with an increase in cases that have remitted. Future research should evaluate the cost-benefit of mental health policies that reduce barriers and improve access to quality care.

MONITORING MENTAL HEALTH REFERRALS TO SUPPORT POLICY AND SYSTEM REFORM

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INTRODUCTION. Monitoring the actual use of mental health services and referral patterns is essential for evidence informed policymaking during ongoing reforms. Up to date data on care entry and trajectories provide crucial insight into accessibility, coordination, and emerging needs. This study presents a structured monitoring approach capturing the number, nature, and types of referrals within Belgian psychiatric networks. By systematically tracking changes in the notified population, the framework offers a robust, policy relevant tool to support transparent and responsive mental health system transformation. METHODS. A template-based approach was implemented to estimate patient referrals, referring symptoms, treatment sectors and treatment types, and delays in initiating treatment after referral. Data collection involves periodic monitoring of the number, nature, and specific types of referrals. This framework allows for the systematic observation and analysis of population dynamics and patterns. Additionally, the tool developed through this method serves as a means to track and evaluate evolutions in care pathways over time. RESULTS. The monitoring framework proved to be an innovative, policy supporting tool within Belgium's mental health reform. Applied across seven psychiatric networks, it enabled systematic tracking of referral flows, symptom profiles, and care trajectories through a standardized template. This approach provided policymakers with objective, up to date information, replacing fragmented reporting and strengthening the capacity for data driven decision making. It offered insight into evolving care pathways, emerging bottlenecks, and potential inequities in access. Its scalable and structured design facilitated consistent population monitoring and supported transparent, responsive governance, contributing to more evidence informed shaping of the ongoing mental healthcare reform. DISCUSSION-CONCLUSION. This monitoring approach demonstrates the value of structured, up to date data in supporting mental health reform. By capturing referral patterns and care trajectories across networks, it enables more informed policy decisions and reveals evolving system needs. Its scalability and consistency offer a foundation for transparent, responsive governance during ongoing transformation.

MUSIC LISTENING IN PSYCHOSIS: ASSESSING RISKS AND BENEFITS TO INFORM MENTAL HEALTH CARE

Mark Rowles , Royal College of Music

Rosie Perkins , Royal College of Music
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Psychosis - characterised by hallucinations and/or delusions - occurs across several mental health conditions and affects around 7% of the population in the UK. Despite this prevalence, access to psychological support remains limited: in England, only 41% of individuals with psychosis are offered cognitive behavioural therapy, and one in five people with schizophrenia wait over a year for treatment. This highlights the need for research into cost effective tools, which centre lived experiences of people with psychosis, to inform the innovation of mental health services. Music listening is inexpensive, widely available, and often personally meaningful. It is the most studied musical activity in relation to serious mental illness, with two-thirds of studies reporting positive effects. Previous findings show people who experience psychosis use music as a distraction or coping strategy to manage symptoms, and meta-analyses demonstrate that passive listening can reduce psychotic symptoms. However, most research is experimental and inpatient-focused, leaving a gap in the understanding of its everyday role. This paper addresses this gap through two qualitative studies: (1) narrative interviews with five UK participants, and (2) a survey with 80 participants informed by interview data. Findings identify four themes: use of music as a coping tool; highly individualised effects; risks such as triggering music; and music becoming part of the psychotic experience. Finally, this paper will outline a current study which explores implications for practice through interviews with mental health professionals, examining perceptions of risks and benefits and whether music listening may already be incorporated in care. Together, these studies aim to inform evaluation of mental health services through understanding the role of music listening in psychosis care.

MUTUAL LEARNING ON FAIR SPACE CAN FOSTER SOCIAL PATHWAYS TOWARD THRIVING FOR ALL

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Introduction: Efforts still fail to counter health inequity. Multiple triggers lead to social exclusion. Our ethnographic research explores the social pathways of citizens deprived of a home. How can we sustainably promote fair opportunities for all? Methods: Urgent information needs prompted field research among Dutch homeless service users. We collected health and needs by a transdiagnostic generic strategy. We focus on the recovery themes (meaning, symptoms, the social dimension), and their evolution over time. Founded on human rights, we examine the interactions of homeless service users and their environments. Case descriptions deepen the understanding of dynamics. Results: The research yielded a representative sample (16 facilities, 436 users). The health and needs patterns reveal many interrelations of multiple needs. The user–system interactions uncover a systemic failure to match vital needs of the neediest. The interactions over time expose how social decline occurs and reveal opportunities for improvement. The survival strategies show that stress often generates communication barriers, conflict, alienation and neglect. This has a negative impact on the self-image, (in)formal networks and place of users in society. A deadlocked case from a local experiment demonstrates how community relations can overcome modern system obstacles, while creating stable conditions for growth. Discussion & conclusion: Despite abundant care and welfare facilities, many shelter users feel abandoned. Our rights-based ecosystem approach leads to the root causes of unfairness, inherent in the healthcare system and culture. The findings disclose that the resilience of Dutch society suffers significant erosion. By extension, this applies to modern care systems in high-income countries. Fostering resilience requires meaningful social relationships that offer creative solutions. Exploring dynamics stimulates mutual learning in safe and public spaces. Providing networks with concrete tools, this can foster social pathways toward thriving.

NEGOTIATING RIGHTS: SHARED DECISION MAKING, POWER, AND INEQUALITY IN ANTIPSYCHOTIC MEDICATION

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International guidelines frame shared decision making (SDM) as a matter of equality and human rights in mental-health care. Yet its application to psychiatric medication remains limited, where power imbalances and entrenched inequalities continue to shape clinical encounters. Antipsychotic medication can be both effective and burdensome, and while clinicians advocate for SDM, many service users report feeling marginalised or overruled during treatment discussions, despite clinicians . Early Intervention in Psychosis services (EIPS), with their recovery-oriented ethos and relational focus, are often regarded fertile ground for SDM. This ethnographic study examined how medication decisions were negotiated within EIP teams in a large urban mental-health trust. Through participant observation of multidisciplinary meetings, clinical consultations, and informal discussions, the study traced real-time decision points and explored how they were influenced by interpersonal dynamics and organisational context. Content analysis was used to map the structure of decision-making interactions, while thematic analysis identified the values, assumptions, and constraints shaping practice. Findings show that although the language of SDM was increasingly adopted, psychiatrists retained dominant influence over final prescribing decisions. Requests from service users to reduce medication were more likely to be negotiated than refused outright, whereas requests for discontinuation were commonly declined, often framed through concerns about risk, relapse, or system accountability. These patterns reflected a mix of clinical caution, institutional pressures, and unequal distributions of authority and credibility. The study concludes that while elements of SDM are emerging within EIPS, substantial barriers persist at individual, relational, and systemic levels. Enhancing equality in medication decision making will require addressing how discrimination and power operate in everyday practice.

PATHWAYS TO PARTNERSHIP: COMMUNICATION AS A KEY PREDICTOR OF SHARED DECISION-MAKING

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Introduction Shared decision-making (SDM) is a collaborative process in which clients and providers make treatment decisions together, integrating clinical expertise with clients' experiences and preferences. Although SDM promotes autonomy and improved outcomes, its use in mental health (MH) settings remains limited. Hence, this study examined how key variables contribute to SDM among individuals with severe mental illness (SMI), drawing on the Charles et al. (1997) three-stage model. Within this framework, we examined knowledge of psychiatric rehabilitation services (PRS) (information exchange), attitudes toward MH help-seeking (deliberation) and client–provider communication (joint decision) Methods A cross-sectional quantitative study was conducted among 227 adults with SMI living in the community. Participants were recruited via an anonymous online survey distributed through designated social media groups and through a psychiatric outpatient clinic in a general medical center in Israel. All participants provided informed consent, and the study received ethical approval. Participants completed a self-administered questionnaire. SDM was measured using the Shared Decision-Making Questionnaire (SDM-Q-9) (Kriston et al., 2010), adapted to psychiatric rehabilitation planning (Zisman-Ilani et al., 2017). Knowledge about PRS was measured using a questionnaire developed by Zisman-Ilani et al. (2018), based on O'Connor's decisional support framework (O'Connor, 1995). Attitudes toward mental health help-seeking were measured using the short form of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Farina, 1995). Client-provider communication was assessed using the Communication subscale of the Patient Reactions Assessment (PRA) (Galassi et al., 1992). Results Client–provider communication showed the strongest association with SDM. SDM was also positively correlated with knowledge and with attitudes toward help-seeking. Regression analysis confirmed communication as the strongest predictor, with knowledge contributing additional explained variance. Attitudes approached significance, indicating a modest yet meaningful role. No demographic variables were significant, and education emerged as a negative predictor Discussion–Conclusion Findings indicate that client–provider communication was the most significant predictor of SDM, highlighting the need to strengthen providers' collaborative communication skills. Knowledge of PRS also contributed, emphasizing the importance of improving access to clear, user-friendly information. Positive attitudes toward help-seeking further supported SDM, pointing to the value of interventions that build trust and enhance engagement with MH services. Together, these insights suggest practical pathways for MH systems to enhance user involvement and foster recovery-oriented partnerships.

PATIENT SAFETY INCIDENTS WITHIN ADULT COMMUNITY MENTAL HEALTH SERVICES: A MIXED-METHODS ANALYSIS.

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Introduction: Patient safety is a global priority, yet little is known about harm in mental healthcare. Patient safety incidents (PSIs) in community-based services are particularly poorly understood. We aimed to characterise PSIs and their contributory factors within community mental health services for working-age adults in England. Methods: We conducted a retrospective, mixed-methods analysis of PSIs reported in 2019 to the National Reporting and Learning System, involving adults aged 18-65 years under the care of community mental health services in England. We sampled all incidents reportedly involving 'Death', 'Severe harm', or 'Moderate harm', and random samples of a proportion of 'Low harm' or 'No harm' incidents. PSIs and contributory factors were classified through qualitative content analysis using empirically informed frameworks. Frequencies and proportions of incident types were computed. Results: A total of 1,443 eligible reports were analysed. Analyses revealed that harmful outcomes occurred widely, with unclear service influence. For example, self-harm was the modal concern amongst 'No harm' (15.0%), 'Low harm' (62.8%), and 'Moderate harm' (37.6%) categories. Amongst PSIs resulting in 'Severe harm' or 'Death', attempted suicides (51.7%) and suicides (52.1%) were the most frequently reported events. Study findings identified PSIs common to most healthcare settings (e.g. medication errors) and specialty-specific issues (e.g. errors in Mental Health Act administration). Frequently reported contributory factors included situational failures, such as breakdowns in team functioning, and challenging local working conditions, such as unmanageable staff workloads. Conclusion: Study findings provide novel insights into safety challenges within community mental health services. The research highlights priority areas for future safety improvement efforts, aimed at strengthening system-based prevention strategies to address organisational contributors to harm.

PEDIATRIC PSYCHOONCOLOGY: TREATMENT AND REHABILITATION OF CHILDREN AND ADOLESCENTS WITH CANCER

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Introduction: Psychooncology is a scientific discipline that deals with the psychological aspects of cancer. Its goal is to integrate psychological care into cancer treatment. It is oriented towards everyone who faces the disease: patients, their loved ones, and treatment teams. Psychooncology is an interdisciplinary field addressing the psychological, social, behavioral, and rehabilitative dimensions of cancer. In pediatric oncology, this perspective is particularly important, as rare but severe malignancies—most commonly leukemias, nervous system tumors, and lymphomas—affect children and adolescents aged 0–18 years. In Bulgaria, around 100 new cases are diagnosed annually, with approximately 80% long-term survival when detected early and treated adequately. Regardless of the low incidence of these diseases in childhood, cancer in children still ranks second in the structure of child mortality after accidents. As survival rates improve, increasing attention is directed not only toward curing the disease but also toward long-term quality of life, functional recovery, and social reintegration. Materials and methods : Despite medical progress, cancer substantially impacts the child's mental health, cognitive and physical development, family dynamics, and social functioning. The pediatric oncology ward represents a complex psychosocial environment marked by prolonged hospitalization, intensive multimodal treatment, and emotional strain. Within this setting, patterns of adaptation, communication, coping, and resilience develop among patients, parents, and healthcare professionals. At the same time, early rehabilitation plays a crucial role in minimizing treatmentrelated long-term effects and promoting recovery. Rehabilitation in pediatric oncology includes physical restoration, psychosocial support, school reintegration, family counseling, and long-term survivorship care aimed at fostering autonomy, developmental continuity, and overall well-being. This study presents a structured literature review of psychooncology research from the past decade, highlighting the need for integrated, multidisciplinary care models in pediatric oncology that combine medical treatment, psychosocial support, and comprehensive rehabilitation. Results: Such models are essential to address not only survival outcomes but also the long-term psychological adjustment, functional capacity, and quality of life of children and adolescents affected by cancer. Conclusion: By discussing the available literature, analyzing previous research, and presenting data from the authors, the presented study seeks to contribute to scientific knowledge about the application of psychooncology in its diversity of insights, trends, and transformations in clinical practice and the field of pediatric oncology. Key words: psychooncology, cancer, children

PEER SUPPORT WORK TO IMPROVE THE WELLBEING OF REFUGEES: RESULTS OF THE ROUTES TO WELLNESS PROJECT

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Background As a consequence of the increasing scale of prolonged conflicts and disasters, the global number of displaced people has risen sharply. In the UK refugees are significantly marginalised; they suffer from a range of adverse health outcomes and experience higher rates of mental distress when compared with majority groups. Emerging research suggests that peer support models may provide an effective way to support refugees, and co-designed interventions work best. Peer support worker (PSW) models are community-based interventions whereby a person who shares an aspect of lived experience with a group of people is trained to support those people in the community. Methods The Routes to Wellness Study used Experience Based Co-Design (EBCD) to co-create a peer support work (PSW) model for refugees. The PSW model was tested in two sites in the UK over 9 months using a mixed method feasibility design. Data was collected from 44 participants took part in the feasibility trial at baseline, 3 months and 6 months. Wellbeing, Capabilities Quality of Life, Social Functioning and Service Use data was collected using valid psychometric instruments. Qualitative data was collected by 1-2-1 interviews with the same 12 service users at each time point. Focus groups were convened with PSWs and service providers. PSW reflective logs were also analysed. . 6 participants were lost to follow up. Data was integrated at analysis stage. Measurement data was anlaysed using descriptive statistics and repeated measures anova. Qualitative data was subject to reflexive thematic analysis and framework analysis. Cohort data were analysed separately and integrated with the qualitative data on a case by case basis before cross case comparison was undertaken. This involved exploring qualitative and quantitative data together to ascertain the extent of complementarity, tension or expansion. Credibility and validity checks were established iteratively and critically by independent coding and team discussion. Results Approximately 1000 hours of support was provided by 6 trained and paid peers support workers. The feasibility data effectively demonstrated statistically significant improvements to service users' capacity related quality of life, wellbeing and social functioning. The social benefit of PSW was reported across service users, service providers and the wider community. Qualitative data supported these findings and surfaced a wealth of other benefits to both service users and the wider system. Discussion: Our findings support the review by Gower et al. (2022a); demonstrating that PSW can help address refugee isolation, enhance their social networks and improve access to services. PSWs also provided a sense of hope and validation and improved

service users sense of belonging and motivation to engage in work and study. These findings suggest the PSW interventions have the potential to improve both health and social outcomes and improve refugee social capital.

PERFORMANCE OF ADDICTION TREATMENT SERVICES IN ANDALUSIA (SPAIN): A DEA-WINDOW ANALYSIS

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Assessing public outpatient addiction treatment services poses challenges due to heterogeneous resources and fluctuating demand. Literature on Relative Technical Efficiency (RTE) in addiction services is limited, particularly for longitudinal and territorial comparisons. This study aimed to (1) evaluate RTE over 2015–2024 and (2) examine provincial differences, using the III Andalusian Plan on Drugs and Addictions as the guiding framework for selecting the evaluation period. Methods: RTE was assessed using the Efficient Decision Support–Mental Health (EDeS-MH) tool that integrates a Fuzzy Logic engine and Data Envelopment Analysis Window (DEA-Window) methodology, considering clinical, support, and administrative inputs, and outputs including attendance, agenda adherence, and service diversity. The analysis comprised biennial DEA-Window estimates, statistical tests for temporal/provincial comparisons, and post-hoc analyses. Results: A statistically significant temporal variation in RTE was found ($\chi^2=437.99$, $p<0.0001$). Values remained stable pre-pandemic ($\theta=0.957–0.962$, 2015–2019), experienced a marked drop during the pandemic ($\theta=0.903$, $p<0.0001$; 2020–2021), and showed recovery thereafter ($\theta=0.932$, 2022–2023). Significant variations were found across provinces. Sevilla ($F=34.80$, $p<0.0001$), Cádiz ($F=30.52$, $p<0.0001$), and Córdoba ($F=12.11$, $p<0.0001$) showed the most pronounced changes, contrasting with more moderate patterns in Jaén and Huelva. Persistent disparities were confirmed, notably between Sevilla and provinces like Almería and Málaga. Discussion: Key temporal and regional RTE patterns were revealed, highlighting the pandemic's impact and vulnerable provinces. Findings inform targeted resource allocation and service resilience. The EDeS-MH platform proved a valuable tool for continuous RTE monitoring in addiction and mental health services. Keywords: DEA-Window Analysis, Relative Technical Efficiency, Addiction Treatment Services, Decision Support System.

PROFILES OF PSYCHIATRIC EMERGENCY DEPARTMENT PATIENTS WITH MENTAL HEALTH DISORDERS USING LINKED CANA

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Introduction Patients with mental health disorders (MHD), including substance use disorders (SUD), disproportionately use emergency departments (EDs). We profiled psychiatric ED users by jointly considering mental and physical comorbidity, coercive practices, arrival mode, triage, ED length of stay (LOS), suicidal or “strange-behavior” visits, and long-term service use. Methods Using Quebec administrative data (2011–2019), we built a cohort of 1,528 psychiatric ED users. Gaussian mixture models identified latent profiles, compared on predisposing and enabling factors. Results Four profiles emerged. Profile 1 (12%): men 30–45 with psychosis, antisocial traits, and SUD; the highest coercive episodes, violent/strange-behavior visits, psychiatric hospitalizations, long LOS, and heavy service and antipsychotic use (“unstable psychotic adults with high service needs”). Profile 2 (49%): depression-predominant, socioeconomically advantaged, with the lowest involuntary admissions, consultations, rehospitalizations, specialist use, psychotropic use, and the shortest stays (“distressed patients with crisis-level specialist needs”). Profile 3 (27%): younger men, many racialized, with high psychosis but low internalizing disorders, community care, comorbidity, and medication use (“younger psychotic patients needing stabilization”). Profile 4 (11%): older women in supportive housing with internalizing disorders, psychosis, and medical comorbidity, showing the highest community-service use and medication needs (“older psychotic patients with high physical-health needs”). Discussion-Conclusion Profiles indicate tailored responses: assertive and integrated care (P1); stepped and collaborative care (P2); engagement-focused teams (P3); and geriatric psychiatry integrated with medical and social supports (P4).

PSYCHIATRIC INSTITUTIONS IN EUROPE THROUGH THE EYES OF THE CPT: ANALYSIS OF REPORTS 2018-2025

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This presentation will examine how the Committee for the Prevention of Torture (CPT) sees psychiatric institutions in Europe through the reports published by the CPT from mandated site visits to states parties to the European Convention for the Prevention of Torture and Inhuman or Degrading Punishment or Treatment in the period 2018-2025. Having a mandate to inspect places of involuntary detention, the CPT visits and subsequent reports provide a picture of conditions in psychiatric facilities through an institutional perspective rooted in a historical instrument intended to safeguard human rights and enforce state compliance. The results of the thematic analysis of the reports are presented and discussed in view of the deinstitutionalisation processes in Europe, as well as a comment of the functionality of monitoring and addressing human rights abuses within countries.

PSYCHOLOGICAL FUNCTIONING AND MALIGNANT ILLNESS: POSSIBLE CORRELATIONS

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The presented research project aims to examine theoretical and clinical hypotheses related to psychosomatic patients who develop malignant diseases by assessing specific characteristics of psychological functioning. The study will explore aspects such as personality organization, affective processing and regulation, defense mechanisms, attachment style, depression, and anxiety among patients diagnosed with malignant (cancerous) and benign oncological and hematological diseases. A battery of research methods will assess key constructs identified in the literature and in previous international studies, including mentalization, symbolization, affective dysregulation, anxiety, and essential depression, as well as real-life events (such as experiences of loss occurring up to approximately six months prior to the onset of the illness) that may correlate with the emergence of malignant processes. Keywords: psychosomatics, psychic functioning, malignant illness, oncology, hematology, psychoanalysis, loss

PSYCHOMETRIC VALIDATION OF THE ITALIAN LGBT-DOCSS AMONG MH PROFESSIONALS: CLASSICAL AND IRT APPROACH

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Introduction This study aimed to translate, culturally adapt, and validate the Italian version of the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) among mental health professionals. Methods A cross-sectional online survey was administered to clinicians and trainees across Italy between June and December 2024. Psychometric analyses were conducted among participants with complete responses to all 18 items (n = 345). Classical test theory and item response theory (IRT) approaches were integrated. Analyses included descriptive statistics, internal consistency, exploratory, and confirmatory factor analysis, and Spearman correlations with external constructs. Graded Response Models (GRM) were estimated separately for each subscale to examine item discrimination and category threshold functioning. Results The original three-factor structure—Clinical Preparedness, Attitudinal Awareness, and Basic Knowledge—was confirmed, with clear item–factor alignment and good global fit (CFI = 0.967; TLI = 0.962; RMSEA = 0.058). Reliability was high across subscales (ordinal α > 0.86). GRM analyses showed strong discrimination and orderly thresholds for most Clinical Preparedness items, indicating precise measurement across a broad latent trait range. Basic Knowledge items demonstrated low-to-moderate discrimination with appropriate thresholds, supporting differentiation mainly at lower to intermediate competence levels. Attitudinal Awareness items displayed weaker discrimination, suggesting reduced measurement precision at trait extremes. One Clinical Preparedness item showed inconsistent directional functioning and was flagged for further evaluation. Discussion Subscale inter-correlations were small, supporting the multidimensionality of sexual and gender minority-related competence. As expected, authoritarianism indicators (Very Short Authoritarianism Scale; Kurzskala Autoritarismus-3) were negatively associated with Basic Knowledge and Attitudinal Awareness, while associations with Clinical Preparedness were

negligible. Significant group differences emerged by gender, sexual attraction, and professional role. Conclusion The Italian LGBT-DOCSS demonstrates strong psychometric properties and robust subscale-specific measurement performance among mental health professionals. It is a potentially valuable tool to identify competence gaps, build curriculums, and evaluate care provision.

QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA-SPECTRUM DISORDERS: A LONGITUDINAL STUDY WITH 10 YEAR

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Background: Quality of life (QoL) in patients with Schizophrenia has become one of the most important outcome measures in long-term treatment; however, in the Latin American context, longitudinal research that analyzes its trajectories over time and its relationship with clinical and sociodemographic aspects is still scarce. The aim of this study was to longitudinally evaluate QoL in conjunction with psychotic symptomatology, internalized stigma, social cognition, premorbid adjustment and years of untreated psychosis in a sample of patients with a diagnosis of Schizophrenia in Northern Chile. Method: A total of 26 patients were able to complete the 10-year follow-up of measures and predictors of stigma, which were evaluated in Public Outpatient Mental Health Centers in the city of Arica between March-July 2012 and March-July 2022. The results show that QoL trajectories improve over time, especially in aspects such as family relationships, autonomy and resilience. On the other hand, depressive symptoms, self-stigma and premorbid adjustment were significant predictors of follow-up measures of QoL. Discussion: These results underscore the importance of overcoming stigma and depressive symptomatology to improve the QoL of patients with Schizophrenia. Also the results yielded that premorbid successful psychosocial functioning and experiences are a significant predictor of QoL.

QUALITY, SAFETY AND AUTONOMY IN ENHANCED OBSERVATION: A SYSTEMATIC REVIEW TO INFORM IMPROVEMENT

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Introduction: Patients with agitated, confused, or distressed behaviours—often arising from unmet mental health, learning disability, or dementia-related needs—frequently experience inconsistent and inequitable care in acute hospitals (Weissinger et al., 2020). Enhanced observation is widely used to manage risk, yet evidence on its safety, quality, and impact on dignity and autonomy in these settings is limited. This review synthesises existing literature to develop an understanding of what characterises high-quality, safe enhanced observations; and inform service improvement within the acute hospital. Methods: The review protocol was pre-registered in the Prospective Register of Systematic Reviews (PROSPERO) database (CRD42024628762). A systematic search of five databases was conducted and supplemented by hand-searching, and forward and backwards citation searching for comprehensiveness. Two reviewers independently screened all titles and abstracts for eligibility, followed by full-text reviews of shortlisted articles. A framework-based synthesis of extracted data was conducted. This utilised an existing measure of ethical behaviour management – the Humane and Comprehensive Management of Challenging Behaviour in Health and Social Care instrument (Tölli et al., 2023) – as a conceptual model. Quality

and safety challenges experienced by service users were summarised thematically. Data synthesis and interpretation were enhanced by the involvement of lived experience experts. Findings: Findings indicated that the quality and safety of enhanced observation practice was influenced at individual (e.g. skills, attitudes, ethical sensitivity), team (e.g. teamwork fluency), and organisation level. Dominant safety concerns within the literature included acts of aggression, self-harming, and inadvertent treatment disruption by agitated or confused service users (e.g. removing intravenous lines). Instances of neglect of caring responsibilities, such as staff falling asleep while undertaking enhanced observations, were also identified. Competence development and strengthening routine team communication to support decision making were examples of frequently reported improvement measures. Discussion/Conclusions: This systematic review presents an overview what constitutes safe and unsafe practice in caring for agitated, confused, or distressed people under enhanced observation. Findings can be used to guide priorities for future research and service improvement activities that aim to promote safety, reduce inequity and unwarrented variation, and centre lived experience.

REALIST RESEARCHERS IN RESIDENCE (RRR): CAPTURING CONTEXT AND CODESIGN WITH SERVICE LEADERS & STAFF

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Contextual factors include geography, population, organisational values, and staff skills. These factors can affect delivery and optimisation of mental health services. However, capturing and analysing contextual factors can be a challenge; often this exists as informal, unusable, information within the research team, rather than formal data. Additional challenges in mental health service evaluation include ensuring that evaluation tackles topics that are of timely interest to service leaders and commissioners. Finally, often formal dissemination of research findings are slow, preventing rapid implementation of changes. We combined two existing approaches: realist evaluation (RE) and researcher-in-residence (RiR). Here we draw on six case studies to discuss how RRR can be used to design and undertake research that takes account of the above challenges. RE focuses on causation in context: how mechanisms causing change function differently under different circumstances. RiRs are embedded researchers who draw on co-production, ethnography, and rapid knowledge mobilisation principles. Using RE allowed us to centralise the role of context; combining this with RiR ethnographic-style observations addressed challenges in collecting appropriate contextual data. Using RiR coproduction principles we worked with strategic leaders to design studies that were relevant to their immediate needs. Within this coproduction, the RE focus on context here allowed us to: make local staff feel understood and recognised because the local barriers and enablers to service delivery were captured and analysed, and create findings that were generalisable and optimisable to other settings. Finally, using RIR coproduction and knowledge mobilisation principles, we met with sites frequently during studies. This acted as early dissemination for sites to use to make local improvements, and provided further contextual data collection points. Overall, RRR addressed challenges in evaluation design.

RECOVERY ACROSS MENTAL ILLNESSES: TRANSDIAGNOSTIC SIMILARITIES AND DIFFERENCES

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Background Recovery of an mental illness is a multidimensional process extending beyond symptom remission. While predictors of recovery are well established in psychotic disorders, less is known for depressive, bipolar, anxiety, and developmental disorders. Aims To compare recovery rates and associated factors across these diagnostic groups versus psychotic disorders. Method We conducted a cross-sectional study using data from two Dutch routine outcome monitoring surveys (PHAMOUS and MOPHAR; combined n=2,272). Recovery was measured with the I.ROC. Linear regression assessed differences in recovery between diagnostic groups. Multivariate models examined associations with sex, age, educational level, symptom severity (PANSS or OQ-45), and psychotropics use. A sensitivity analysis was executed to control for illness phase. Results Individuals with depression, anxiety, and developmental disorders scored significantly lower on recovery than those with psychotic disorders ($p<.001$; B = -7.7; -10.3), while individuals with a bipolar disorder showed similar scores ($p = 0.252$). Across all groups, greater symptom severity was associated with poorer recovery. Higher age was linked to better recovery in depressive and bipolar disorders; female sex was associated with better recovery in depression and developmental disorders. Positive interpersonal relations were associated with higher recovery in depression and developmental disorders, and stronger social role in depression and anxiety. Antidepressant use correlated with poorer recovery in psychosis and bipolar disorder. Higher education was associated with better recovery in depression, whereas a manic episode was linked to worse recovery in bipolar disorder. Sensitivity analyses confirmed these findings. Conclusions Recovery rates and associated factors differ by diagnosis. Bipolar and psychotic disorders showed the highest recovery rates. Symptom burden was consistently associated with poorer recovery, while interpersonal relations and social roles were also important across diagnoses.

RECOVERY-ORIENTED PRIMARY MENTAL HEALTH CARE: GENERAL PRACTITIONER AND PATIENT PERSPECTIVES

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General Practitioners (GPs) play a pivotal role in mental health care in Australia, yet implementation of recovery-oriented practices in primary care are underdeveloped. The REFOCUS-PULSAR (Principles Unite Local Services Assisting Recovery) project developed an innovative training tailored for GPs, with face-to-face modules and mentoring co-delivered by psychiatrist and lived experience trainers in Melbourne, Australia. This study explored how GPs and patients viewed its implementation in general practices, using qualitative methods designed collaboratively between researchers with lived experience, mental health and GP backgrounds. A purposive sample of GPs who completed the training and adults consulting their practices for mental health care were invited to participate. Qualitative interviews with seven GPs and eleven patients were recorded, transcribed and inductively analysed. Themes identified that both GPs and patients viewed a recovery orientation in primary care as beneficial. For GPs, recovery-oriented practice offered a hopeful perspective to their work, opened space for broader understanding of patients' perspectives and fostering collaborative care, while patients reported feeling valued and understood when GPs sought to understand more about them than their illness and negotiated treatment directions with them. Acknowledged challenges from both perspectives were time pressure in consultations, and stabilising clinical symptoms as a priority before introducing personal recovery, for which adaptive strategies may be needed. Overall this study indicates that tailored training and mentoring for GPs appears to enhance their capabilities for providing person-centred mental health care, and implementation of recovery-oriented practice in general practice is both feasible and acceptable to GPs and adults consulting them for mental health care. Its potential to improve patient experiences and outcomes in primary mental health care warrants further evaluation.

REDUCING STIGMA TO IMPROVE MENTAL HEALTH INCLUSION IN HEALTHCARE FOR SOCIALLY EXCLUDED GROUPS

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People in inclusion health groups (experiencing homelessness; drug and alcohol dependent; vulnerable migrants and refugees; belonging to Gypsy, Roma or Traveller communities; victims of modern slavery; in contact with the criminal justice system; sex workers) face unequal access to, and experiences of, mental healthcare. Stigma and discrimination affects provision of, and access to, mainstream, non-specialist, services. Although social exclusion is the common factor across these groups, there is heterogeneity of needs within and across these groups. It is important to explore which changes to services are relevant to which groups, and how they might be optimised for different situations. A realist synthesis of existing evidence was carried out, including empirical evidence regarding each health inclusion group, alongside theoretical evidence, to develop programme theories that explain how, why, for whom and under what circumstances stigma and discrimination can be addressed in mainstream healthcare. Expert professional and public engagement was utilised in depth throughout to ensure relevance, understanding and appropriateness of methods and findings, for example, transferability across groups. Quality and volume of evidence was variable across health inclusion groups. For some groups, there were interesting challenges in transferring population concepts internationally and with under-researched populations. Findings indicate three programme theories centred around: training, peer/advocacy support, and ‘ways of thinking'. These findings will be explored in detail in the presentation. This realist research has enabled us to make recommendations regarding what might work in practice to address the stigma and discrimination experienced in accessing mental health support across and between different health inclusion groups, providing context and population-specific recommendations that can be actioned by healthcare staff and policymakers.

RESILIENCE AND RECOVERY DURING WAR: INTEGRATED AMITIM RESILIENCE-FOCUSED GROUPS

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Israel's 2023-2025 war intensified psychological distress, particularly for those with mental health conditions. Amitim, a national community based mental health program developed Resilience-Focused Groups (RFG) for crisis support. RFG foster recovery via recreation and social activities. These integrated groups uniquely unite individuals with lived mental illness experience and community members, promoting resilience, belonging, recovery, and stigma-free connection. Methods: Grounded in trauma-informed, strengths-based, co-productive principles, the groups meet weekly in community centers and co-facilitated by peers and MH professionals. Through social and communal leisure activities RFGs promote resilience and recovery during prolonged war. Model builds on prior Amitim integrated groups' success: improved recovery, increased belonging, engagement, creativity, and reduced stigma. Current evaluation uses quantitative and qualitative measures. Results: Current RFG data collection is still ongoing. Prior Amitim groups showed enhanced recovery, increased belonging, integration, and reduced stigma, thus can be also relevant during wartime. Full data will be presented at ENMESH convention. Discussion & Conclusions: Amitim RFGs is an innovative model for integrated community resilience promotion during sustained conflict. By strengthening social capital, reducing stigma, and promoting participation, the model fosters resilience and belonging via recreation. Findings suggest scalable approaches for conflict-affected contexts internationally. This initiative is a first documented wartime implementation of a co-produced, mixed-community, recovery-oriented group model. It extends resilience frameworks by integrating lived experience leadership, anti-stigma, and community bridging strategies in active conflict. Project offers new evidence on trauma-responsive, socially inclusive service innovation demonstrating recovery-oriented systems as community resilience infrastructure.

RESULTS OF THE COMMUNITY NAVIGATOR TRIAL: A SOCIAL INTERVENTION FOR TREATMENT RESISTANT DEPRESSION

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Introduction Many people with treatment resistant depression (TRD) have poor outcomes from standard treatment: new types of support are needed. Loneliness is associated with poor recovery in depression and represents a promising intervention target. However, we lack evidence regarding effective loneliness interventions in TRD and secondary mental health care populations. The Community Navigator programme is a novel social intervention to help people with TRD develop meaningful social connections and alleviate loneliness, as a means to reducing depression. Community Navigators offer up to ten, 1:1 sessions to help people develop and enact plans to enhance their social connections. Participants may also access group meet ups with others taking part in the programme and some financial assistance to support social activities. Methods We tested the effectiveness and cost effectiveness of the Community Navigator programme in a researcher-blind randomised controlled trial. We recruited 313 participants meeting criteria for TRD and currently lonely. Our primary hypothesis was that people receiving the Community Navigator programme as an addition to usual Community Mental Health Team care would have lower depression scores on the PHQ9 scale than a comparison group receiving usual care, at an 8-month end of treatment time point. We also collected depression and secondary outcomes at a 14-month follow-up, six months after end-of-treatment. We measured health-related quality of life at all timepoints and calculated intervention costs to assess the programme’s cost-effectiveness. Results We recruited to target and achieved participant follow-up rates of 86% at end of treatment and 84% at 14-month follow-up. Trial results will be presented. Discussion/Conclusion The implications of the trial findings for research, policy and practice will be considered. ISRCTN registration: ISRCTN13205972 Keywords: randomised controlled trial, depression, loneliness

RETHINKING MH SERVICES - CREATING A FLOW OF CROSSECTIONAL CARE DELIVERY - A MODEL FROM GERMANY

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Introduction: The mental health care delivery system in Germany is highly segmented with predominance of inpatient treatment facilities and fewer outpatient services especially in the field of community-based services. Additionally, there is limited communication and coordination between the segments. This leads in many cases to treatment discontinuation and revolving door phenomenon with consecutive increase of the burden of the disease for patients and their caregivers, as well as of the treatment costs.. Objective: The model we present aims to provide patient-centered, needs-led, tailor-made cross-sectional care delivery with a fluid transition between inpatient, day care, outpatient and community-based treatment programs implemented by multiprofessional teams. (Flexible) Assertive Community Treatment was introduced as part of this model to meet the needs of people with severe mental illness, providing comprehensive support and care in the community, aiming at achievement of better social functioning, higher quality of life and avoiding hospitalizations. We present a needs-led, cross-sectional care model enabling fluid transitions between inpatient, day care, outpatient, and community-based treatment delivered by multiprofessional teams. Flexible Assertive Community Treatment (FACT) is a core component for people with severe mental illness. A mixed-method-approach is used to analyse effects and outcomes of the implemented changes. Methods: We apply a mixed-methods evaluation using: (1) clinical routine data to describe longitudinal shifts in service utilization, (2) EVA PFALZ, a matched-control comparative study assessing clinical and service-related outcomes, (3) semi-structured interviews with patients and stakeholders analysed via qualitative content analysis (Mayring) and (4) staff surveys comparing outreach teams vs. traditional inpatient settings analysed with standard between-group statistics. Results: Routine data indicate a shift from inpatient utilization toward outpatient and outreach/community-based modalities over time. EVA PFALZ suggests reduced inpatient length of stay, improved linkage to outpatient care, and fewer sickness absence days. Qualitative findings emphasize improved continuity, flexible transitions, low-threshold access, and better family/caregiver involvement. Staff surveys indicate higher self-efficacy and perceived interprofessional collaboration in outreach teams. Conclusion: The first results (to be presented) after six years of implementation of this care delivery model show positive outcomes for patients in qualitative data. Quantitative data shows benefits in interprofessional and cross-sectional cooperation, as well as a shift from stationary admission towards outpatient and outreach services, reducing length of inpatient admissions. A cross-sectional, FACT-enabled model appears feasible within the German system and is associated with favourable trends across patient-, caregiver-, and provider-relevant.

Mental health in times of war and trauma **Neptune Hall #1**

SAFE ENCOUNTER: A PEER-LED MODEL FOR MENTAL HEALTH CRISIS RESPONSE

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Introduction The ongoing war in Israel has significantly increased psychological distress and mental health crises. Consequently, encounters between security personnel and individuals in mental crisis have become more frequent and complex. These stressful and volatile interactions often escalate due to limited mental health literacy, stigma, and a lack of training, occasionally leading to adverse outcomes. Trauma-informed approaches suggest that integrating lived-experience knowledge into professional training can mitigate escalation and ensure safer interactions for all sides involved. Methods The "Safe Encounter" program, developed by “Peers for Rights,” is a peer-led, trauma-informed training model for police officers, paramedics, and physicians. The curriculum covers identifying psychological distress, understanding lived experiences, and applying practical de-escalation tools. The program includes an applied toolkit for police officers - providing field-ready guidelines for routine patrols -and a unique communication card for individuals with mental health conditions to facilitate clearer interactions during crises. Thus, the current program facilitates better choice and control, for all sides involved in the volatile interaction. Results Following a successful pilot, the Israeli Police has integrated the training into its professional development program. The model was also implemented in Israel’s first mental-health-focused emergency medical response team. To date, approximately 650 personnel participated. Evaluation data from 300 participants show that over 80% gained meaningful knowledge, acquired practical tools, and intend to actively promote de-escalation in future encounters. Discussion & Conclusion The “Safe Encounter” model demonstrates that peer-led, trauma-informed training significantly improves emergency responses to mental health crises. By reducing stigma and enhancing communication, the program promotes risk prevention and safety while empowering lived-experience leadership within public safety systems. Keywords:Lived experience; mental health crisis; emergency services; trauma-informed communication; de-escalation Related Literature Borum R, Williams Deane M, Steadman HJ, Morrissey J (1998) Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness. Behav Sci Law 16(4):393–405. https://doi.org/10.1002/(SICI)1099-0798(199823)16:4393::AID-BSL3173.0.CO;2-4 de Tribolet-Hardy F, Kesic D, Thomas SDM (2015) Police management of mental health crisis situations in the community: status quo, current gaps and future directions. Polic Soc 25(3):294–307. https://doi.org/10.1080/10439463.2013.865737 Godfredson JW, Thomas SDM, Ogloff JRP, Luebbers S (2011) Police perceptions of their encounters with individuals experiencing mental illness: a Victorian survey. Aust N Z J Criminol 44(2):180–195. https://doi.org/10.1177/0004865811405138 Godschalx SM (1984) Effect of a mental health education

SEEING SUPPORT: PERSONAL NETWORK VISUALISATION AS INNOVATION FOR EVALUATING MENTAL HEALTH SERVICES

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Introduction Evaluating mental health services increasingly requires approaches that capture patients' lived experience of support beyond formal care. Personal social networks are central to recovery and social inclusion, yet they remain marginal in service evaluation. Beyond their analytical use, personal network methods can function as innovative evaluative tools by making visible the configuration of formal and informal support surrounding service users. This study examines whether personal network analysis and visualisation can contribute to the evaluation of mental health services by addressing two questions: (1) Does the visualization of the personal network impact an individual's satisfaction with his personal network? (2) What structural features of the network significantly influence this satisfaction? Methods As part of the EGONET project, personal network data has been collected from 166 mental health service users in Belgium between 2019 and 2023. Participants identified individuals providing social support and indicated connections between them. Satisfaction with received social support was assessed twice, initially and following the visualization of their social support network. Results Participants exhibited varied satisfaction levels with their social support networks. While 68% expressed satisfaction with received support, only 23% were content with the number of alters, and 50% were satisfied with communication between alters. Visualization positively influenced individual satisfaction scores (T-test = 4.5, $p < .001$), but the overall percentage of satisfied participants decreased post-visualization (from 68% to 41%). Individual satisfaction was positively associated with denser networks, fewer alters, less centralized networks, more group connections, and fewer health professionals. Conclusion These findings suggest that personal network visualisation offers an innovative, patient-centred approach to evaluating mental health services. Rather than service intensity or network size, patients value cohesion, coordination, and diversity of support. Integrating personal network feedback into service evaluation may help identify relational strengths and gaps, inform recovery-oriented interventions, and improve coordination between formal and informal care systems. Keywords: personal network, visualization, satisfaction, service evaluation

SEX DIFFERENCES IN PSYCHOTIC DISORDER INCIDENCE RATES: A WORLDWIDE META-ANALYSIS

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Introduction The most recent meta-analysis researching sex differences in incidence rates of psychotic disorders stems from 2003 and was restricted to schizophrenia alone. We aim to provide insights in current trends in sex differences in incidence rates, focusing on the full psychosis spectrum. Methods For this systematic review and meta-analysis, PubMed, Embase and PsycINFO were searched (Jan 1, 2002-Mar 15, 2024). We included studies with original incidence data on psychotic disorders in adult men/women, regardless of study design. Data were extracted by sex, and where possible, by age and diagnostic subtype. Univariable random effects meta-analysis was used to pool incidence rates for each sex. Meta-regression was used to identify sources of heterogeneity. Results The search identified 29516 records, resulting in a final sample of N=43 articles after removing double datapoints. The pooled incidence rate for psychotic disorders was higher in men (32.2 per 100000 person-years; 95% CI: 23.4-44.5) than women (23.4; 95% CI: 17.0-32.3). This pattern was observed for non-affective psychotic disorders (IR=19.6, 95%CI:12.2-31.5 vs. IR=14.3, 95%CI:10.0-20.5) and schizophrenia (IR=26.3, 95%CI:19.3-35.8 vs. IR=15.3, 95%CI:10.2-23.0), but not for affective psychotic disorders (IR=5.0, 95%CI:2.6-9.6 vs. IR=3.8, 95%CI:2.1-6.9). Heterogeneity was high (I2=64-99.9%). Meta-regression suggested that study design was associated with some variation in incidence. Discussion-Conclusion Apparent sex differences were found in incidence of psychotic disorders, with men showing higher rates for most, but not all diagnostic subtypes, thereby corresponding with previous meta-analyses. However, a lack of data on sex-specific incidence rates across ages and regions was highlighted, potentially skewing reported rates. Methodological factors, including study design, may explain variation as well and warrant further study. Keywords Incidence psychotic disorder sex systematic review meta-analysis

SOCIAL ISOLATION AND PHYSICAL HEALTH IN PSYCHOSIS

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Background. Individuals with psychotic disorders face elevated rates of physical comorbidity and premature mortality. Although unhealthy lifestyle behaviors contribute to these health outcomes, they do not fully explain it. Persistent social disconnection, either through subjective loneliness and objective aloneness, is common in psychotic disorders and associated with poorer health in the general population. However, its moment-to-moment association with physical health in psychosis remain insufficiently understood. Methods. We present preliminary findings from the Social Isolation and Aging in Schizophrenia (SIAS) study, including 152 mid- to late-adulthood patients and siblings (ages 40–68) who completed smartphone-based experience sampling. Momentary loneliness, social context (alone vs. with others), stress, and physical symptoms were assessed. Multilevel models tested within- and between-person associations, and lagged models examined whether loneliness or aloneness predicted later physical health after controlling for prior health. Moderation by age, sex, and stress was explored. Data will be updated for ENMESH (expected $n \approx 250–300$). Results. Patients reported poorer physical health than siblings ($b = −1.17$, $p < .001$) and spent more time alone. Across groups, loneliness ($b \approx 2.2$, $p < .001$) and being alone ($b \approx 2.8$, $p < .001$) were strongly associated with worse concurrent health. At the between-person level, persistent loneliness ($b = 0.94$, $p < .001$) and aloneness ($b = 0.92$, $p < .001$) predicted poorer average health. However, neither predicted subsequent changes in physical health (all $p > .18$). No moderation by age, sex, or stress emerged. Stress was strongly associated with concurrent, but not later, perceived health ($b \approx 3.0$, $p < .001$). Conclusions. Reducing prolonged aloneness and strengthening everyday social contact may offer scalable strategies to support physical health in psychotic disorders, complementing medical and lifestyle interventions.

SOCIAL MEDIA AND PSYCHOSIS: A MULTIDISCIPLINARY INTEGRATIVE REVIEW

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Social media are online platforms which allow users to create accounts, post content, and interact with others. Many people use them daily to maintain contact, access information, and support. For individuals with psychotic disorders, whose symptoms can include delusions, hallucinations, and disorganized behavior, the affordances of social media platforms may help them reconstruct a social network and social identity, which is important for personal recovery. This review aims to identify what is known about how and why individuals with a psychotic disorder use social media, and what mental health-related, social, and functional outcomes have been linked to social media use. A systematic search is conducted including relevant search terms for the concepts of social media and psychosis. Reports were included when the population is classified with a psychotic disorder, highlights social media regardless of whether it is conceptualized as a context, social domain, a predictor or an outcome measure, and is published between 2005 and 2025. Reports were excluded if the population was not defined as having a psychotic disorder, or if an intervention was studied. Extracted data was analyzed qualitatively using a constant comparison method. Literature shows that individuals with a psychotic disorder use social media at comparable rates to clinical and non-clinical control populations. Differences in the use of specific platforms between populations with a psychotic disorder and other populations are generally not consistent nor reproduced. Twitter users self-identifying as having a schizophrenia-spectrum disorder tweet more about tobacco, depression, suicide, anxiety, and general mental-health related topics. Content analysis review distinct linguistic and visual patterns in the posts of individuals with a psychotic disorder. The primary motivation for using social media is passing time, staying informed, and contacting friends. Content analyses reveal that individuals with a psychotic disorder have distinct linguistic and visual attributes in their social media posts across platforms. In a survey study, individuals with a psychotic disorder described how they noticed their social media use changed when symptoms emerge. Some case reports show that heightened social media use can influence paranoid delusions or hallucinations. Observational studies found a positive association of social media use with global and social functioning scores, and a negative association with negative symptoms and symptom severity. Literature suggests that the effects of social media are dependent on specific behavior. Future work should explore personal experiences, psychosocial moderators, and causal pathways to better understand benefits and challenges of social media for this population.

SOCIAL REPRESENTATIONS OF YOUTH MENTAL HEALTH IN CHILE: CULTURAL MEANINGS OF DISTRESS AND SUPPORT

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Adolescent and youth mental health has become a major global concern, with rising emotional symptoms, self-injurious behaviors, and treatment demand that increasingly exceeds service capacity. These trends unfold amid rapid sociocultural changes that reshape young people's experiences and the frameworks through which mental health is understood. Despite growing attention, little is known about how this widespread distress is culturally interpreted or what shared meanings guide public and institutional responses. Understanding these interpretive frameworks is essential, as they shape the problem definitions and interventions that gain legitimacy. This study aimed to characterize the social representations of mental health among young people aged 15 to 25 in Chile, examining the ideas, categories, metaphors, and practices that structure their understanding of distress and help-seeking. We used a qualitative design combining individual (n =83) and group (n =37) semi-structured interviews, analyzed through reflexive thematic analysis. A purposive, maximum-variation sampling strategy included participants aged 15 to 75 from seven urban and rural localities to capture the broader cultural ecology surrounding youth mental health. Preliminary results, based mainly on the samples of students, teachers, and parents/guardians, show that mental health is represented simultaneously as emotional well-being and as a problem associated with diagnoses, treatments, and specialized care. New generations are described as more open to recognizing and expressing distress, although adults tend to link this openness to greater fragility in the face of frustration and everyday demands. Adolescent mental health appears as a widespread and complex issue, but not necessarily a new one, insofar as its greater visibility is also associated with cultural changes in the ways suffering is named and legitimized. Family relationships and social media are identified as central contextual factors for understanding the roots of mental health problems. However, the responses regarded as most legitimate tend to focus on individual and specialized intervention. A persistent tension runs through the analyses: social and relational causes of distress are recognized, but the responses proposed are largely clinical and individual in nature.

SPATIAL EVALUATION OF THE MENTAL HEALTH SYSTEM IN ANDALUSIA AND ITS SOCIODEMOGRAPHIC DETERMINANTS

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Introduction: The Andalusian mental health system is organised according to the balanced care model and serves a geographically diverse region with marked urban–rural differences. Previous studies have suggested a possible association between relative technical efficiency (RTE) and territory, but the spatial patterns of these differences are still not well understood. This study aimed to (1) assess spatial differences in RTE and (2) analyse the relationship between sociodemographic and economic variables and RTE. Methods: The mental health services network consists of 77 small catchment areas. We used RTE data from previous studies. Spatial patterns in RTE were examined using Moran's I and Getis–Ord Gi statistics. We then used analysis of variance to study how sociodemographic indicators are related to RTE levels. A machine learning model was applied to identify the most informative predictors. Finally, we fitted a spatial lag regression model. Results: We found significant spatial autocorrelation in RTE, with high-efficiency "hot spots" in the eastern part of the region and low-efficiency "cold spots" in the centre-south. The spatial regression model (R2 = 0.529) included three key variables: per capita income, proportion of empty dwellings and number of retirement pensions. Discussion and Conclusion: The results indicate that the performance of the Andalusian mental health system is closely linked to territorial sociodemographic conditions. These findings underscore the need for context-sensitive evaluation strategies to reduce performance inequalities. Incorporating sociodemographic determinants into policy design may help improve system efficiency. Keywords: Relative Technical Efficiency, Mental health system, spatial analysis, sociodemographic factors.

STRENGTHENING HUMAN AND DISABILITY RIGHTS IN MENTAL HEALTH

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The study's aim is to explore acceptability, relatability and relevance of social model of disability (SMD) theory in mental health. The underlying purpose is exploring possibilities of convergence between the Disability Rights Movement (DRM) and the Mental Health Survivor Movement (MHSM) to protect against escalating social/economic/political threats, for example, welfare cuts specifically aimed at people with mental health issues. I am conducting a literature review, two workshops with service users and interviews with survivor academic/activists. User-led/co-produced activities informed the study from beginning to end, all contributors except one interviewee have lived experience. The DRM and the MHSM have been on separate journeys but with crucial points of unification over common goals, for example, international and national campaigning resulting in the creation of the United Nations Council for the Rights of People with Disabilities (UNCRPD), and the UK Equality Act 2010. Findings from a thorough literature review include observations that the DRM and the MHSM have different strengths and weaknesses and whilst there is an over-lap, they have different focus and theoretical underpinning leading to contested areas, for example, acceptance of a biological notion of impairment in the SMD 'allowing in' acceptance of biologically reductionist psychiatry. There is one piece of primary research (2010 Survivors' Speak Out, led by Peter Beresford) on this topic which showed a mixed response to the SMD. However, there are numerous theoretical articles globally, authored by people with lived experience and allies. Three theories from the DRM were presented in workshops, social model, social-relational model and psycho-emotional disablism. The first workshop contradicted the 2010 primary research as mental health survivors/service users did not problematise social model theories. The second workshop will be longer and explore contested areas between the DRM and MHSM. Three survivor researchers and one ally with published work in this area were interviewed; explored themes included key merits/challenges of reinterpreting social model theory in mental health and points of synergy/compatibility/difference/incompatibility between the DRM and MHSM. Insights from workshops and interviews will be thematically reviewed for a content paper. Findings will be shared with all workshop and interview participants for feedback via further workshops and interviews. Knowledge of lived experience contributors will be fully embedded. There are no firm conclusions so far, however interesting themes are emerging. For example, prior research showed mixed responses to the SMD but so far this study shows positive responses. By the time of the conference there will be full and detailed findings to present. Key words: Social model, social-relational model, mental health inequality, discrimination

THE CHALLENGES OF PSYCHIATRIC REHABILITATION SERVICES DURING WAR

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Introduction: Services for individuals with severe mental illness living in the community in Israel faced an unprecedented challenge when the war began on October 7th, 2023. Understanding the challenges that professional staff in community residential facilities and family caregivers encountered in meeting this population's needs during wartime is crucial for developing knowledge on how to prepare psychiatric rehabilitation services to operate effectively during such times. Method: Open-ended interviews were conducted with 12 mental health professionals about the challenges of supporting individuals with mental illness during wartime while they live in community residential facilities or with family caregivers. The interviews focused on the difficulties faced by professional staff and family caregivers in supporting persons with SMI, the adjustments needed during this period, and what could be done to enhance the response in such situations. Results: The war led to a significant decrease in rehabilitation services available for individuals with mental illness living in the community. Consequently, the burden on both professional staff and family caregivers increased, requiring them to develop alternative activities for persons with mental illness. In addition, people with mental illness faced multiple stressors due to the need to manage unfamiliar situations during the war. However, the availability and accessibility of mental health services during this period were limited. Implications: There is a need to develop support systems that can help staff in community residential facilities and family members deal with the lack of rehabilitation services during a war outbreak. Moreover, there is a need to improve the accessibility of mental health services during wartime for individuals with mental illness. It is also crucial to provide emotional support to the professional staff and family caregivers.

THE DEINSTITUTIONALIZATION OF MENTAL HEALTH CARE: A CONCEPT THAT REMAINS MISUNDERSTOOD TODAY

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Introduction: The World Health Organization defines the deinstitutionalization of mental health care as "a process of shifting mental health care and support from long-stay psychiatric institutions to community mental health services". Deinstitutionalization remains a globally important paradigm. However, a persistent political ans scientific gap continues to limit the development of shared understanding of this process and how it should be measured. In the scientific literature, deinstitutionalization is mainly studied at the macro and meso levels, with attention to policy, governance, and service organization. In contrast, micro-level dimensions are often overlooked. Yet changes in clinical practice are essential, as the process cannot succeed without meaningful transformation at this level. This highlights the need to include clinical indicators in evaluation frameworks to better capture the complexity of the transition. Aim: To clarify how deinstitutionalization is defined and measured internationally, and to underscore the innovative contribution of integrating micro-level clinical indicators into evaluation strategies. Method: Literature review of international sources, including the Mental Health Atlas, and scientific publications on deinstitutionalization. Results: At the macro and meso levels, several established and emerging indicators were identified, such as reduction in inpatient length of stay, the development of mental health legislation and policies, and the expansion of outpatient services, etc. At the micro level, indicators include reducing coercive practices, recovery-oriented approach, etc. Conclusion: A common definition of the deinstitutionalization is essential to support shared goals and ensure the comparability of evaluation frameworks across countries. Integrating micro-level indicators is also necessary to prevent the risk of reinstitutionalization or transinstitutionalization

THE DEVELOPMENT OF STANDARDS FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN IRELAND

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The Mental Health Commission in Ireland was established under the Mental Health Act 2001 "to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under this Act." (Section 33(1)). Under the Mental Health Bill 2024 it is proposed that the role of the Mental Health Commission will be expanded to include community services, including Child and Adolescent Mental Health Services (CAMHS). This project was commissioned, by the Mental Health Commission, to inform the development of National Standards for CAMHS in Ireland. It involved an evidence review of the literature on CAMHS and analysis of a public consultation (N = 670) to inform the development of Standards which will provide a robust and consistent framework for the regulation, quality assurance and evaluation of hospital and community services. The scope of the evidence review included: international patterns in the prevalence of mental health problems among children and young people; the research literature on the provision of CAMHS; country specific examples of policies, standards and guidance; and specific sections on capacity, parental consent and involuntary admission. The Mental Health Commission's public consultation collected views on how to improve the quality and consistency of mental health services for children and young people. The overall process was also guided by an Expert Advisory Group which included the perspectives of children and young people. The findings and possible implications of the evidence review and public consultation for the development of Standards for CAMHS will be presented. It is hoped that these Standards will, for the first time in Ireland, facilitate the ongoing evaluation of CAMHS, and also provide opportunities for international comparison and exchange.

THE HEART PROJECT: PSYCHOLOGY MEETS DIGITALISATION FOR IMPROVING QUALITY OF LIFE OF CANCER PATIENTS

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Background Cancer patients and their caregivers experience elevated psychological distress, yet access to psycho-oncological support remains severely limited in Bulgaria. Traditional research models delay patient benefit — findings must pass through publication, policy, and service implementation before reaching those who need support. The HEART project (PsycHology meEts digitAlisation for impRoving qualiTy of life in breast cancer patients) proposes an evidence-to-action model: communicating validated scientific results to participants immediately, safely, personally, and anonymously during the research process itself. Personalised result delivery serves as both a participant incentive and an intervention component, transforming mental health research from passive data extraction into active support. Methods A cross-sectional digital screening study is conducted in partnership between the Bulgarian Breast Cancer Association (BBCA) and technical partner Analyse This ltd. Three participant groups (target N=300) are going to be recruited through distinct channels: breast cancer patients via the BBCA's Life online application, caregivers and a general population comparison group via targeted outreach through the software developed by Analyse This Ltd. All participants complete the Hospital Anxiety and Depression Scale (HADS), the Short-Form Health Survey (SF-8), and the Brief Resilience Scale (BRS) online. Caregivers additionally complete a culturally adapted Caregiver Quality of Life Index–Cancer (CQOLC). Responses are scored automatically and personalised interpretations are generated by a trained AI model calibrated against published clinical norms. All participants receive immediate personalised feedback; those exceeding clinical cut-offs receive automated referral to psycho-oncological services via a voucher-based system. Platform engagement is tracked including result-saving rates, consultation uptake, and referral follow-through. Findings Data collection is ongoing. Preliminary between-group differences in anxiety, depression, resilience, and quality of life will be presented alongside implementation metrics including completion rates, proportion saving results, referral voucher uptake, and consultation attendance. Discussion HEART demonstrates that digital research platforms can simultaneously generate scientific evidence and deliver immediate, personalised mental health support. This evidence-to-action model offers a scalable approach to psycho-oncology in underserved regions, advancing mental health care during research rather than after it.

THE ROLE OF GROUP DYNAMICS ON CLIENT RECOVERY AT GGZ NHN'S RECOVERY ACADEMY

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Introduction At GGZ NHN, recovery-oriented care is actively promoted, and clinicians are encouraged to discuss Recovery Academy group programs (primarily focused on personal recovery), with clients from intake onward. These programs often run alongside or follow specialized mental health care (SGGZ). However, the extent to which participation in group sessions at the Recovery Academy contributes to personal recovery remains unclear. Additionally, the benefits experienced by clients, clinicians, and peer support workers have yet to be fully explored. There is also limited understanding of whether combining SGGZ with Recovery Academy participation provides additional benefits compared to SGGZ alone. This qualitative study aims to explore the role of group processes at the Recovery Academy in supporting recovery, as well as assess whether peer support workers, whose group facilitation training varies, are adequately equipped to foster effective group dynamics. Methods To address the research question, a qualitative design was chosen using semi-structured, in-depth interviews with clients, clinicians, and peer support workers to explore experiences, meaning-making, and perceived value of the Recovery Academy and its group processes. Additionally, an autoethnographic approach was applied, with one researcher participating in a Wellness Recovery Action Plan (WRAP) group course to gain insider insights into group dynamics and recovery practices. WRAP focuses on self-management and personal responsibility, independent of diagnostic frameworks, and is structured around core recovery principles such as hope, self-advocacy, and support. Combining interviews with autoethnography aims to capture the complexity of lived experiences and the added value of Recovery Academy participation. Results and Discussion First results of the study are expected in March and will be presented during the conference.

THE ROLE OF SOCIAL WORKERS IN MEETING THE PSYCHOSOCIAL NEEDS OF VICTIMS AND SURVIVORS OF POLITICAL CONFLICT: FINDINGS FROM A EUROPEAN, THREE COUNTRY PROJECT

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Sanela Bašić , Professor of Social Work, University of Sarajevo

Introduction: The presentation will begin with a brief account of how numerous political conflicts around the world have had a pervasive, often traumatic impact on the lives of victims and survivors, and then the types of interventions used by social workers and other professionals, to address these needs. Method: It will then present findings from three seminars carried out over five days in Nicosia, Belfast and Sarajevo, involving over 200 participants, funded by the European Association of Schools of Social Work. This enabled comparisons to be drawn between the experiences of victims and survivors and the role of social workers in Northern Ireland, Cyprus and Bosnia Herzegovina (Campbell et al, 2019). Findings: Whilst there are inevitable contrasts between these case studies, commonalities are apparent: (i) In all three case studies there was varied commitment to the development of such services, often the consequence of failures of political and policy making leadership, created by the conditions of political conflict (ii) Social work and other interventions are often contingent upon on how well-developed services are, and crucially, levels of trust within victim and survivor communities (iii) A sensitive, variegated approach to service delivery is essential if the needs to victims and survivors are to be met. These interventions should be participatory and involve building alliances with communities if trust and viable therapeutic milieu are to be developed. (iv) Attention needs to be paid to the impact of the identities of professionals, and how these might affect interventions, given that most are drawn from the communities where political conflict has or is taking place Conclusions: Professionals should be better equipped to understand the needs of victims and survivors of political conflict by ensuring more appropriate forms of education, practice and policy level advocacy.

TWO LEVELS, TWO LOGICS? EXPLORING PREDICTORS OF RECOVERY-ORIENTED PRACTICES

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Objective: Personal recovery has reshaped mental health care, prompting international policies that promote recovery-oriented practices (ROPs) (WHO, 2021). Nonetheless, implementation gaps persist between policy and practice. Barriers include inconsistent definitions and measurement approaches of ROPs (Leamy et al., 2023), as well as limited knowledge of ROP determinants. Organizational determinants, such as workplace climate, may be crucial for ROP adoption, though their quantitative influence remains understudied (Piat et al., 2021; Fleury et al., 2018). This study sought to explore the predictors of both individual ROP and collective recovery-oriented service delivery (ROSD) amongst mental health professionals. Methods: The nationwide RECOR-PRO survey collected data from 555 French mental health professionals using standardized measures of recovery beliefs, attitudes toward and frequency of ROP, organizational culture, and collective ROSD. Regression analyses examined how individual, dispositional, and organizational factors predicted both practice levels. Results: Individual ROP and collective ROSD were weakly associated, suggesting distinct practice levels. For individual ROP, dispositional characteristics explained 44% of variance, with attitudes toward recovery practices as strongest predictors (Hope: $\beta = .29$, $p < .001$; Empowerment: $\beta = .20$, $p < .001$). For collective ROSD, organizational culture explained 62% of variance, with coworker expectations as primary predictor ($\beta = .62$, $p < .001$), followed by leadership ($\beta = .20$, $p < .001$) and quality improvement processes ($\beta = .16$, $p < .001$). Shared predictors across both practice levels included lived experience of mental illness, use of recovery-supportive tools, professional utility, and colleague expectations. Conclusions: Recovery-oriented care may imply two distinct practice levels, each with distinct determinants. Findings support the need for multilevel interventions addressing both practitioners' attitudes and systemic organizational factors for effective recovery-oriented care implementation. Additionally, this study results highlight several organizational factors that may impact the delivery of recovery-supportive care.

UPDATE FROM FACTORS: WHAT WE KNOW ABOUT CTOS 3 YEARS ON

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Tessa-May Zirnsak , La Trobe University
Chris Maylea , La Trobe University
Sharon Lawn , Flinders University
Penelope Weller , RMIT
Vrinda Edan , University of Melbourne
Puneet Sansanwal , University of Melbourne
Morgan Gould , La Trobe University
Edwina Light , University of Sydney
Christopher James Ryan , University of New South Wales
Claudia Bull , University of Queensland
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The Factors Affecting Community Treatment Orders Research Study (FACTORS) investigates why Community Treatment Orders (CTOs) are used disproportionately across different jurisdictions. Australia has some of the highest rates of CTO use in the world. And, despite uniform legislation, CTO rates vary widely across and within states. FACTORS integrates legal analysis, policy review, trajectory studies, and stakeholder consultation to map the drivers and consequences of CTO use. It aims to reduce coercive practices by illuminating where, why, and how CTOs are imposed—and their effectiveness. This presentation will share key findings from three years of FACTORS work, including patterns of CTO use, factors influencing decision-making, and implications for policy reform. It presents four key findings: -Limited effectiveness – Hospital readmission and length-of-stay reductions occur mainly among individuals with non-affective psychoses (e.g., schizophrenia); no benefit for other diagnoses. -Equity concerns – Untargeted CTO use may disadvantage marginalised populations, especially those born outside Australia. -Jurisdictional variation – Jurisdictions with lower CTO usage showed greater decreases in hospitalisations of people on CTOs compared with voluntary care. -Methodological rigour – Stronger evidence (e.g., robust controls, confounder adjustment) shows little-to-no benefit, suggesting natural illness course likely explains reported reductions. FACTORS case-control analyses confirm that CTOs often do not yield additional benefit over voluntary care. Findings suggest policy interventions should focus on equity, evidence-based targeting, and reducing reliance on coercion. This presentation will highlight implications for mental health legislation and recommend pathways toward rights-based reform. Ultimately, FACTORS seeks to inform strategies that reduce reliance on coercive interventions and promote more rights-based approaches to mental health treatment.

WALKING THE INFINITY LOOP: A TREATMENT EFFECT STUDY OF AN INTEGRATIVE GROUP INTERVENTION FOR THERAPY

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Tuly Flint , Ben Gurion University
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Walking the Infinity Loop: A Treatment Effect Study of an Integrative Group Intervention for Therapists Experiencing Secondary Trauma Therapists working with survivors of war and massacre are at heightened risk for secondary traumatic stress and “shared traumatic reality,” in which they are simultaneously helpers and citizens exposed to the same threat. Following the Hammas-Israel war, many clinicians treating massacre survivors reported intense distress, moral injury, and strain. In this context, the “Eights (Infinity Walk)” protocol: a brief, integrative somatic group intervention grounded in EMDR’s Adaptive Information Processing model, Somatic Experiencing, Conservation of Resources theory, and the Window of Tolerance framework, was developed for clinicians with high work-related stress and secondary trauma. We conducted a naturalistic pre–post one-month follow-up evaluation among N = 42 therapists providing trauma care in emergency initiatives. Subjective Units of Distress (SUD; 0–10) were measured before the protocol, at the end of the session, and one month later. Linear mixed-effects models with random intercepts showed a statistically significant reduction in distress over time ($\beta \approx -2.5$ units per interval, $p < .001$). Mean SUD scores decreased from 7.6 at baseline to 3.5 post-intervention and 2.6 at follow-up. Time × gender and Time × age interactions were non-significant, indicating similar trajectories across subgroups. Between-person variance was small relative to within-person change, suggesting a robust and consistent effect. Findings suggest that “Eights (Infinity Walk)” is a safe, low-cost, and scalable somatic protocol that can rapidly and sustainably reduce distress among therapists working with war-related trauma. As a brief, non-verbal, group-based tool, it is well-suited for integration into community mental health systems in shared-trauma contexts across the Middle East. We propose adapting the intervention as a routine organizational practice, implemented after traumatic events and embedded within broader measures to foster frontline clinicians' well-being and support ethical, high-quality conduct.

WORK RELATED PTSD SYMPTOMS AMONG THERAPISTS AND MEDIA-WORKERS FOLLOWING 7 OCTOBER 2023 TERROR ATTACK

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Background: Following the terror attack that took place in October 7 2023 in Israel different professionals met and worked with survivors. The current study focused on two types of professionals - media professionals who met with survivors that were a source for knowledge and news production, and mental health therapists who provided psychological services to survivors. This study included two steps. First, we did a preliminary examination of symptoms of PTSD and their correlates among both mental health therapists and media professionals. Second, following the high prevalence of symptoms among media workers, and in order to gain further understating of media workers experience, we conducted qualitative interviews with a small group of them. Method: in the first step of this study 54 mental health therapist and 32 (total N= 86) media workers were administrated with stress and secondary traumatization scales, empathy scale and reported work related factors such as seniority and past experience with trauma. In the second step 10 media workers were interviewed about their experience working with survivors. Results: Media workers showed higher scores of stress and post-traumatic stress symptoms. For mental health therapists, seniority and older age predicted less symptomatology. In the whole sample fantasy scale of empathy was found to be positively related to symptomatology. Analysis of interviews conducted with media workers uncovered the following themes: intensive exposure to difficult stories, experiencing post traumatic disorder symptoms, blurred boundaries between personal and professionals, having a sense of mission. Conclusions: Differences between professions with relation to their knowledge on mechanisms of secondary traumatization, the role of empathy and seniority are discussed. These are considered within the framework of risk factors and protective factors in the development of secondary traumatization.

SYMPOSIUM PRESENTATIONS

Abstracts are arranged in alphabetical order by title.

A SHARED FRAMEWORK FOR LIFESTYLE PSYCHIATRY TO ENABLE EFFECTIVE IMPLEMENTATION

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Introduction: Lifestyle-related behaviours exert major effects on mental health. Despite a growing evidence base for lifestyle interventions, implementation across mental health services remains slow. One key barrier is the absence of a shared conceptual framework. This presentation introduces a new international framework to support alignment across research, practice, and policy. Methods: An iterative, consensus-building process was conducted with 43 contributors from 15 countries, representing clinical practice, research, policy, and lived-experience expertise. Thematic synthesis and structured review cycles were used to define and refine core elements. Results: The framework positions Lifestyle Psychiatry as a multilevel approach applying lifestyle interventions, including – but not limited to – seven domains: regular physical activity / limiting sedentary behaviour, a healthy diet, , adequate sleep, reduction and avoidance of harmful substance use, stress management and meaningful social connectedness. It outlines mechanisms underlying links between lifestyle behaviours and mental health, and describes behaviour-change challenges specific to people with mental illness, including medication side effects, motivational difficulties, socioeconomic constraints, and structural inequities. The framework integrates principles of person-centred, recovery-oriented, and equity-focused care and emphasises the need for contextual and cultural adaptability. Discussion–Conclusion: Shared terminology and conceptual clarity are essential for coherent implementation. This framework provides a common reference point for clinicians, researchers, policy makers, and service users, reducing fragmentation and supporting development of consistent, scalable, and context-sensitive lifestyle interventions. It lays a foundation for structured and sustainable integration of lifestyle care within mental health services.

A SHARED STORY: A PILOT STUDY INTO THE FEASIBILITY AND EFFECTS OF A LIFE STORY INTERVENTION

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Annigje van Dijk , 1) Arkin Mental Health Care and 2) Vrije Universiteit Amsterdam
Carola van Alphen , Anoiksis (association by and for people who are susceptible to psychosis)
Karin Groen , Ypsilon (association for relatives of people susceptible to psychosis)
Lieuwe de Haan , 1) Amsterdam University Medical Center and 2) Arkin Mental Health Care
Mariken de Koning , 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

Introduction: Identity is important for personal recovery from mental illness. Identity is shaped by life experiences, but also by how we integrate these into stories about ourselves. This can be difficult for people with severe mental illness (SMI). SMI can be accompanied by disorganization, which makes it difficult to formulate a coherent narrative about one's life. In addition, an “illness identity” can take precedence over other narratives about the self. Objective: “A Shared Story” investigates the feasibility and effects of a ‘life story intervention’ for service users who are dependent on 24-hour care for long periods of time. Methods: The project was developed by (family) experts by experience, care professionals, and researchers. Healthcare professionals from three 24-hour care locations were trained in conducting conversations with service users about their lives and translating these into a book with them. Participants' experiences were analyzed using qualitative research methods. Results: Seventeen interviews and focus groups were held with 10 participating service users, 13 healthcare professionals, and 1 family member. Service users indicated that participation helped them put things into perspective and see themselves in a more positive light, and they were proud of their books. Healthcare professionals said they were able to interact with service users on a more equal footing and/or get to know them better. Challenges include the fact that many service users did not want to participate and that the project requires time, creativity, and flexibility from healthcare professionals Conclusion: The intervention is feasible for part of the target group and appears to offer opportunities for supporting identity beyond “illness identity” in people with SMI in long-term care. doi.org/10.1177/16094069251360299

ADVANCE CHOICE DOCUMENT IMPLEMENTATION FOR PEOPLE WITH EXPERIENCE OF INVOLUNTARY HOSPITALISATION

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Jonathan Simpson , King's College London Institute of Psychiatry, Psychology and Neuroscience
Mariam Namasaba , King's College London Institute of Psychiatry, Psychology and Neuroscience
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Introduction: Statements expressing advance preferences or refusals for treatment and other aspects of mental healthcare are the only evidence-based intervention that reduces compulsory psychiatric admission, with a particular benefit for marginalised groups. The Mental Health Act 2025 for England and Wales places duties on National Health Service bodies to make appropriate arrangements to provide information about, and help people create, what the Act has termed Advance Choice Documents (ACDs). A UK NHS Mental Health Trust (service provider) has already introduced ACDs—as routine practice, initially in its general adult and forensic services, then across its services. The Advance Choice Document Implementation study will evaluate the implementation and effectiveness of ACDs across this NHS Mental Health Trust. As part of this study, ACD resources will also be adapted before extending their implementation to Children and Adolescent Mental Health Services (CAMHS) and Older Adults services. Methods: The study will use mixed-methods organised in four work packages. Work Package (WP) 1 involves focus groups with different stakeholders to inform the adaptation and implementation of ACD resources for CAMHS and Older Adults services. WP 2 is a prospective study of ACD creation and application. WP 3 is a retrospective controlled study examining the effectiveness of ACD creation in relation to health service use and routinely collected outcomes. WP 4 is a pilot retrospective study of ACD application and its relationship to ACD content. Results: Results from WP1 will be presented. Discussion: This is the first study of routine introduction of ACDs for people with a history of detention under the Mental Health Act. The results will inform the effective application of ACDs following the new mental health legislation and guide policy and practice elsewhere, such as in countries where little implementation has occurred despite legislation for advance statements.
Keywords: advance statements, involuntary hospitalisation, mental health legislation

ADVANCING LIFESTYLE PSYCHIATRY: EVIDENCE AND GLOBAL IMPLEMENTATION STRATEGIES

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Introduction: Lifestyle Psychiatry examines how modifiable behaviours—including physical activity, diet, sleep, substance use, social connection and stress management—can improve the mental and physical health of people living with mental illness. Although evidence has grown rapidly, integration into standard care remains inconsistent. This presentation introduces the LifePsych Society–a new initiative supporting global implementation–and outlines its consensus priorities. Methods: International experts convened in June 2024 at the inaugural LifePsych Society Summit to identify practical and sustainable strategies for embedding evidence-based lifestyle interventions across diverse mental health care contexts. Insights were gathered through plenary discussions and small group activities, focused on three domains: (i) inclusive implementation strategies, (ii) emergent trends in lifestyle psychiatry, and (iii) future directions for the field and the Society. Results: For implementation strategies, greater focus is needed on applying implementation science principles, incorporating co-creation with local experts, deeply rooting interventions in the cultural fabric of communities, and addressing social determinants such as food insecurity. For emergent trends, mobile health applications, wearable devices and other digital devices were considered critical to support scalable, personalized interventions, while mindfulness was highlighted as an increasingly used approach to support recovery. Looking ahead, the central priority is to accelerate implementation to achieve tangible impact on health care globally. Discussion–Conclusion: Lifestyle Psychiatry has reached a pivotal stage: evidence is strong but routine uptake remains limited. The LifePsych Society aims to provide structure and leadership required to support the sustainable integration of lifestyle interventions in global mental health systems.

ALL-CAUSE AND CAUSE-SPECIFIC MORTALITY IN SEVERE MENTAL ILLNESSES IN EUROPE

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Background: Severe mental illness (SMI), including schizophrenia-spectrum disorders (SSDs), bipolar disorder (BD) and major depressive disorder (MDD), represent the leading cause of years lost to disability from all medical illnesses. Although excess mortality is known, there is a need to identify which domains of physical health are contributing to the mortality gap and whether these differ between different countries and health systems. We aimed to quantify excess mortality in SMI across five European countries (Denmark, Finland, France, Poland and Sweden). Methods: We used nationwide registers to identify persons diagnosed with SMIs, including SSDs, BD and MDD at ages 15-65 years. These persons were followed up until death, censoring diagnosis, age of 75 years, or end of study period, whichever came first. The general population of each country was used as a reference to establish relative excess mortality in SMIs. The mortality data were aggregated over the study periods (varying between countries, 2004-2023). Random-effects meta-analysis of sex- and age-standardised mortality ratios (SMRs) were used to synthesize SMI-specific excess mortality across the four countries. Results: In total, there were 216,042 deaths attributable to SSDs, 56,647 deaths to BD, and 289,214 deaths to MDD. Pooled SMRs for all-cause mortality were 3.45 (95% CI: 2.58–4.61) in SSDs, 2.15 (95% CI: 1.65–2.80) in BD, and 2.48 (95% CI: 1.85–3.33) in MDD. There were relatively small absolute differences in SMRs across countries, except for Poland where estimates for SSD and BD were markedly lower. Results for most common natural causes will be presented. Conclusions: All three disorders showed marked excess mortality, with the highest excess mortality observed in SSDs. The relatively small absolute differences in SMRs across countries suggest consistent excess mortality patterns across these settings.

AN EXPERT CONSENSUS ON INTEGRATED CARE MODELS FOR PEOPLE WITH SEVERE MENTAL ILLNESSES IN EUROPE

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Introduction While various integrated care models have emerged to address the physical health inequalities faced by individuals with severe mental illnesses (SMI), evidence remains limited, and no consensus exists on best-practice models. As part of the European mental and physical health initiative for people with SMI (EU-MIND), this study aims at identifying an expert consensus on the key characteristics of integrated care models to support for this specific population across Europe. Methods We adopt the Delphi consensus method, widely used to guide decision-making when robust evidence is lacking. The study engages key stakeholders including people living with SMI, relatives, health and care professionals, public decision-makers and institutional actors from six European countries. Three iterative rounds of online questionnaires were conducted between March and May 2026. Drawing on a taxonomy built through an umbrella review, the questionnaires outlined potential characteristics of integrated care models for people with SMI, covering governance, workforce, service delivery, funding, information and technology, and research and evaluation. Participants independently rated and prioritized these characteristics, received structured feedback and re-assessed their answers between rounds. Results By capturing the perspectives of diverse stakeholders and synthesizing expert opinion across various contexts, the study delivers a refined set of key characteristics for integrated care models for people with SMI which will be presented in detail at the conference. Findings offer an evidence-informed basis for the design, implementation and evaluation of integrated care interventions to reduce physical health disparities for people with SMI in Europe. Discussion /conclusion This research will fill current

knowledge gaps and guide the development of equitable, person-centered organizational interventions for people with SMI.

ANTI-STIGMA AND ADVOCACY TRAINING FOR PSYCHIATRY TRAINEES: RESULTS FROM A PILOT INTERVENTION IN R

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Stigma within mental healthcare, maintained by professionals' attitudes and systemic barriers, remains insufficiently addressed. Mental health professionals, however, are well positioned to drive change through their clinical practice and advocacy roles. Building on evidence that interactive, contextually tailored interventions can reduce stigma, this study evaluated the feasibility and preliminary effectiveness of a pilot anti-stigma and advocacy training for psychiatry trainees in Romania, grounded in the framework of responding to experienced and anticipated discrimination (READ). The intervention aimed to increase stigma-related knowledge, develop behavioural skills to address stigma, and promote advocacy-oriented attitudes at interpersonal and structural levels. Using a mixed-methods pre–post design, outcomes were evaluated at baseline, immediately after training, and at a three-month follow-up. Quantitative measures included knowledge about mental health stigma, attitudes toward addressing stigma, and behavioural skills, while qualitative data explored feasibility and implementation aspects. Nineteen psychiatry trainees participated in the study. Significant improvements were observed across all outcome measures, with medium to large effect sizes (knowledge: $T = 17.12$, $p < .001$; attitudes: $T = 6.04$, $p < .001$; skills: $\chi^2(2) = 26.91$, $p < .001$). At follow-up, gains in knowledge and behavioural skills were maintained (knowledge: $T = 12.4$, $p < .001$; behavioural skills: $\chi^2(2) = 26.91$, $p < .001$), whereas within attitudes, only the therapeutic commitment dimension showed sustained improvement ($T = 3.04$, $p < .01$). The findings highlight the potential of the proposed educational program to support psychiatry trainees in reducing mental health related stigma. While the intervention effectively enhanced and consolidated knowledge and practical skills, advocacy-related attitudinal change may require additional reinforcement or extended training to ensure long-term impact.

ARE WE ADDRESSING COGNITION IN SMI? A SURVEY AMONG DUTCH MENTAL HEALTH PROFESSIONALS

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Introduction Cognitive impairments are highly prevalent in people with severe mental illness (SMI) and strongly influence daily functioning and recovery. Despite their clinical relevance, cognitive impairments are often insufficiently addressed in routine care, and many clinicians report limited knowledge or confidence in discussing cognitive health. This study aims to assess mental health professionals' knowledge of cognitive impairments in SMI and examine how cognition is incorporated into treatment and rehabilitation plans. Methods A nationwide online survey was developed based on the instrument by Saperstein et al. and adapted for Dutch mental health services. Professionals from diverse disciplines (e.g., nurses, social workers, psychologists, psychiatrists) are being recruited through clinical networks, professional associations, and social media. The survey assesses knowledge about cognition, perceived relevance for treatment, and barriers and facilitators for implementing cognitive interventions. Quantitative items will be analysed descriptively; open-ended responses will undergo thematic analysis. The target sample size is 240 - 280 participants, with a minimum of 40 participants per professional group. Results Data collection is ongoing. Full analyses will be completed before the conference, and results (including knowledge levels across professional groups, current incorporation of cognition into care, and perceived barriers and facilitators) will be presented. Discussion The findings are expected to provide essential insight into how cognitive health is currently understood and addressed in Dutch mental health care. These insights will inform the development of targeted educational programs and support the broader implementation of cognitive rehabilitation, ultimately improving the quality of care and daily functioning of people with SMI.

ASSESSMENT AND COMPREHENSIVE MAPPING OF MULTI-SECTORAL MHPSS PROGRAMS FOR REFUGEES IN BULGARIA

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The study, which was carried out with the financial support by WHO Regional Office for Europe aims to assess the available mental health and psychosocial support (MHPSS) services in Bulgaria and the opportunities for further support to communities, both to strengthen the capacity of the mental health system and to ensure continuous access to mental health and psychosocial support services for refugees and migrants. The coordination of the conducted assessment went through several stages: 1. Identification of centers to be visited from the Compass network. 2. Inclusion of the largest registration and reception center in Bulgaria (outside the Compas network), managed by the State Agency for Refugees (SAR), in the assessment. 3. Conducting official correspondence with national/local actors: UNHCR, Bulgarian Red Cross (on whose territory the Compass centers are located), and SAR, regarding the upcoming assessment. 4. Conducting email correspondence with the leaders of the five centers to be visited. 5. Conducting phone calls with the leaders of the five centers immediately before the visit. Data collection was carried out through interviews and focus groups with the teams in the above centers. The visits were made in the period 16.06. - 04.07.2025. in the centers in Varna, Burgas, Plovdiv, Sofia and Harmanli. The main target groups for the MHPSS interventions were single mothers with children, pensioners (60+) with limited finances and no support, children with special needs and autism, men at risk who do not seek help and chronically ill, isolated groups. The refugee work centers visited by the research teams showed clear differences related to the location of the respective center, the demographic composition of the refugees, the involvement of local authorities, the availability of non-governmental support, etc. It was assumed that these differences have an impact on the volume and quality of the psychosocial support provided. The conclusions that have been made are based on the collected data, as well as on the assessment of the workers in the centers themselves, whose opinions and statements were collected using the focus group method. The main mental health problems which were identified included trauma from war, loss of home and loved ones, high anxiety in ≈90% of adults and children, apathy and depressive symptoms in a parent, PTSD, Panic attacks, self-blame, suicidal thoughts, Regression and emotional disorders in children, cases of OCD symptoms in young people, disturbed sleep in the elderly due to bombings in Ukraine, complete distrust of others. The main identified barriers to access to services were Language – lack of specialists with

Russian/Ukrainian; Financial – inability to cover insurance; Logistical – isolation, remoteness and Psychological – distrust, stigma.

BIOPSYCHOSOCIAL DISADVANTAGE, COMPULSORY PSYCHIATRIC ADMISSIONS, AND THE REVOLVING DOOR PHENOMENON

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Introduction: Compulsory and revolving-door psychiatric admissions are key indicators of difficult-to-treat cases and coercive trajectories in community psychiatry. Biopsychosocial (BPS) complexity may contribute but has rarely been assessed with standardized tools in previous research. This contribution synthesizes findings from two studies investigating the association between INTERMED scale, a semi-structured interview of BPS complexity, compulsory admission (CA) and revolving-door (RD) in an acute psychiatric hospital unit. Methods: Retrospective data were collected from electronic records of adult inpatients admitted to a public psychiatric ward in Northern Italy serving around 500,000 inhabitants. Logistic regression and survival Cox proportional hazards regression were used to estimate odds ratio (OR) and hazard ratio (HR) for CA and RD on the INTERMED total score and biological, psychological, social, and health system subscores. RD was defined as three or more hospitalizations within 12 months. Results: The sample included 322 patients (49.4% CA and 9.63% RD) admitted between December 2021 and March 2023. Overall BPS complexity was high (mean INTERMED total score 26; the cutoff for BPS complexity is 21), and significantly higher among CA patients, particularly in psychological and health-system domains. RD was associated with higher INTERMED scores, especially in the psychological and social domains, and with indicators of coercive trajectories, including previous CA and long-acting injectable antipsychotic use. Discussion: Standardized assessment of BPS complexity with INTERMED can help identifying patients at increased risk of CA and RD. Integrating BPS complexity screening into routine community mental health practice may inform targeted, recovery-oriented interventions to reduce coercion, strengthen social support, patient's agency, and mitigate RD trajectories. This would ultimately foster community psychiatry that is more responsive to patients’ needs. Keywords: Biopsychosocial complexity; Compulsory admission; Revolving-door admission; INTERMED; Community mental health services

Discrimination, equality and human rights

BRIDGING THE GAP “ACROSS THE OCEAN’S”. AN INTERNATIONAL APPROACH TO LIVED EXPERIENCE IN HEALTHCARE A

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Introduction Patient and public involvement (PPI) is increasingly recognized as essential in shaping mental health care and education. However, the meaningful inclusion of lived-experience voices remains challenging. Common barriers include marginalization, limited understanding of the value of user perspectives, and persistent stigma within systems and communities. Method Across the Ocean’s, an international consortium spanning Australia and Europe, conducted a review to examine global guidelines and recommendations for integrating lived-experience voices in mental health care and education. Over 50 peer-reviewed articles, policy documents, and practice guidelines were analyzed to identify recurring themes and strategies. The goal was to synthesize consistent principles and produce a practical, user-friendly guide for healthcare and education providers. Results The review revealed widespread challenges: entrenched power imbalances, tokenistic involvement, insufficient structural support, and enduring stigma. Terminology inconsistencies further complicated shared understanding. Despite these barriers, promising strategies emerged, including co-production approaches, supportive infrastructures, equitable recognition, and normalization of lived-experience contributions across systems. Discussion/Conclusion In response, Across the Ocean’s developed a global guide to PPI in mental health care and education, offering clear recommendations for consistent language, engagement practices, and structural supports. This resource aims to move beyond tokenism toward authentic partnership. Our findings underscore the need for coordinated global efforts to embed lived-experience voices as integral to policy, practice, and education—bridging gaps across diverse contexts and fostering more inclusive, person-centered systems.

Innovations in the evaluation of mental health services

BUILDING A LIVED EXPERIENCE INFORMED & INCLUSIVE RESEARCH ENVIRONMENT: KNOWLEDGE AND GUIDELINES

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Introduction: Researchers with lived experience (LE) combine academic training with personal, transformative experiences of mental health challenges and apply these perspectives to enrich research. The value of LE-led research is increasingly recognized as essential for advancing mental health research. However, persistent barriers in research settings limit the full potential of LE expertise, therefore knowledge and guidance are needed. Methods: The Danish ‘Network of Researchers with Lived Experiences’ was surveyed regarding the LE role. Seven members participated in two focus groups (one in-person, n=3; one online, n=4), facilitated by CHP and JWD. CHP and JWD collaboratively coded the data and identified four primary needs of the network: 1) Increased awareness and understanding of the purpose; 2) A clear and transparent definition of the role; 3) Leadership and professional development in LE expertise; and 4) Training in LE-led research, co-production, and dissensus. These four needs were elaborated in a discussion with five participants, including newly joined network members, adding the need for further elaboration with: Empirical knowledge of the field; Best-practice guidelines for LE workforce employment; and Expert review from international LE research leaders. Results: The guideline addresses: 1) LE role definitions and identity, including the values and barriers of LE-led research; and 2) Guidance to apply LE research expertise, employment of LE expertise researchers, disclosure boundaries, considerations of LE leadership and workplace resources, and development of LE training for all research staff. Discussion: Although the value of LE-led research is increasing, persistent barriers remain such as unclear LE roles, stigma, underdeveloped leadership pathways, and systemic undervaluing of co-produced knowledge. While the guidelines offer ways to challenge existing hierarchies, real progress relies on their adoption by funders, leaders, and policymakers.

CASE STUDY OF STRUCTURAL CHANGE TO ADRESS THE UNMET NEEDS OF INDIVIDUALS STUCK IN A SERVICE 'GAP'

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Background People with Complex Emotional Needs (CEN) (including those meeting criteria for Borderline Personality Disorder or Complex Trauma) often miss out on care in the UK and other high income countries due to how services are structured. This inequality of access is a human rights issue. The Community Mental Health Framework (CMHF) funded new models of "integrated, personalised, place-based and well-coordinated care" for people with severe mental illness, including specific requirements to improve support for people with CEN. Method We evaluated system change in Buckinghamshire, UK, a partnership between mental health services, primary care and voluntary sector. The aim was to assess whether the gap in care for people with CEN had been addressed. We conducted interviews with leadership, staff and service users and secondary analysis of routinely collected data to examine flow. Results Significant progress was made in filling gaps in care for those with CEN. While the initial hope of developing three neighbourhood hubs (bringing together several teams) was not achieved due to operational challenges, an alternative strategy of developing new pathways and teams to suit different needs was generally successful. These included a peer led group supported by mental health workers; a team specialising in people with complexities such as substance misuse and homelessness; an employment support team; and group based therapy. Crucial were access roles: both primary care based mental health practitioners, and a cross county Gateway team, which could support people into these pathways/teams. Additionally primary care doctors could get immediate advice from psychiatrists. Conclusions This study demonstrated how relatively modest investment in a system with flexibility of pathways and a range of offers could address inequalities of access. While data showed numbers referred and seen, systems need routine analysis of whole populations in order to fully evaluate impact.

CHANGES IN MENTAL ILLNESS STIGMA AND DISCRIMINATION AFTER THE TIME TO CHANGE PROGRAMME IN ENGLAND

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Introduction: Between 2008 and 2019, we reported positive changes in mental health stigma and discrimination among adults in England supporting the effectiveness of the Time to Change campaign. Here, we explore changes in stigma and discrimination in the years following the end of the campaign in 2021. Methods: Using national data from recent Attitudes to Mental Illness surveys (2023, 2024), we examined changes in several stigma-related outcomes since 2019. Regression analyses assessed stigma-related knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes toward the Mentally Ill scale (CAMI)) and behavioural intent (Reported and Intended Behaviour Scale (RIBS)). We also assessed willingness to interact using vignettes of depression and schizophrenia, and attitudes toward workplace discrimination, using data from the British Social Attitudes Survey (BSAS) for comparison. Results: After consistent improvement up to 2019, 2023 MAKS and RIBS scores no longer differed from 2009 baseline scores indicating decreases in stigma-related knowledge (MAKS declined by 7.8%, $p<0.001$) and willingness to interact (RIBS declined by 10.2%, $p<0.001$) since 2019. In 2024, MAKS scores declined further (by 3.5%, $p=0.028$) and RIBS-IB scores failed to improve. There was also a decrease in CAMI scores since 2019 (3.5% decline, $p=0.010$) and this decrease persisted to 2024 (a further 7.0% decrease in scores, $p<0.001$). Conversely, comparison with BSAS data showed that willingness to interact with people with depression and schizophrenia improved gradually between 2007, 2015 and 2023, and attitudes to workplace discrimination also improved. 2024 results indicate that attitudes remain stable but there are signs of increasing desire for social distance. Conclusion: There are marked, sustained decreases in outcomes indicating increased levels of mental health stigma since the end of the Time to Change campaign. However, some lasting positive changes remain for now.

CITIZENSHIP AS MENTAL HEALTH. A VALUES-BASED FRAMEWORK FOR PEER SUPPORT PRACTICE

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Introduction This presentation introduces Citizenship as a values-based mental health framework developed through international collaboration. Citizenship conceptualizes the connection individuals and groups have to five core domains: Rights, Responsibilities, Roles, Resources, and Relationships (the 5 R's). This framework serves as both an awareness-raising tool and practical guide for peer support workers, advocates, and activists. Methods Adopting a co-production approach, the project integrates five objectives: (a) exploring how the Citizenship framework can inform recovery pathways; (b) developing and implementing a peer-led training and awareness programme; (c) co-designing and validating a Citizenship-based Recovery Trajectory Reflective Tool integrating artificial intelligence; (d) assessing the impact of the training programme and reflective tool using mixed methods, including a cluster randomised controlled educational trial; and (e) disseminating findings to encourage broader adoption of citizenship-based practices. Results This presentation will report on preliminary findings from the initial project phase. Co-design workshops have begun identifying key barriers and facilitators to full citizenship, generating stakeholder-informed content for training materials and the reflective tool. Early implementation of the peer-led training programme is underway, with initial observations on participants' engagement with rights, community participation, and personal agency. Baseline data collection has commenced. Preliminary feasibility testing of the reflective tool is exploring acceptability, usability, and perceived relevance. Conclusion This work-in-progress demonstrates how citizenship-informed approaches can support full societal membership for people with lived experience of mental health challenges. Our preliminary findings inform the ongoing development of citizenship-oriented tools and training, with implications for practice and service development.

CLINICAL AND SERVICE USE PATTERNS IN OPIOID/DRUG POISONING VS SUICIDE DEATHS: QUEBEC STUDY

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Objective: We sought to determine whether unintentional opioid and other drug poisoning (OODP) and suicide deaths had similar clinical and service use profiles. Method: We undertook a retrospective, administrative data-based, study to identify these deaths in Quebec from 2003 to 2018. Covariates were chosen among those available in the Quebec Integrated Chronic Disease Surveillance System, classified according to Anderson’s model of health services as determinants of health outcomes. Results: We identified 2,002 OODP deaths and 16,555 suicides. Similarities included: victims aged 30 to 64 years and male; living in materially and socially deprived areas; lifetime depression (46% vs 49%); past-year traumatic injury, pain disorder, and health services use, particularly general practitioners, psychiatrists, emergency departments, other medical specialists, and psychiatric hospitalization. Large differences included proportionally more OODP deaths in the Montreal urban area (32% vs. 18%), substance-related disorders (SRDs) among OODP deaths (60% vs. 32%), and specific opioid use disorders among OODP deaths (10% vs, 1%). Smaller differences emerged regarding personality disorders and infectious diseases. Conclusions: Remarkable individual clinical and service use similarities emerged between OODP and suicide

deaths. Depression found in both OODP and suicide deaths also echoed their despair. Suicide prevention recommendations of better detection, engagement and treatment of individuals with depression or SRDs at the primary care and general hospital levels with support from specialist mental health and addiction services could represent a potentially more effective OODP death long-term prevention strategy in addition to the current focus on overdose prevention in downtown large urban areas.

COGNITION AND DAILY FUNCTIONING IN SMI: INSIGHTS FROM NLP OF ELECTRONIC HEALTH RECORDS

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In persons with severe mental illness (SMI) in long-term care, cognitive impairments may be severe and pervasive. However, the impact on daily life may not always be fully apparent in daily healthcare practice. Free text clinical notes in electronic health records (EHRs) provide a valuable but underutilized source of data in this regard. The goals of this research are to assess how cognitive impairments and their impact on daily life in persons with SMI are qualitatively addressed in EHRs and to assess whether and how such data may be systematically evaluated. We conducted an explorative, retrospective EHR study using de-identified data of persons with SMI who use long-term care services within Lentis Psychiatric Institute, Department of Rehabilitation. EHRs contain qualitative (written reports) as well as quantitative (Routine Outcome Measures) data. Indicators of cognitive impairments and their impact on daily life will be operationalized based on the Cognition in Daily Life Scale (Domensino et al. 2024). Using these operationalizations, natural language processing, an innovative artificial intelligence technique used to understand and analyse human language, will be used to identify patterns (such as, potentially, gender differences) with respect to cognitive impairments and their impact on daily life from the qualitative EHR data. Data was obtained for 247 persons with SMI (28% female, modal age group 40-54y, 67% main classification schizofrenia/schizofreniaspectrum disorder) between 01/01/2023 and 30/06/2025. As the study is work in progress, preliminary results will be presented at the conference. EHRs are a potentially vital but underused source of data for persons with SMI in long-term care. By analysing data from EHRs we may gain a broader insight into cognitive impairments and their impact on daily life in persons with SMI. Such insights are essential to support mental healthcare professionals and aid recovery for persons with SMI in long-term care.

CONSENSUS-BASED CORE TRAINING ELEMENTS FOR PEER SUPPORT WORKERS IN EUROPE

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Introduction Despite the increasing recognition of peer support in mental health services, standardisation of training programmes remains underdeveloped, with limited consensus on essential training elements. This study aimed to establish international consensus on core elements and features of peer support worker (PSW) training to support professionalisation and sustainable implementation across European mental health systems. Methods This co-created study was conducted within the TuTo3-PAT project consortium involving partners from eight European countries plus Canada. A pragmatic review of 64 existing PSW training programmes informed the development of a preliminary list of training elements. A two-round Delphi consultation was conducted, with 73 stakeholders in round 1 and 32 in round 2. They rated the importance of training elements, trainability of core competencies, and features such as delivery modalities, accreditation procedures, and admission criteria. Results The Delphi process identified essential training topics including self-disclosure practices and boundary-setting as highest priorities. Educational institutions were strongly endorsed as accrediting bodies for training programmes. Key attributes for PSWs were identified, though formal consensus was not reached. Participants recommended an average of 27 training sessions, with considerable variation in session duration. The study outlines core training elements and structural requirements for PSW training across Europe. Discussion/Conclusion This study provides the first consensus-based framework for PSW training in Europe, recommending structured, modular, and accredited training programmes. The findings directly address the need for standardisation while allowing flexibility for cultural adaptation. Future research should validate these recommendations in diverse healthcare contexts and explore the long-term impact of standardised training on peer support practice and service user outcomes.

CONTEXTUAL AND ORGANISATIONAL FACTORS INFLUENCING FIDELITY AND STUDENT OUTCOMES IN RECOVERY COLLEGES

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Introduction While most RCs share the key characteristics of co-production and co-learning, the literature identifies a large variation in how they operate and the context within which they are developed. Based on the RECOLLECT programme theory, these contextual and organisational factors influence fidelity and student outcomes. This study explores staff perspectives on the relationships between organisational factors, RC fidelity and their impact on students. Methods: Qualitative semi-structured interviews were conducted as part of an organisational case study with staff, managers and commissioners across five Recovery Colleges (N=40) selected for variation in fidelity, funding, size and length of operation. Interviews explored contextual influences on RC operation, change processes, and perceived student outcomes. The analysis framework was based on the RECOLLECT programme theory. Results: RCs align with core fidelity components whilst emphasising certain non-modifiable components and adopting differing modifiable components, depending on the history of the RC, commissioning arrangements, and community needs. Maintaining co-production was a focus across all RCs however participants reported that its implementation was shaped by time, resource, and funding constraints. Staff described an ongoing process of negotiating key aspects of RC delivery, particularly decisions about access, course content, co-production and relationships with host/partner organisations whilst balancing constraints and the needs of the RC community. Conclusions: RCs in England remain grounded in core recovery and co-production principles, but their operation is shaped by local organisational histories, funding arrangements, and relationships with NHS and community partners. Fidelity to the RC model is best understood as a flexible, context-sensitive process rather than a fixed blueprint, with implications for how RCs are supported, commissioned, and adapted across diverse settings.

CURRENT EVIDENCE ON EARLY INTERVENTION APPROACHES FOR YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS

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Introduction: Increases in help-seeking with mental health problems among young people in many countries have led to greater interest in models of early intervention for symptoms of mental health problems. Thus synthesis of relevant evidence is needed to inform policy and service planning and to allow identification of key research gaps and approaches that may help address them. Methods: We have conducted (a) an umbrella review (review of reviews), synthesising current evidence as reported in systematic reviews for early intervention for the main mental health conditions (b) a systematic review of trials of early intervention models for symptoms of depression and anxiety Results: We will provide an overview of current evidence in this field, and identify priorities for further work. Most evidence currently relates to early intervention in psychosis. Models to improve prognosis for people who have just come into contact with services with psychosis have good supporting evidence on outcomes and cost-effectiveness, and a range of findings on implementation and experience of care. How to prevent transition for people at high risk or to detect psychosis early in the community is less well-established. For eating disorders and for depression and anxiety, there are promising innovative models for which there is not yet substantial and clear-cut evidence, while for other conditions evidence on how to intervene earlier is still lacking. Discussion & Conclusion: Despite wide-spread concern about a “crisis in youth mental health”, apart from early intervention when people present with psychosis, there are very few robustly evidence-based approaches to intervening earlier to improve outcomes for individuals, families and society. There is a pressing need to build on preliminary evidence to establish such approaches in all main mental health conditions with onset in adolescence and early adulthood.

Keywords: Early Intervention, Early detection, Keywords: Youth Mental Health

DELIVERY AND DELAY OF GUIDELINE INTERVENTIONS FOR ADULTS WITH COMPLEX PSYCHOSIS

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Introduction: People with complex psychosis admitted to inpatient mental health rehabilitation units (IMRU) constitute a low volume, high need, high cost group with a complicated recovery process. Aims: To generate hypotheses regarding successful delivery of guideline care to patients with complex psychosis in IMRUs, based on clinical profiles and (historical) patterns of care delivery. Methods: A retrospective passive consent chart study of patients with complex psychosis in IMRUs in The Netherlands, mapping sociodemographic and clinical profiles, care trajectories and delivery of pharmacological (focusing on clozapine delay), psychological and social guideline interventions. We assessed relationships between non-delivery of psychological and social interventions, delay in clozapine treatment, and current symptom severity. Results: The 62 included patients had a mean illness duration of 21.6 years; 89% were diagnosed with a schizophrenia spectrum disorder. They exhibited severe symptoms (GAF-s: mean 33), substantial functional impairment (GAF-f: mean 32), a history of physical violence (74%) and/or severe substance use problems (61%), and limited or absent insight (87%). Care trajectories showed long-term instability of living environment, and frequent current compulsory care (76%). Of 54 patients with a clozapine treatment indication, 65% currently used it, of whom 94% started in IMRU setting, and 43% had one or more earlier aborted trials. Support in developing day activities was accepted by 87% of total sample. We found associations between symptom severity, clozapine delay, declining psychological treatment, and not having day activity goals. Conclusions: For some people with complex psychosis, clozapine treatment and psychosocial interventions may only materialize in specialized, long term, high structure settings offering continuity of care. Support in developing day activities may present a pathway to collaborative engagement. DOI:10.1177/00207640251358418

DEVELOPING A EUROPEAN IMPLEMENTATION AGENDA FOR LIFESTYLE PSYCHIATRY

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Introduction: Implementation of lifestyle interventions in mental health care across Europe remains fragmented. To support coordinated progress, a two-day workshop in February 2026 will bring together about 35 multidisciplinary experts to co-develop a European Implementation Agenda for Lifestyle Psychiatry. The workshop will prioritise long-term goals, establish task forces, identify regional considerations and lay the groundwork for a European Implementation Network. Methods: Plenary sessions, World Café discussions and breakout groups will guide collaborative work. The Theory of Change approach and the Consolidated Framework for Implementation Research (CFIR) will be applied. A Delphi survey will help prioritise goals across lifestyle domains and inform a Collective Action Plan. Results: The workshop is expected to identify Europe-specific needs related to cultural contexts, diverse health systems, socioeconomic inequities and regulatory or ethical issues. Five lifestyle domains—physical activity, diet, addictive behaviours, sleep and mindfulness—will be mapped using the conceptual framework for Lifestyle Psychiatry. A Theory of Change for Lifestyle Psychiatry, incorporating prioritized long-term goals and CFIR-based barriers and facilitators, will be developed. Task forces will be created to address cross-cutting themes such as participatory approaches, intercultural relevance, equity, cost-effectiveness, digital innovation and data governance. A dedicated session will outline a preliminary network structure, collective action plans and impact pathways, supported by stakeholder mapping for future expansion. Discussion–Conclusion: The workshop will define long-term goals, implementation priorities and an initial structure for a European Implementation Network for Lifestyle Psychiatry. These outcomes will enable sustained collaboration, capacity building and the strategic integration of lifestyle interventions into mental health services across Europe.

DEVELOPING A PEER SUPPORT TRAINING PROGRAMME FOR PEOPLE WITH MENTAL ILL-HEALTH IN DIVERSE SETTINGS

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Introduction: This paper decribes the development of a peer support training programme implemented at six study sites in Africa, Asia, and Europe. Methods: The UPSIDES peer support training programme was developed through a comprehensive review of existing literature and training manuals from participating countries. The manualised curriculum was iteratively adapted to local contexts. Qualitative data were collected from seven focus groups at six sites in Africa, Asia, and Europe, involving 44 participants including service users, peer support workers, mental health staff, clinical directors, and other stakeholders. Thematic analysis was conducted to identify key factors influencing training implementation and effectiveness. Results: Five major themes emerged as critical for successful implementation: (1) clear guidance on training processes, (2) provision of sufficient time for training, (3) addressing negative attitudes towards PSWs through additional organisational and staff training, (4) a core curriculum focusing on communication skills, personal recovery stories, rights and advocacy, self-care, and a code of conduct, and (5) inclusion of specific skills such as goal setting, problem solving, and trauma-focused peer support. Organisational readiness and the adaptation of training modules to site-specific characteristics were also identified as essential. Discussion-Conclusion: Findings highlight the importance of contextual adaptation, organisational readiness, and resource allocation in enhancing the implementation and transferability of peer support trainings. Clear implementation guidance, sufficient resources, and targeted training modules are necessary to ensure the effectiveness of peer support across diverse mental health service environments. Keywords: Peer support training, intervention development, contextual adaptation, global mental health

DEVELOPING A WEB APPLICATION FOR COGNITIVE ADAPTATION TRAINING USING USER-CENTERED DESIGN

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Cognitive impairments hinder daily functioning in people with severe mental illness. Cognitive Adaptation Training (CAT) is effective in reducing this impact, but implementation is hampered by the required two-day training and the limited neuropsychological expertise of some professionals. To increase accessibility for both healthcare professionals and relatives, we developed a web application (House-CAT) that guides users through the intervention. House-CAT was developed using User Centered Design, involving continuous collaboration with future users. Although iterative in nature, three phases were distinguished: analysis (identifying needs and translating these into design criteria), design (creating and refining a prototype), and evaluation (testing efficiency, acceptability, and user-friendliness). Three focus groups were conducted in the analysis phase: CAT-experienced professionals (n=5); CAT-naive professionals (n=4); and relatives (n=5). Further, individual meetings with family members (n=8), and professionals (n=6) were conducted. Design criteria included the app's ability to (1) support with setting up individual goals; (2) find personalized strategies or tools; (3) improve communication between professionals; (4) encourage cooperation between professionals, relatives, and service users; (5) be available in hybrid form; (6) use simple language. The web application was designed, tested, and adjusted based on task testing with 26 participants, comprising 23 healthcare professionals (8 CAT-experienced; 15 CAT-naive), and 3 family members. The evaluation phase is currently in process: results from this phase will be presented at the conference. House-CAT should support users in creating individual goals and personalized strategies, stimulate contact between professionals, relatives and service users, and be simple to use. Website: www.huiscat.nl.

DEVELOPMENT AND OUTCOMES OF THE ACTIVE RECOVERY TRIAD (ART) MODEL IN LONG-TERM MENTAL HEALTH CARE

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Recovery-oriented care has gained importance in mental health services, yet its implementation in long-term settings has remained limited. In the Netherlands, approximately 21,000 people depend on long-term psychiatric care, where traditional problem-focused approaches used to dominate. To address this gap, the Active Recovery Triad (ART) model was developed through a 2.5-year collaborative process involving service users, family members, peer workers, clinicians, managers, policymakers, and researchers. This co-creation trajectory resulted in a model that emphasizes shared responsibility within the triad (service user–family–professional), an active focus on recovery, and concrete guidance for practice through seven care steps and a fidelity scale. In this presentation, we will describe the collaborative development of the ART model and present findings from a prospective study examining whether teams' adherence to ART principles (ART fidelity) is associated with recovery-oriented practices and service user outcomes in long-term mental health care. The study included 18 clinical teams (n = 18) and 101 service users (n = 101), with assessments of ART fidelity, recovery-oriented practices (ROPI-R), and outcomes such as functioning, clinical recovery, social roles, transitions, and satisfaction. Associations were evaluated using multilevel modeling. Higher ART fidelity was significantly associated with more recovery-oriented practices. Although overall ART fidelity was not related to service user outcomes, higher fidelity in the domains "cooperation in the triad," "professionalization of staff," and "team structure" was linked to improved functioning, clinical recovery, and social role participation. Conversely, higher scores in "healing environment" and "safety and prevention of coercion" were associated with poorer outcomes. This presentation highlights both the development of ART and the ART components most strongly linked to meaningful recovery outcomes. DOI: 10.3389/fpsyt.2020.592228 DOI: 10.1037/prj0000622

DEVELOPMENT OF A NARRATIVE IDENTITY INTERVENTION TO SUPPORT PERSONAL RECOVERY: THE RETELL PROJECT

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Personal recovery is increasingly emphasized in mental health services and by service users. Identity is an important dimension of recovery, and (re)constructing life narratives may help individuals connect their experiences with meaning, purpose, and value. Structured, evidence-based interventions targeting identity-related aspects of personal recovery remain few. This presentation describes development and piloting of Recovery in Telling Life Stories (RETELL), a narrative identity intervention for individuals with severe mental illness. The RETELL intervention manual was developed through a structured process of conceptualization, iterative stakeholder input, and piloting. Piloting was conducted as an in-depth single-case study using an ABA design to assess feasibility and inform further manual refinement. A mixed-method approach integrated repeated quantitative assessments of recovery, well-being, symptoms, functioning, and self-stigmatization with a post-intervention qualitative interview. No adverse events occurred during piloting, and treatment satisfaction was high (a score of 31 on the Client Satisfaction Questionnaire). Mean self-reported recovery (Brief INSPIRE-O) and well-being (WHO-5) increased by 27% and 49%, respectively, from pre-intervention to follow-up. The participant described meaningful changes in self-understanding and perspective, stating the intervention had changed "… the way I think, how I view myself, and how I view my life." Suggestions for improvement included provision of materials to support work between sessions, and possibility of a post-intervention

booster session. Findings indicate RETELL to be a feasible and promising intervention with the potential to enhance personal recovery and well-being. Insights from this pilot will guide further refinement of the intervention manual before further feasibility testing and trials, contributing to the growing evidence base for recovery-oriented interventions in mental health services.

EDUCATIONAL AND SOCIAL FACTORS AND MENTAL HEALTH OUTCOMES: A NATIONAL COHORT STUDY

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Introduction: In England, whilst approximately a quarter of seventeen to nineteen year olds are estimated to have mental health problems, only a small proportion will experience severe, long-term mental health difficulties. Few studies have attempted to predict these outcomes using a population, rather than a clinical cohort. Early intervention for effective prevention of long-term, serious mental health problems relies not just on effective services, but appropriate targeting of the services to ensure those at the greatest risk of severe outcomes are supported. Methods: A national cohort study using administrative data in the Education and Child Health Insights from Linked Data (ECHILD) resource. This links the National Pupil Database, Emergency Care Dataset (ECDS) and Hospital Episode Statistics Admitted Patient Care (HES-APC) datasets. Records for school students leaving year 11 of education (typically at age 16) between 2013-2022 were used. The outcomes were presentation to ED or a crisis inpatient admission to a ward for mental health reasons, estimated using multivariate negative binomial regression, and multivariate Poisson regression. Potential bias due to missing data was addressed by (i) imputation of observed values, (ii) multiple imputation, (iii) inverse probability weighting for missing outcome. People with related lived experience were involved in the design, analysis, interpretation and reporting of results. Results: We will report results from this innovative study using linked data to identify social and educational factors associated with subsequent emergency department use or psychiatric inpatient admission. Discussion/conclusion: Implications for future research and practice will be discussed. Keywords: early intervention, risk, whole-population cohort, youth, adolescence

EFFECT OF PROVIDING OF PEER SUPPORT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS ON PEER SUPPORT WORKERS

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Introduction: Findings on the benefits of delivering peer support on peer support workers (PSWs) are equivocal. This study assesses the effects of providing peer support for people with mental health conditions on PSWs. Methods: This was a longitudinal study alongside a multisite randomised controlled trial (UPSIDES-RCT), which took place at six study sites (Ulm and Hamburg, DE; Butabika, UG; Dar es Salaam, TZ; Be'er Sheva, IL; Pune, IN). PSWs provided data at three measurement points (baseline, 12- and 24-month follow-up). Outcomes assessed were recovery (Stages of Recovery Instrument, STORI-30), empowerment (Empowerment Scale, ES), and work role (Recovery-oriented Peer Provider Work-Role Model and Prototype Measure, ROPP). Data analysis applied hierarchical linear models, including an investigation of effect moderators (site, characteristics of the participants and of the intervention). Results: 62 UPSIDES PSWs were on average 40 years old. Most of them identified as female, were single, lived with others, had completed tertiary education, and reported a salary as their main income. Participant characteristics differed substantially by study site. ES and STORI total scores of were stable over time, while there was in increase in the ROPP total score ($\beta=0.01$, $t=3.47$, $p=0.001$). Most ROPP subscale scores increased over time, except for "Meaning and identity motivation" and "Empathy and listening skills" which remained stable. Change of any outcome was independent of predictors including study site, age, gender and socioeconomic status. Discussion-Conclusion: Stability of empowerment and recovery attests to the resilience of PSWs often faced with challenging working conditions. Except for more trait-like components, most aspects of PSW work role increased over time, probably due to intensive on-the-job support including supervision and intervision. Keywords: Recovery-oriented interventions, global mental health, peer support worker role

EMBEDDING LIFESTYLE INTERVENTIONS INTO MENTAL HEALTH SERVICES: EVIDENCE AND STRATEGIES

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Introduction: Interventions focusing on physical activity, nutrition, sleep and substance use are increasingly recognized as essential elements of mental health care. The Third Report of the Lancet Psychiatry Physical Health Commission (2025) provides updated evidence and priorities for implementation. This presentation summarizes Commission findings with a focus on practical integration within mental health services. Methods: A collaboration of more than 30 leading experts in the area from 19 countries around the world to generate an in-depth, evidence-based 'roadmap' for how we can embed lifestyle interventions into mental health care. Steps included scoping, umbrella and systematic reviews and consultation processes with lived experience groups and 'Global South' colleagues. Results: Key findings for each of the five sections of the report were: i) Substantial international recognition has occurred for lifestyle psychiatry but the Global South remains under-represented. ii) 89 recent lifestyle interventions were examined for effectiveness and implementation components, with favourable findings for effectiveness and cost-effectiveness. iii) Examination of meta-analyses identified eight recommendations for effective elements of lifestyle interventions. iv) A systematic review of qualitative studies identified 19 priorities for action for varying levels of the health system and nine recommendations for delivering interventions in a way that meets the needs of people living with mental illness. v) Recommendations were reviewed by lived experience groups and 'Global South' colleagues for context. Discussion–Conclusion: The Commission's recommendations offer a roadmap for embedding lifestyle interventions systematically and sustainably within mental health services worldwide.

Discrimination, equality and human rights

EMBEDDING LIVED AND LIVING EXPERIENCE IN EDUCATION: REFLECTIONS AND LESSONS FROM A MULTI DISCIPLINAR

Ingrid Ozols , Monash University

Introduction Embedding lived and living experience (LLE) expertise through co production has gained significant traction across mental health settings. Incorporating LLE perspectives represents an important educational strategy for clinicians and non clinicians whose work involves individuals with lived experience of mental illness and their families. This presentation aims to illustrate how LLE led co production operates in practice, clarify the underlying methodology, and reflect on lessons learned from implementation. Method Examples from undergraduate and postgraduate units at Monash University are used to demonstrate how individuals with LLE co designed course content and contributed to delivery across various teaching formats. These examples illustrate pedagogical approaches, curriculum structures, and co facilitation models adopted by the multidisciplinary teaching team. Results Members of the teaching team will discuss key insights, challenges, and strengths associated with co producing curriculum and teaching activities. Survey data from students who completed a 12 month online mental health course designed for community based non clinicians suggest that LLE involvement may reduce stigma and enhance learner engagement with recovery oriented practice. Conclusion Co produced educational initiatives that centre LLE perspectives can enhance the humanity and relational depth of mental health teaching, ultimately improving clinical practice and benefiting those receiving care. Acknowledging and valuing the expertise of individuals who use mental health services contributes to community wellbeing and fosters transformative, recovery oriented practice. Working collaboratively as allies is essential for modernising mental health education and supporting meaningful system improvement.

Discrimination, equality and human rights

ENHANCING LIVED-EXPERIENCE ENGAGEMENT IN HEALTHCARE EDUCATION THROUGH A COMMUNITY OF PRACTICE

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Ingrid Ozols , Monash University
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Ellie Fossey , Monash University
Melinda Goodyear , Monash University
Becca Allchin , Monash University
Dave Peters , Lived-experience
Kirsty Rosie , Lived-experience

Introduction Embedding the mental health lived experience (LE) voice within allied health education is widely acknowledged as critical for advancing equity and human rights in care delivery. Lived-experience perspectives enrich curricula by fostering authentic understanding of mental health and promoting person-centered practice. Yet, systemic barriers—including limited educator knowledge, institutional constraints, and entrenched stigma—continue to impede meaningful integration, perpetuating structural discrimination within health education. Method A participatory co-design methodology was employed to establish a Mental Health and Wellbeing Community of Practice (CoP) within the Faculty of Medicine, Nursing, and Health Sciences at Monash University. The initiative aimed to support academic staff in embedding LE perspectives across teaching and learning. Pilot workshops were co-facilitated by lived-experience experts to model inclusive practice and challenge hierarchical norms. Post-workshop surveys captured staff perceptions, confidence levels, and attitudes toward collaborative engagement. Results Survey findings demonstrated a marked increase in staff confidence to engage with and meaningfully involve individuals with lived experience of mental health. Participants highlighted the value of co-facilitation and the authenticity of LE contributions as transformative for pedagogical practice. Subsequent co-design sessions with attendees informed the development of CoP governance structures, including membership criteria and terms of reference, ensuring sustainability and shared ownership. Conclusion The CoP represents more than a professional network; it is a rights-based, collaborative platform grounded in respect, equity, and inclusion. By embedding mental health and wellbeing principles across curricula, this initiative seeks to dismantle systemic barriers and normalize LE participation in health education. This approach offers a replicable model for advancing human rights and reducing discrimination in allied health training—ultimately shaping practitioners who deliver compassionate, equitable care.

EUROPEAN ADAPTATION OF THE SAMHSA PEER SUPPORT WORKER COMPETENCE FRAMEWORK

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Introduction Peer support work is increasingly recognized as essential to recovery-oriented mental health services, yet competence frameworks remain underdeveloped in European contexts. This study aimed to adapt the SAMHSA competence framework for peer support workers (PSWs) to ensure cultural relevance and applicability across diverse European mental health systems. Methods The TUTO3-PAT project involved partners from seven European countries. The adaptation process comprised three phases: (1) mapping the state of play of peer support across participating countries; (2) identifying core competencies through a series of four workshops involving 15 peer support workers, five clinicians, and five researchers across all partner countries; and (3) validating the adapted framework through comparison with social worker competencies and consultation with national PSW associations. Results The adapted framework comprises 12 core competencies encompassing 64 items that define the knowledge, skills and attitudes required for PSWs to function as professional team members. Key adaptations from the original SAMHSA framework include i.a. PSWs role in society as the foundation for citizenship. Comparison with social worker competencies revealed that the understanding of personal, spiritual and cultural values were exclusively embedded in the PSW framework. The framework prioritizes flexibility, adaptability and human connection while maintaining professional standards. Discussion/Conclusion This European-adapted competence framework provides a robust foundation for role definition, training curriculum development and organizational integration of PSWs. It addresses the gap between experiential and professional knowledge, offering practical guidance for PSW associations, training institutions, and mental health services. The framework supports sustainable workforce development and quality improvement in peer support across Europe.

EVALUATION OF A MENTAL HEALTH INTERVENTION BASED ON HOPEFUL LIVED EXPERIENCE NARRATIVES: A PILOT RCT

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Introduction: Hope and confidence support personal recovery by helping individuals with mental illness to rediscover meaning, enhance social connections, and build fulfilling lives. Recovery narrative interventions might help to promote these processes. This pilot study evaluated the feasibility, acceptability, and preliminary effects of a novel digital intervention, based on hopeful recovery narratives (STORY MINE), to support personal recovery in people receiving specialized mental health care. Methods: N=28 participants were randomly assigned to intervention (STORY MINE access for 12 weeks) or control (care as usual). Feasibility and acceptability were assessed via usage data, evaluation questions embedded in the intervention, and data collected at baseline and post-intervention, using validated questionnaires on mental health confidence, hope, self-stigma, and personal recovery. Results: Most participants rated STORY MINE as feasible and acceptable (7.7/10), although perceived recognition was mixed, and some technical barriers were reported. Overall usage of narratives was low (2.77 average active logins per participant). Nevertheless, the majority of participants reported positive impact, such as increased meaning-making, inspiration, and connectedness to narratives. Some reported STORY MINE contributed to their recovery process (e.g. narratives provided practical tips and evoked meaning-making). One participant reported narratives triggered distressing memories. Initial small (mental health confidence, hope, self-stigma) to medium (personal recovery) negative effect sizes were observed, which disappeared after excluding two outliers due to a mental health crisis. Discussion-Conclusion: STORY MINE appears feasible and acceptable as a supplement to routine care, but refinements are recommended to improve adherence, safety, relevance, and accessibility. A larger trial is warranted.
Keywords: personal recovery, narratives, SMI, pilot study

EVALUATION OF CHILDREN & YOUNG PEOPLE'S EARLY SUPPORT HUBS: QUALITATIVE FINDINGS

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Introduction Community Early Support Hubs are a potentially promising new model of early mental health support for children and young people (CYP) who experience low mood or anxiety. However, little is known about how service users, Hub staff and managers perceive the types of support offered; which young people are viewed as most likely to benefit; and the accessibility and perceived effectiveness of these services. Methods We conducted semi-structured interviews and focus groups with 23 managers, 21 staff members and 20 CYP from 21 Early Support Hubs across England. Data were transcribed verbatim and analysed using a framework analysis approach. Results We will present findings on stakeholder perspectives regarding which CYP are perceived to be best supported by Early Support Hubs, the accessibility of these services, the types of support provided, and views on the effectiveness of Hub support. Discussion This study represents the largest qualitative investigation of stakeholder views on CYP Early Support Hubs in England. It adds important depth and context to the accompanying quantitative research in this field. Key findings, strengths, and limitations will be discussed. Conclusion There is a significant current policy focus on improving early intervention in youth mental health. This study provides timely evidence on a potentially promising new model of Early Support Hubs, which can therefore inform further policy developments in this area. Keywords: early intervention; youth mental health; community mental health support; common mental disorders

EVALUATION OF CHILDREN & YOUNG PEOPLE’S EARLY SUPPORT HUBS: QUANTITATIVE FINDINGS

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Introduction Early Support Hubs are a potentially promising model of increasing access to early mental health support for children and young people (CYP) with initial symptoms of low mood or anxiety. However, little is known about which CYP use these services, and whether receiving support at an Early Support Hub is associated with improved mental health, wellbeing or social outcomes. Methods We conducted a retrospective cohort study based on routinely collected outcome data for CYP aged 13-25 years recorded between July 2024 and December 2025. The data has been collected for this evaluation by 23 Hubs who received additional funding as part of a government pilot scheme in England. Data were analysed descriptively and using multinominal logistic and linear regression models. The statistical analysis plan was developed and prospectively published prior to analysis. Results We will present detailed demographic characteristics on who uses Early Support Hubs and how this compares to their local communities, the proportion of CYP who meet clinical thresholds for anxiety and depression at baseline and following Hub support and analysis of pre- post- outcome data. Discussion This study contains the largest cohort of CYP who have received support from an Early Support Hub in England. It therefore adds important information regarding who uses these services, and whether these models of community mental health support can engage CYP who are less likely to use statutory mental health services. Findings and study strengths and limitations will be discussed. Conclusion As there is a current policy focus on improving early intervention in youth mental health, this study provides timely evidence regarding the potential impact of this model of early support. Our findings can therefore inform further policy developments in this area. Keywords: early intervention; youth mental health; community mental health support; common mental disorders

EVALUATION OF SPORT COACH+ TRAINING IN BULGARIA

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UNHCR estimates 5.8 million refugees from Ukraine have been forcibly displaced since February 2022. Bulgaria is currently home to over 79,000 refugees (92% women and children), with as many as 800,000 having crossed its borders since 2022.;. Mental health and psychosocial support are urgently needed for refugees, especially young people. Sport has the potential to bring young people together in activities that support not only their physical, but also their mental and psychosocial wellbeing. But sport can also cause harm if not delivered in safe and supportive ways. To leverage the potential of sport in supporting youth mental health the Olympic Refuge Foundation (ORF) and the MHPSS International Movement Hub co-created with mental health and sport professionals a professional development training model for safe and supportive sport, Sport Coach+ (SC+). SC+ was launched in 2024 across ten countries hosting displaced Ukrainian refugees, to support coaches working with young people affected by displacement by providing them with trauma-informed skills, knowledge, and techniques to understand how stressful experience impact young players, create safe and supportive support environments, and how to respond to young players in distress. Methods: This formative evaluation examines the achievements, challenges and prospects for the development of this program in the Bulgarian context. We conducted semi-structured qualitative interviews and focus group discussions with SC+ trained coaches, youth, and training facilitators in Sofia and Plovidv in 2025. These data were triangulated with quantitative monitoring data on coach's knowledge, attitudes, and behavior before and after the training. Results: By the end of 2025, over 315 coaches were trained in Plovdiv, Sofia and Varna. Improvements were documented in SC+ content areas related to trauma-informed coaching practices, however that change never reached statistical significance (at a 0.05 level). Qualitative analyses suggest that the program demonstrates strong potential for positive social impact despite its early stage of development. Coaches endorsed and understood the importance of the core components of SC+ to improve their ability to recognize and respond to youth in distress and create a supportive environment. They saw this authenticity as central to their ability to approach difficult situations and to balance their relationship with youth and their parents, keeping the necessary distance, but at the same time being a close friend with them. Conclusion: Sport has the potential to build more confident and stable individuals, beyond life on the sports field. Training with other children, when led by supportive coaches such as those trained in SC+, can facilitate friendships, unites and helps children distance themselves from the horror of war and displacement. "The hall becomes a free zone of problems! I have a friend who is a swimming coach, he says – the pool is is my blue pill!

EXPLORING SERVICE- AND SYSTEM-LEVEL FACTORS ASSOCIATED WITH UNMET NEEDS AMONG INDIVIDUALS WITH SUD

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Introduction: Individuals with substance use disorders (SUD) often experience multiple unmet health and social needs that require collaboration between services. So far, research has focused on individual factors to explain unmet needs, overlooking service- and system-level determinants. In particular, the structure of collaboration between services is likely to shape the system capacity to address such needs. Therefore, we examined how service characteristics and collaboration patterns relate to unmet needs among individuals with SUD. Method: We used a multilevel design involving (1) individuals with SUD, recruited from (2) services belonging to (3) mental health service networks. Services reported their characteristics and collaboration ties with other services in the network in an online survey. Individuals completed a questionnaire that included care needs and other indicators. The structure of service collaboration was assessed using Social Network Analysis. We conducted multilevel regressions to identify factors associated with the number and type of unmet needs. Results: 552 individuals with SUD were recruited from 102 services across five service networks. Higher service clustering decreased the likelihood of unmet needs related to substance use, while greater collaboration diversity increased the likelihood of unmet needs related to mental health. However, the combination of high service clustering and high collaboration diversity was associated with fewer unmet needs and a lower likelihood of unmet needs related to socioeconomic status. In addition, individuals recruited in outreach services reported more unmet needs. Discussion: While individual factors remain the main determinants of unmet needs, interventions should also integrate strategies that strengthen service's collaborative capacity. More particularly, the structure of collaborative networks should be considered when establishing care pathways addressing unmet needs of individuals with SUD.

EXPLORING THE LANDSCAPE OF PSYCHLOPS: A SCOPING REVIEW OF AN IDIOGRAPHIC OUTCOME MEASURE

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Outcome measurement in mental health has traditionally relied on nomothetic, symptom-based instruments such as Routine Outcome Monitoring (ROM) and standardized Patient-Reported Outcome Measures (PROMs). Despite their psychometric strengths, these tools often overlook the lived experiences of patients. Idiographic PROMs (I-PROMs), such as PSYCHLOPS, address this gap by allowing patients to define their own primary problems, offering a more personalized and recovery-oriented perspective. The objective of the scoping review is to map the existing evidence on PSYCHLOPS and examine how it is conceptually positioned within a broader shift from symptom-focused, nomothetic assessment toward more person-centered and idiographic approaches. The scoping review follows Joanna Briggs Institute (JBI) and PRISMA-ScR guidelines. Searches were conducted in March 2024 and updated in November 2025 across MEDLINE, PsycINFO, EMBASE, CINAHL, Scopus, Web of Science, ProQuest Dissertations & Theses Global, and Google Scholar. Eligible sources include literature on PSYCHLOPS published in seven languages. Two reviewers independently screened all records in Covidence, and data extraction is guided by a JBI-aligned charting framework. As the scoping review is in progress, no results are yet available. It will map the use of PSYCHLOPS across contexts, summarize available evidence on its psychometric properties and explore how stakeholders describe its usefulness in practice. The scoping review will examine how PSYCHLOPS is conceptually framed within evolving paradigms of outcome measurement.

FALLING THROUGH THE CRACKS: BARRIERS FOR INTEGRATED TREATMENT OF SMI AND CANNABIS USE DISORDER

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Introduction: There is a high prevalence of cannabis use disorder (CUD) among people with severe mental illness (SMI). Treatment guidelines generally recommend integrated treatment of CUD and other psychiatric symptoms, but give little concrete recommendations on how to do this. This mixed-method study aims to investigate how mental health care workers currently deal with dual diagnoses, and what they need in order to provide such integrated treatment. Methods: N=213 professionals working in specialized mental health care participated in an online questionnaire on a voluntary basis. Descriptive statistics were used to describe current practices regarding assessment of CUD, treatment responsibilities and options. Clarifications in open text fields were analyzed using open coding and thematic analysis. Results: The majority of the professionals normally assesses cannabis use during the intake stage, but does not always follow-up during subsequent treatment. There is an overall willingness to provide integrated treatment for SMI and CUD, but professionals report they lack knowledge and expertise in this area. They also report a lack of policy from mental health care facilities and the current structure of Dutch mental health care and financial compensation system as barriers to provide integrated treatment. Discussion: There is a potential responders bias with an overrepresentation of participants acknowledging the importance of treating CUD in people with SMI, therefore overestimating how well CUD is currently assessed and treated. Providing further training regarding dual diagnosis of SMI and CUD, as well as clearly defined policies from mental health care facilities, are necessary to structurally implement integrated treatment.

HEALTHCARE INTERVENTIONS TO SUPPORT INFORMAL CAREGIVERS OF PEOPLE WITH SEVERE MENTAL ILLNESSES

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Introduction: Over the last years the care for people with severe mental illnesses (SMI) has shifted to recovery-based treatment in which informal caregivers play an important role. However, with this increased involvement, issues such as higher burden among these caregivers becomes more prevalent, and support of informal caregivers of people with SMI becomes relevant. Adding to existing reviews, the aim of this study is to provide an overview of interventions to support informal caregivers of people with depression, anxiety, or personality disorders other than borderline personality disorder. Methods: A scoping review, following the JBI guidelines, was performed. Pubmed, PsycInfo, CINAHL, Embase and Cochrane library were searched using the keywords “caregiver”, “SMI”, “support”, “interventions” and related terms. Results: The search led to 21.720 references. After removing duplicates, performing a title, abstract and full-text screening, thirteen articles met the inclusion criteria. The included articles, describe ten different interventions, which we clustered based on underlying concepts or mechanisms: “changing thoughts and behavior”, “understanding the illness”, and “feeling supported”. Discussion-conclusion: Interventions described in this review overlap with interventions from previous reviews focusing on e.g. psychotic disorders, and could help decrease informal caregiver burden and strain. Considering that only thirteen relevant articles were identified from our search, we emphasize the need for further scientific attention to explore interventions that support informal caregivers of people with depression, anxiety, or personality disorders. Future research should explore how various intervention components and contextual factors affect outcomes, meet caregivers' diverse needs, and support practical implementation. Keywords: informal caregivers, support, serious mental illness

HOW CAN WE UNDERSTAND AND EMPOWER THE MUTUAL SUPPORT BETWEEN PEOPLE WITH SERIOUS MENTAL ILLNESS?

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Background Mental health services in the UK have longstanding inequalities in access and outcomes. People living with serious mental illness in more disadvantaged communities often experience multiple barriers to care, including stigma, social exclusion, and difficulties navigating services. In this context, informal support from within communities—provided by neighbours, friends, families, and local residents—become a key source of help, but it remains poorly understood. We are exploring how this happens in practice, what it means for those giving and receiving support, and how community-based support and strengths might contribute to fairer access to help. Methods We are working in six coastal, rural, and urban communities using a co-produced ethnographic approach. Through conversations with residents experiencing health inequalities, we found that when services are difficult to access, people turn to one another. Academic researchers are embedded alongside community-based researchers to develop realist programme theory about what kinds of support are offered, by whom, in what circumstances, and with what effects. Data collection includes observation and interviews, with theory development and analysis taking place iteratively as the study progresses. Results Our work to date has indicated that the kinds of strengths individuals in communities offer to one another include: trust, understanding, empathy and practical solutions. Ongoing work to be reported is focusing on how these strengths develop, what gets in the way of them (including stigma, poverty, and lack of services), and how they might be supported over time. Conclusion Community members are already supporting one another in contexts of inequality and limited service provision. This is a key part of the whole system and recognition of the work done supporting each other is an important right. The study will examine how such forms of support might be recognised, valued, and strengthened.

HOW MUCH SELF IS ENOUGH? COMPASSION, COLLABORATION AND COURAGE IN THE LIVED EXPERIENCE WORKPLACE

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Introduction: The McPin Foundation is a UK-based charity with a mission to transform mental health research by ensuring it is informed and directed by lived experience expertise. Our organisation is shaped and managed by that expertise, presenting both opportunities and challenges. We are guided by our values of opposing oppression, compassion, collaboration and courage which are the foundations of a workplace conducive to supporting a team with and working alongside lived experience to develop and thrive. Methods: We have created a set of tools in our ‘10 for 10’ resources that showcase what we have learned and want to share to assist others working in a lived and living experience informed work environment. Results: With our values of: Opposing oppression – we recognise the intersections of mental health and neurodivergence and improve employment systems and practices to be more accommodating. Compassion – we focus on employee wellbeing, defining what it means for us and how this translates into meaningful and innovative support. Collaboration – we work together to create informal and formal safe reflection spaces to support the emotional labour of lived experience work, ensuring disclosure is owned by the individual and appropriate support provided. Courage – we own the complexities of working in an LE environment and strive to ensure clear boundaries about where support begins and ends. Sharing responsibility between employee and employer, maintaining honest and open communication about flexibility, equity and expectations. Conclusion: Working in an organisation that champions lived experience means thinking about everyone – our research and involvement staff, to communications, operations and administrative teams. Support can be flexible, tailored, formal or ad hoc, but must exist within a framework of openness, equity and clear expectations, where the mission and values of the organisation form both its heart and head.

IMPLEMENTATION OF THE SPORT COACH+ PROGRAM ACROSS TEN COUNTRIES RESPONDING TO THE UKRAINE CRISIS

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Introduction: UNHCR estimated that 117.4 million people were forcibly displaced by mid 2025. 47% of those are children under age 18, and an estimate of 47 million forcibly displaced are children under age 18. Sport has the potential to bring young people together and to engage them in activities that support their mental and physical wellbeing and recovery from stressful life events. But sport and physical activity not delivered in safe and supportive ways can also cause harm – especially for young people experiencing the stresses of displacement. To address these concerns, the Olympic Refuge Foundation (ORF) and the MHPSS International Movement Hub co-created and implemented the Sport Coach+ (SC+) program, a model for safe and supportive sport. This study aims to outline the key components of the co-creation process and assess key implementation factors. Methods: The model was co-developed, piloted, and tested in Paris, Moldova, and Poland with an iterative process of co-design of culturally and contextually relevant and adaptable guidance and training materials. During the pilot phase, SC+ was implemented in ten countries across Europe in response to the Ukraine crisis, training over 1,658 sport coaches (2024-2025). A qualitative implementation science study was conducted, and semi-structured interviews were conducted with five global program managers and head trainers, and six country-level program managers and trainers to assess key implementation factors aligned with the Consolidated Framework for Implementation Research (CFIR). Results: Operations evaluation using validated scales in pilot trainings demonstrated that the model is highly acceptable and appropriate for sport coaches. Qualitative findings reflect strong support for content and desire for more training at the intersection of MHPSS and sport. However, there were also several implementation challenges related to the role of partnerships and integration of sport and MHPSS at the global and country levels, the importance of ongoing supervision for trainers to improve fidelity, and the need to map referral pathways for coaches and young people. Conclusion: The model for co-creation implemented in the design of SC+ was a crucial element of the resulting high acceptability and appropriateness of SC+. The implementation findings from this pilot phase are critical to developing evidence-informed updates to SC+ before scaling up and out. They also provide key insights into multi-sectoral integration and implementation of a training of trainers model in humanitarian contexts.

INTEGRATED CARE PROGRAMS FOR SEVERE MENTAL ILLNESSES AND COMORBIDITIES: AN UMBRELLA REVIEW

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Introduction The co-occurrence of severe mental illnesses (SMI) and physical health issues requires integrated care programs that address both effectively. Despite international calls to develop integrated care, the optimal organisational approaches for this population remain poorly defined. Within the European Mental and Physical Health Initiative for People with Severe Mental Disorders (EU-MIND), we conducted an umbrella review to characterise the key attributes and implementation challenges of existing integrated care programs for individuals with SMI and physical health conditions. Methods This umbrella review was conducted and reported in accordance with PRIOR and PRISMA guidelines. PubMed, Scopus, PsycINFO and Cochrane were searched up to May 2026 for reviews of integrated care programs for people with SMI and comorbid physical conditions or social vulnerabilities. The most mature and frequently evaluated programs were synthesised narratively using the SELFIE framework for multimorbidity-oriented care. Results 17 reviews met the inclusion criteria, from which 20 integrated care programs for people with SMI were identified. Although heterogeneous, these programs most commonly integrated physical healthcare within mental health services, relied on case managers, and emphasized proactive, individualized, and continuous care. Coordination with social services and involvement of service users in program design were limited. Governance and financing arrangements were generally weak, and the use of digital tools was scarce, raising concerns about scalability and sustainability. Discussion Evidence on effective scalable integrated care programs for people with SMI and physical comorbidity remains limited. These findings provide the foundation for the next phase of EU-MIND, which uses a Delphi process with key stakeholders to identify priority components for implementing sustainable integrated care across diverse European settings.

INTEGRATING LIVED EXPERIENCE EXPERTISE INTO A COMPLEX EMOTIONS HUB TO DEVELOP TRAUMA-INFORMED CARE

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Introduction The Complex Emotions Hub began as a funding application to UKRI for research into Borderline Personality Disorder, a highly stigmatised diagnosis. Since a protocolised research plan has emerged, shaped by peer researchers and lived experience co-applicants alongside a 12-person Lived Experience Advisory Group (LEAP). The aim is to contribute to a growing evidence base recognising the challenges faced by people experiencing complex emotions, and thus suggest better person-centred interventions for use in clinical practice. Method We aim to recruit 300 participants from two regions of the UK through health services, third-sector organisations and probation services who self-identify as experiencing complex emotions, using a transdiagnostic approach. Participants will be asked to complete baseline assessments and follow-up self-report measures every six months. Two nested sub-studies are: (1) longitudinal biographical interviews exploring lived experience narratives, and (2) an ecological momentary assessment (EMA) study collecting experiential and physiological data using wearable devices. Lived experience partner inputs are being tracked using an impact log. Prior to starting, a team way of working charter was co-created so this work could progress equitably, mindful of inclusive research practices and emotional safety. Results We will outline how each research component has been shaped by lived experience partners using their experiences and strengths as individuals. This includes creating a strengths-based measure to be piloted, and testing recruitment processes. The EMA study design is co-created as involves risks and challenges. The longitudinal biographical interviews data collection team includes a peer researcher. The use impact tracking tools will be commented upon. Discussion Integrated complex emotion lived experience into a large research hub requires strong relational work and a commitment from all to work differently.

INVOLVING LIVED EXPERIENCE EXPERTISE IN REAL-WORLD DATA STUDY EVALUATING TALKING & DIGITAL THERAPIES

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Introduction A growing number of people in the UK are seeking help from publicly delivered, free at point of access, digital and talking therapies for anxiety and depression. The Target Trials in Mental Health programme funded by National Institute of Health Research (NIHR) is looking to evaluate how well different therapy types and modalities are working and their cost for different groups of people using routinely collected real world data. The therapies we are analysing include low-intensity Cognitive Bias Modification (CBT) modalities (internet-delivered vs individual or group) for anxiety or depression, and high-intensity CBT vs counselling for depression. Involving lived experience partners in such Real-World Data studies is having to evolve from health-related experience alone to expertise based upon skills and interests in data science alongside personal experiences of living with anxiety and depression. We seek to develop new guidance on how to do this work well. Method Fourteen Lived Experience Advisory Panel (LEAP) members were recruited for diversity of expertise and experience of using NHS Talking Therapies services. A key feature of our work has been co-developing a training programme. We covered three topics: "How research works", "Randomised controlled trials vs target trials", "Real world evidence", and "directed acyclic graphs (DAG)". Technical research knowledge was communicated using accessible language and visualisation. Results We are 12-months into a 3-year study. Our talk will cover examples of work bringing lived experience expertise into Real World Data analysis. For example, a co-created DAGs to show and inform accounting for possible confounding variables such common causes of the treatment and outcomes of interest. DAGs were described by a LEAP member as causal doodling. Discussion We will reflect on lessons learnt ensuring LEAP members can apply their lived experience to guide the scientific decisions in the study.

ISLANDS IN THE STREAM, QUALITATIVE STUDY ON MENTAL HEALTHCARE ACCESS FOR PEOPLE WITH SUBSTANCE USE

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Introduction: Persons with substance use disorders (SUD) constitute a substantial proportion of mental health service users, yet remain underserved across many systems where mental health and addiction care are organised separately. In Belgium, the Title 107 reform sought to develop integrated, network-based and recovery-oriented care, particularly for groups with complex support needs, including persons with SUD. Despite these intentions, little is known about how people with SUD themselves experience the accessibility and recovery orientation of mental health services within this reconfigured system. This study examines these experiences in light of broader debates on personal recovery—such as the CHIME framework—and the need to bridge mental health and addiction care. Methods: Fifty-two persons with SUD were recruited across five regional mental health networks. Through qualitative, in-depth interviews, participants reflected on their substance use trajectories, experiences with mental health and addiction services, unmet needs, and barriers to or facilitators of recovery-supportive care. Data were analysed thematically. Results: Five interconnected themes emerged: persistent fragmentation of services; the centrality of being genuinely heard; tensions between treatment-driven logics and person-centred support; the complex and ambivalent role of peers; and pervasive stigma across services. Participants frequently described navigating "islands" of care rather than an integrated recovery-oriented system. Discussion: Despite structural reforms aimed at integration, people with SUD continue to encounter limited continuity, unmet needs, and barriers to recovery-supportive practices. Strengthening collaborative, networked and person-led approaches; addressing stigma; and embedding lived experience as a driver of service design are essential steps to advance integration of mental health and addiction care, in line with contemporary personal recovery frameworks.

KEY COMPONENTS OF COGNITIVE REMEDIATION FOR SCHIZOPHRENIA: A BAYESIAN NETWORK META-ANALYSIS

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Introduction Cognitive remediation (CR) effectively improves cognitive and functional outcomes in individuals with schizophrenia, yet the most effective components and types of CR remain unclear. This study examined: (1) which combination of core CR elements (cognitive exercises, therapist involvement, cognitive strategies, generalization activities) is most effective; (2) which CR types yield the strongest functional improvements; and (3) how commonly used CR programs compare in their effects on cognition and functioning. Methods A systematic search of PubMed, PsycInfo, Medline, and Embase (inception–November 2022) identified randomized controlled trials comparing CR with control conditions or other CR variants, reporting pre–post functioning outcomes. Two reviewers independently performed screening and extraction according to PRISMA guidelines. Bayesian random-effects network models assessed changes in cognition and functioning post-treatment and at follow-up (≥3 months). Results Eighty-six studies ($N = 6076$) were included. The most effective constellation of CR elements consisted of cognitive exercises, therapist involvement, and generalization activities (functioning: $g = 0.31$; cognition: $g = -0.23$). Only combinations including both exercises and a therapist outperformed treatment as usual (TAU). All four core elements were required for sustained functional improvement at follow-up. No specific CR type was superior; however, all types showed greater functional improvement than TAU ($g = 0.19–0.45$). Methodological quality did not influence findings. Conclusions CR effectiveness depends on the inclusion of four essential elements—exercises, therapist support, strategies, and generalization—rather than on the specific CR modality. An updated conceptualization of CR is warranted.

LET'S THINK TOGETHER ABOUT HOW THE LEARNING PROCESSES OF RECOVERY COLLEGE WORK

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Introduction. Over the past ten years, Recovery Colleges (RCs) have spread widely and at an incredible speed. Two hundred and twenty-one RCs are currently operating in 28 different countries and five continents (Hayes et al., 2023). The RC learning model is distinguished from other health education models by: (i) the predominant contribution of experiential knowledge to learning; (ii) the hybridization and mutual enrichment of knowledge among learners and trainers from different backgrounds; (iii) learning methods based on exchange and the promotion of egalitarian social relationships (Perkins et al., 2012; Toney et al., 2018). Methods. According to a state-of-the-art literature review, 64 studies have documented RCs (Briand et al., 2025). Among these studies, a group of 16 articles focused on the key and active ingredients of the RC. Results. The creation of an open and inclusive learning space where the contribution of experiential knowledge and co-production is recognized plays as pivotal role. Most articles emphasize the importance of co-production and co-facilitation processes. The collaborative educational and empowering environment aims to change relationships, stimulate active co-creation and facilitate personal growth (Toney et al. 2018). Experimenting with a different connection with oneself and others leads to changes in the quality and equity of relationships, power dynamics and stigmatizing attitudes, practices and behaviors. Discussion. That said, despite ongoing efforts to understand the RC learning model, a thorough appraisal of the key and active ingredients still needs to be consolidated. This symposium aims to bring together interested parties from the Netherlands and Canada who want to better understand how the learning processes of the RC work and how contexts influence mechanisms of action. Three presentations followed by a collective reflection will be offered to participants.

LEVERAGING A NATIONAL DIGITAL HEALTH DATA SYSTEM FOR RESEARCH ON MENTAL DISORDERS: THE FRENCH CASE

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Introduction Addressing persistent knowledge gaps in epidemiology and adequate care of mental disorders requires robust population-based data. This presentation will illustrate how a national digital health system can advance research on such disorders and inform public health decision-making, using the French national health data system (SNDS) – one of the largest longitudinal health claims databases globally – as an example. By highlighting associated methodological innovations, opportunities and challenges, it will also inform the development of similar research in Europe. Methods We conducted a thematic mapping of studies that used the SNDS to investigate mental disorders from a health services research perspective. Relevant studies were identified through the collective expertise of the Mental Disorders Working Group within the ReDSiam network, a national expert group dedicated to developing algorithms for use within the SNDS. Sources included presentations at group meetings, scientific conferences, and existing literature. Results First, the SNDS, particularly when combined with prospective cohorts, enables large-scale research on factors associated with the onset of mental disorders, ranging from early-life exposures to adverse life events. Second, it supports the epidemiological surveillance of these conditions by facilitating the development of refined detection algorithms and the monitoring of temporal and spatial trends. Third, it allows advanced analyses of care trajectories for individuals with mental disorders, adopting a whole-system approach capturing pathways across services. Conclusion The SNDS offers unprecedented opportunities to advance health services research on mental disorders through digitalization. Ongoing methodological advances and data integration position the French experience as a valuable model for other countries seeking to strengthen mental health research, surveillance, and service planning using digital health data.

LIVED EXPERIENCE RESEARCH IN PRECARIOUS TIMES

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Introduction: In the UK, as elsewhere, lived experience led research in mental health has a strong connection to grassroots movements by psychiatric survivors, their emancipatory objectives and contestation of professional knowledge. In the last 25 years policies mandating the inclusion of patients and the public as partners in research, known as patient and public involvement (PPI), have led to the gradual recognition of lived experience as an important research resource and the uneven embedding of lived experience researchers in circumscribed university spaces. This paper considers the sustainability of such spaces as well as how these may have impacted on the links between lived experience research and survivor movements. Methods: We draw on findings from previous empirical research we conducted on how and through whom PPI initiatives and lived experience researchers become embedded in mental health research ecologies Results: In order to understand the role and future possibilities for lived experience researchers in university spaces we need to situate such researchers within the current intensification and transformation of research labour. Here we consider the consequences for lived experience research of the following factors: funding regimes' reliance on precarious contracts, policy expectations of partnerships with commercial actors, the current emphasis on AI enabled applications as the best way to improve service efficiency and support healthcare systems more broadly. We argue that these factors together risk intensifying structural inequalities and further disadvantaging lived experience researchers while also negatively impacting on our ability to forge and sustain connections with the emancipatory objectives of survivor movements. Conclusion:We ask whether it is still possible for a socially engaged lived experience research to thrive in higher education institutions and, if so, what it would take to embed and sustain counter-spaces for such thriving

MEASURING PERSONAL RECOVERY IN MENTAL HEALTH SERVICES: PSYCHOMETRIC ADVANCES WITH BRIEF INSPIRE-O

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Introduction: Integrating personal recovery into routine mental health care requires outcome measures that are both psychometrically robust and feasible in busy clinical settings. The Brief INSPIRE-O was developed as a brief tool to assess personal recovery outcomes from the service user perspective. Methods: This abstract synthesises two complementary validation studies examining the measure's reliability, validity, and applicability in routine practice. Results: Across large and diverse psychiatric samples, the Brief INSPIRE-O showed strong psychometric performance. Internal consistency was excellent ($\alpha = .90$) and test–retest reliability high (ICC = .89). Construct validity was supported through strong correlations with established well-being indicators. Rasch modelling and Mokken scaling confirmed a unidimensional and scalable structure. Empirical cut-offs were established, and an 8-point change was identified as a threshold for clinically meaningful improvement. Discussion: These findings support calculation of meaningful total scores, allow reliable comparisons across services, and align the measure with modern standards for patient-reported outcomes. The Brief INSPIRE-O is suitable for individual-level monitoring and group-level evaluation, supporting benchmarking, quality improvement, and recovery research. Conclusion: Combining brevity with strong psychometric properties, the Brief INSPIRE-O offers a pragmatic and scientifically grounded tool for assessing personal recovery in mental health services. Its scalability and sensitivity to change make it well suited for routine outcome monitoring and for advancing recovery-oriented practice.

MEASURING PERSONAL, FUNCTIONAL, AND CLINICAL RECOVERY: INSIGHTS FROM TWO CASES OF DEPRESSION

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Introduction: For individuals suffering from mental health disorders, clinical recovery in the form of symptom reduction alone can fail to capture other forms of recovery that may matter equally or more to the patient. This study explores how clinical, functional, and personal recovery can unfold differently by examining two cases of difficult-to-treat depression during treatment with schema therapy. Methods: Two patients receiving 30 sessions of schema therapy in an ongoing randomized clinical trial were followed with weekly and monthly self-report measures, video-recorded therapy sessions, therapist interviews, clinical notes, pre- and post-treatment measurement, and patient statements. Data were analyzed focusing on similarities and discrepancies between measurements of different aspects of recovery, comparing these to statements from patients and therapists. Results: Across both cases, clinical outcomes showed highly varying changes across measurements of clinical, functional, and personal recovery. Further, paradoxical outcomes in the form of discrepancies between objective measurements and statements from patients and therapists emerged. Discussion and Conclusion: These cases illustrate the importance of broadening evaluative frameworks for psychotherapy outcomes. Clinical and functional recovery may progress slowly or remain unstable, yet patients can experience meaningful personal recovery that aligns more closely with their lived priorities. For psychiatric populations as those in this study, characterized by trauma histories, chronicity, and psychosocial instability, success can also be understood as increased agency and improved capacity to live according to personal values, rather than symptom remission alone. Integrating personal recovery metrics into assessments in clinical trials and practice may enhance both treatment planning and the relevance of research findings for patients and clinicians alike.

MENTAL HEALTH CARE EXPERIENCES OF TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

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Introduction: Transgender and gender diverse (TGD) individuals more often experience stigma, discrimination and acceptation issues, in and outside of mental health care, which can lead to poorer mental health outcomes. The TGD population is growing rapidly, including individuals seeking mental health care for mental health issues that extend beyond problems related to gender. Their experiences and needs within mental health care settings remain relatively underexplored. Methods: A purposive sampling technique was used to recruit n=16 adult participants with varying gender identities (i.e. trans man (n=6), non-binary (n=4), trans woman (n=3), queer (n=2), a-gender (n=2), genderfluid (n=1), "don't know yet" (n=1). All participants received mental health care for psychiatric problems unrelated to their gender identity. Semi-structured interviews were conducted. A phenomenological approach with reflexive thematic analysis was used to analyze interviews. Results: Main themes included: 1) gender sensitivity of both clinicians and mental health care organizations, and 2) knowledge and skills regarding the diversity of gender identities and minority stress. The wide variation was notable in both areas, with participants indicating mostly a lack of knowledge in both areas. The use of correct names and pronouns was also considered important. Participants highlighted that some clinicians do know (or are willing to learn) how to appropriately interact with TGD individuals, but most do not pay attention to this factor during treatment. Discussion-Conclusion: The findings demonstrate several experienced barriers by TGD individuals when accessing mental health care, highlighting the mismatch between TGD individuals' needs and mental health care services. The study highlights the need to embed gender sensitive care within our mental health care systems, e.g. by including this knowledge in curricula and professional education. Keywords: transgender, gender diverse, SMI, interviews

METHODS THAT MATTER: HOW SUBJECTIVITY IS MANAGED IN MENTAL HEALTH SERVICES RESEARCH AND EVALUATION

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Studies exploring subjective experiences have a rich and important tradition in mental health, shaping national and international policies such as Goffman (1961). However, this type of work is not always visible in the hierarchy of research evidence which informs health policy and service evaluation. It values systematic reviews and randomised controlled trials above all other methods, and the contribution of subjectivity can be lost. In this paper we draw on the SUNRISE study, funded by Wellcome, to explore how studies of subjective experiences are conducted and taken up in mental health. Method Five research work packages were undertaken: a rapid scoping review of relevant literature, interviews with stakeholders from various sectors, five case studies, a Q-sort activity and a survey. A total of 336 participants representing diverse regions from around the world took part. Results We surfaced tensions, including the framing of objectivity and subjectivity in mental health science. There was confusion over the difference between patient and public involvement (PPI) and research methods that explore subjectivity including phenomenological approaches. Although many examples surfaced were qualitative, there are quantitative studies of subjectivity. Our literature review found the discipline of psychology contributed most publications; lived experience co-authorship was lower than expected. In the global south, the call was for research to show clear actionable and tangible benefits for the delivery of mental health support. In the global north, new treatments and service models were enhanced by studies of subjective experience. Conclusion From a lived experience perspective, understanding how the study of subjective experiences is undertaken and potential for further methodological development underpins trust in science. Our work suggests these researchers feel these studies are critical to improving mental health services.

MINDFULNESS-BASED NUTRITIONAL THERAPY IN MENTAL HEALTH CARE

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Introduction: Most nutrition interventions in mental health focus on biomedical factors, such as caloric intake, nutrient balance, or functional ingredients, while psychosocial determinants of health remain undervalued. This study investigates a mindfulness-based nutritional therapy program designed to integrate psychosocial approaches into nutritional care, highlighting its potential to bridge nutrition and mental health. Methods: In a real-world inpatient setting, service users participate in a four-week, multimodal program combining theoretical and practical units on mindfulness and nutrition. Outcomes are assessed at three time points using validated questionnaires measuring mindful eating, dietary behaviours, psychological stress, and symptom severity. Results: Preliminary observations indicate high acceptability and engagement with the program. Detailed findings related to changes in mindfulness skills, dietary behaviours, psychological stress, and mental health symptom severity over the intervention period will be presented at the conference. Discussion–Conclusion: Mindfulness-based nutritional therapy exemplifies a psychosocial approach to nutrition in mental health care, emphasizing awareness, self-regulation, and behavioural change rather than focusing solely on nutrients. Preliminary findings suggest such interventions can enhance recovery-oriented care, improve holistic well-being, and empower service users to adopt sustainable dietary behaviours. Further research is needed to confirm efficacy, assess longer-term outcomes, and explore scalable implementation in routine mental health services.

MULTICULTURAL IMPLEMENTATION EXPERIENCES OF UPSIDES PEER SUPPORT WORKERS: QUALITATIVE FINDINGS

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Introduction Mental health peer support is growing as an essential recovery-oriented occupation that can help alleviate the global burden of mental health (MH). There is lack of cross-cultural knowledge about peer support workers' (PSW) implementation experiences. This study explored PSWs' implementation experiences of UPSIDES intervention – a multi-country project designed to empower and scale-up peer support in low-middle- and high-income countries. Methods Nine focus groups totalling 38 PSWs were conducted at six study sites: Ulm and Hamburg (Germany), Kampala (Uganda), Dar es Salaam (Tanzania), Be'er Sheva (Israel), and Pune (India). Transcripts were analysed using qualitative analysis and MAXQDA software. Results Four domains were identified: (i) PSWs' experiences of recovery experiences, (ii) PSWs' experiences of vocational development, (iii) PSWs' relations and work-role in MH systems, (iv) PSWs' strive to influence broader circles. In low-and middle-income countries specifically, PSWs experienced gains for illness management, access to care, employability and financial standing. They also engaged in active interactions with stakeholders in the community (e.g. relatives, police, etc.) promoting social-educative and anti-stigma influences. In high-income countries, experiences related to self-disclosure and peer-vocational development issues. Across sites PSWs' expressed challenges and needs related to lack of role-clarity, relations with MH staff and integration into services. Discussion-Conclusion Findings reveal the potential of MH PSWs role in support of MH recovery and system change with cross-cultural variability in implementation experiences. Need to develop PSW-roles across sites and their integration in MH systems were voiced. Keywords Peer providers, knowledge from experience, multicultural mental health, system integration, occupational development

NARRATIVE EXPERIENCES ONLINE (NEON) PROGRAMME – DEFINITIVE FINDINGS, DIVERSE IMPLEMENTATION ROUTES

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Introduction The Narrative Experiences Online (NEON) Programme is the world's largest research study using recorded mental health lived experience narratives to benefit others. Methods We developed theory on the characteristics and impact of recovery narratives, developed curation procedures for the NEON Collection of 659 recorded recovery narratives, and developed and evaluated the NEON Intervention, a theory-informed web application incorporating a recommender system to provide access to the NEON Collection. Three pragmatic parallel-group randomised controlled trials of the NEON Intervention were conducted, for people with psychosis (n=739), other mental health problems (n=1023) and informal carers (n=54). Effectiveness analysis investigated impact on quality of life (primary outcome) using the Manchester Short Assessment (MANSA) at 52 weeks. Cost-effectiveness analysis compared incremental cost-effectiveness ratio to the £20,000–30,000 threshold defined in the National Institute for Health and Care Excellence reference case. Results Key findings from the NEON Programme will be presented. Theory development includes the Recovery Narrative Conceptual Framework to characterise recovery narratives, the NEON Impact Model to describe how receiving a narrative may impact outcomes, the VOICES framework for curation of narratives, and the INCRESE measure to characterise narratives. The NEON Intervention was effective and cost-effective for non-psychosis populations, and may be cost-effective for people with psychosis who use mental health services. It was feasible for use with informal carers. Discussion-Conclusion The NEON Intervention is now being refined and extended for new populations, including young people in the NEON Young Norway study and people with dementia and their informal carers in the LEND Programme. An overview will be given of current developments in rolling out this low-cost self-management tool internationally. Narratives RCT Recovery-oriented care

NATIONAL INVENTORY OF AVAILABLE CARE IN LONG-TERM INPATIENT MENTAL HEALTH SERVICES.

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Objective: In the Netherlands, approximately 7,000 people with severe and persistent mental illness (SPMI) reside in long-term mental health rehabilitation units. These individuals are admitted after multiple episodes of short-term clinical care and repeated, unsuccessful attempts at outpatient treatment. The number of such facilities has declined in many countries because of concerns about institutionalization. Yet little is known about how their effectiveness compares to outpatient care or about the specific interventions and care environments they provide. This project seeks to fill these knowledge gaps by mapping the care delivered in these units, the variations across facilities, and the settings in which residents receive treatment. Method: the QuIRC (Quality Indicator for Rehabilitative Care) questionnaire was used to investigate the care offered by departments in long-term (> 12 months) clinical mental health care across the Netherlands. The instrument was administered as a face-to-face interview with Responsible Clinicians, team leaders, managers and directors working at mental health rehabilitation units. Results: This project runs from February 2025 till January 2026. 23 mental health care providers were identified as providing long-term clinical treatment within over 150 mental health rehabilitation units. Full results will follow when data-gathering is completed. Conclusions: Data analysis will be completed before the conference. Early results reveal wide variation in care practices, including team composition, available daytime activities, psychological treatments, patient turnover, and levels of required care—within institutions, between institutions, and across regions. The findings will illuminate how this type of care may support recovery for SPMI individuals. Follow-up work will focus on case-level impact, and final conclusions will be presented once data collection is complete.

NAVIGATING IN A VALUE-DRIVEN DUTCH RECOVERY COLLEGE: AN EXPERIENTIAL DESCRIPTION OF SPACE

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Introduction. Dutch Recovery Colleges (RCs) facilitate peer-supported learning communities, co-created for and by people with mental vulnerabilities (i.e., peers). They are rooted in an emancipatory movement (emphasizing peer support, empowerment, and personal recovery) and explicitly facilitate an approach different from traditional mental healthcare services. Peer support values such as equity, reciprocity, connectedness and empowerment are central. We present an experiential description of RC practice (Study 1) and a recovery narrative of an RC partaker illustrating the meaning of RC attendance (Study 2). Methods. This research project was co-created with experiential researchers (RC partakers) and combines two studies. Study 1 entailed twin-interviews (N= 26, 2022) and multi-year participatory observations (2021 – 2024). Study 2 included one or two-month diaries (N= 5, 2022 – 2023) followed-up with evaluative twin-interviews, reflecting on the diary period collaboratively. Twin-interviews means they were conducted by a duo of academic and experiential researchers. Results. Our analyses showed that RC practice is value-driven and ultimately about making space. We describe RC practice as a learning, social, and organizational space. Navigating in these spaces was experienced as valuable, but at times challenging. The recovery narrative of Robin provides further illustration of RC experience, highlighting how RC attendance fosters processes of learning by exchanging and learning by doing. Discussion. Taken together, these studies underscore the importance of exchange among peers and experiential approaches in recovery learning processes. RCs can support recovery as such, facilitating space for collaborative learning, peer support and co-creation. Our findings also demonstrated the fragility of these spaces, and navigating in them requires continuous reflection and meaning-making among all involved.

ON WHICH PATIENTS IS PSYCHIATRIC SPENDING CONCENTRATED? EVIDENCE FROM FRENCH CLAIMS DATA

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Introduction In France, spending on mental health and psychiatric care, in proportion to GDP, is close to the EU average. However, there are complaints that the French system is overwhelmed and potentially underfunded. Objective To describe the utilisation of psychiatric and mental health care in different settings, using large health claims databases, to consider the appropriateness of care provision and resource allocation. Methods For the year 2018, several national databases on the use of all types of psychiatric care provision (full and part-time hospitalisations, private and public, public ambulatory care, private office-based psychiatrists) were cross-tabulated with diagnosis categories for different age groups and illness severity in order to assess the use of resources and evaluate the appropriateness of resource allocation. Results A sizable proportion of patients with mild and moderate mental disorders are treated in psychiatric care whilst there is insufficient continuity of care for patients with severe disorders, who are not adequately followed up after discharge from hospitals. This contributes to increase the rate of re-hospitalisations, the use of emergency departments, and longer stays in hospitals. Conclusion The several components of the French mental health care system are used inappropriately, not only in geographical terms but also in terms of service use. We argue that strengthening the access to affordable psychotherapy and the implementation of a stepped-care approach could contribute to solve this issue.

PARENTS, SIBLING AND ROMANTIC PARTNERS PERSPECTIVES ON ANTIPSYCHOTICS USE

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Introduction: While antipsychotics are considered the first line treatment for Serious Mental Illnesses (SMI) such as schizophrenia and schizoaffective disorders, they are often accompanied by adverse effects that can significantly impact patients' quality of life and influence both patients' and their relatives' willingness and attitude toward using them. Methods: Using qualitative analysis of data elicited from focused groups of parents, siblings, and romantic partners of people using antipsychotic medication in the present or past, we explored the perceived risks, benefits and diverse aspects of decision-making. Results: Across groups, participants described antipsychotics as a necessary basis for stability, yet linked it to heavy side effects, trial-and-error prescribing, being given limited information, and stigma. Parents emphasized tension between negative attitudes towards medication and an appreciation of its positive impact. They also discussed their challenge to balance between their wish to protect their child from the risk associated with nonadherence and their wish to respect their child’s autonomy. Siblings described their experience of taking parental responsibility in discussing antipsychotic use with their brother or sister and feeling responsible for their adherence. They shared their experience of being a constant "radar" monitoring their siblings' adherence and perceived medication as mostly calming the “environment” more than the service user. Some of the romantic partners described that past negative experiences following none adherence made them insist and even condition staying together on adherence. Discussion and Discussion-conclusion: Findings will be discussed with an emphasis on the importance of exploring and understanding the various perspectives and experiences of the close supporters of people facing dilemmas about the use of antipsychotics. Keywords: relatives, antipsychotics, decision-making

PEER SUPPORT EFFECTIVENESS IN DIVERSE INCOME SETTINGS: UPSIDES RANDOMISED CONTROLLED TRIAL

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Introduction: The aim of the UPSIDES RCT was to investigate the effectiveness of UPSIDES peer support in high-, middle- and low-income countries. Methods: This pragmatic multicentre parallel-group wait-list randomised controlled trial (registration: ISRCTN26008944) took place in Germany (two sites), Uganda, Tanzania, Israel and India. Participants were adults with severe mental health conditions. Outcomes, assessed at baseline, 4 months and 8 months, were improvements in social inclusion (primary) and empowerment, hope, recovery, health and social functioning (secondary). All participants received treatment as usual, and participants allocated to the intervention group were additionally offered UPSIDES peer support. Results: 615 participants (305 intervention group, 310 control group) participated. Mean age was 38.3 years, 55% identified as women, and mean illness duration was 14.9 years. The intervention group participants on average received 6.9 peer support sessions over 126 days. Intention-to-treat analysis showed effects on two of the three subscales of the Social Inclusion Scale (social isolation; social acceptance), the Empowerment Scale and HOPE Scale. Per-protocol analysis with participants who had received three or more intervention sessions also showed an effect on the Social Inclusion Scale total score (β=0.18, p=0.031, 95% CI: 0.02–0.34). Discussion-Conclusion: The UPSIDES RCT strengthens the evidence base for mental health peer support; it is the largest sample, the only multinational trial, and recruited from routine services. As the first trial in lower-resource settings, it provides further evidence that peer support should be a central element of the global mental health movement towards recovery-oriented, rights-based mental health systems. Keywords: Mental health peer support, randomised controlled trial, global mental health, social inclusion, recovery-oriented care

PHILOSOPHICAL ANALYSIS OF THE RECOVERY COLLEGE LEARNING MODEL: CONNECTIONS TO LEARNING THEORIES

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Introduction. Grounded in coproduction and the recognition of clinical, experiential, and theoretical knowledge, Recovery College (RC) model fosters mental health, well-being, and social inclusion by bringing diverse participants together to learn collaboratively. Despite its originality, few in-depth studies have explored its theoretical foundations, including its relationship to social constructivism. In addition, although RC principles are increasingly well documented, recent empirical work using systematic observation of RC courses indicates that the operationalisation of these principles and the deployment of RC operations during course delivery remain understudied. A theoretical and philosophical analysis, enriched by insights from observational studies, may therefore enhance understanding of RC's mechanisms of action and its pedagogical functioning. Methods. A hermeneutic philosophical approach was employed consisting of six steps: characterizing the RC learning model; identifying key learning theories; selecting philosophical perspectives and questions; analyzing the model; identifying connections with learning theories; validating the analysis. The process was informed by complementary empirical findings from a systematic observation study of RC courses, which examined how principles, operations, and mechanisms of action manifest in real-time interactions, knowledge exchanges, material resources, and pedagogical activities. Results. The analysis identified five mechanisms of action, nine key principles, and four operations. Observational data clarified how these components are mobilised during course delivery. RC integrates concepts from social constructivism, cognitive constructivism, andragogy, and transformative learning. Discussion. The philosophical analysis illuminates how RC principles and operations foster inclusive learning environments and address epistemic justice, power relations, and participation in knowledge creation.

PSYCHOEDUCATION FOR RELATIVES OF YOUNG ADULTS WITH FEP: AN EXPLORATION OF NEEDS AND EXPERIENCES

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Introduction: Although psychoeducation for relatives of individuals with a first episode psychosis is important for increasing understanding of psychosis, reducing relapse rates, decreasing hospitalization duration, and improving patient functionality, there is limited research on the specific experiences and needs of relatives of patients with a first episode psychosis. This study aims to explore the experiences and needs of relatives of young adults with first-episode psychosis regarding psychoeducation, with the goal of developing tailored psychoeducation (PE) that can be delivered by nurses. Methods: This qualitative study employed a descriptive, interpretative approach with a total sample of 23 participants, including semi-structured interviews (N = 16), two dyadic interviews (N = 4) and one triadic interview (N = 3). The dyadic interviews included two relatives and two patients, while the triadic interview involved two relatives and one patient. A topic list was utilized to guide the interviews. Thematic analysis was employed to analyse the data, supported by the use of ATLAS.ti. Results: During data analysis, five key themes were identified as relevant for the development of a psychoeducational program: experiences with first-episode psychosis and psychoeducation, the content of PE (what), timing (when), exchanging experiences (how) and joint PE versus separate groups (which format). Discussion-conclusion: This study highlights valuable insights and key components for an integrated psychoeducation program, focussing on the needs and experiences of relatives, for the development of the PE program. To optimize the benefits for both parties, future research should explore the potential of offering PE sessions that accommodate both individual and combined participant formats, allowing for a design tailored to the specific needs of the participants. Keywords: relatives, first episode psychosis, psychoeducation

PUBLIC KNOWLEDGE OF SEVERE MENTAL ILLNESS AND ATTITUDES TOWARD NEW INTEGRATED CARE MODELS

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Introduction Public knowledge of, and attitudes towards severe mental illness (SMI) are important factors to consider when proposing new models of care that might increase public exposure to people with SMI. Furthermore, assessing public support for financing such a model can encourage policy implementation. To date, surveys of public knowledge and attitudes have focused on general mental health. For this reason, we set out to design a new survey to target SMI and integrated care, addressing knowledge, attitudes and valuation of a new integrated care model. Methods The survey will be delivered online in six European countries. We will elicit public knowledge of SMI, attitudes towards some aspects of integrated care and SMI, as well as assessing respondents' support for a new integrated care model via a Contingent Valuation model. Attributes of an integrated care model will be proposed, alongside different cost models. The attributes will be based on the responses to a prior Delphi panel. Knowledge and Attitudes items are based on a review of existing mental health questionnaires and broader literature, tailored to assess SMI and integrated care. Discussion/Conclusion The survey is planned for mid-2026. We expect public SMI knowledge and the need for integrated care to be limited, and the valuation method faces difficulties across different national approaches to funding healthcare and limited public influence over taxation spending – this is likely to be more pronounced given heightened political and military tensions in Europe and consequent spending trade-offs. The results will give us a sense of public understanding of SMI, their willingness to share care spaces when that is a relevant part of the integrated care model, as well as providing an insight into public valuation of this new model in monetary terms. If these are positive, then the combined argument for policy change will be strengthened.

QUEBEC REGIONAL DASHBOARD: PREVALENCE & MORTALITY BY MENTAL DISORDER CATEGORIES

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This study examines the epidemiology and mortality of major mental disorders in Quebec using population-based administrative data. Building on Thornicroft's call to monitor excess mortality in severe mental disorders and the US Surgeon General's recognition of substance use disorders (SUD) as chronic diseases, the analysis applies the Thornicroft–Tansella matrix, which evaluates mental health systems across geographical (system, regional, clinical) and temporal (inputs, processes, outcomes) dimensions. Quebec's publicly managed health system covers 95% of its 9 million residents. Data were drawn from the Quebec Integrated Chronic Disease Surveillance System (QICDSS), which links physician billing claims, hospitalizations, registration files, and mortality records and has been updated annually since 1996. In 2024, the CIUSSS de l'Est-de-Montréal requested prevalence and mortality estimates for six mental disorder categories, stratified by sex, age group, and region. An interactive dashboard was developed to support clinicians and decision-makers. In 2022–2023, prevalence and excess mortality ratios were: schizophrenia (0.95%; 2.5-fold), SUD (7.4%; 3.7-fold), personality disorders (3.5%; 1.8-fold), ADHD <24 years (14.6%; 1.7-fold), autism <24 years (2.3%; 2.2-fold), and anxiety-depressive disorders (39.6%; 1.2-fold). These findings reveal substantial population burden and persistent mortality disparities. Two planning implications emerge. First, schizophrenia prevalence is 25% higher in Montreal than in the rest of Quebec, indicating greater need for specialized, resource-intensive services. Second, despite rising opioid-related deaths, the mortality gap for SUD has improved over two decades, largely due to the high prevalence of alcohol use disorder and significant gains in its outcomes. These results underscore the importance of region-specific planning and continuous monitoring of mental health indicators.

Mental health in times of war and trauma

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REAL-WORLD SOLUTIONS FOR REAL-WORLD NEEDS: CO-DESIGNING NUTRITION INTERVENTIONS IN MENTAL HEALTH

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Introduction: Despite the physical health burden of people living with severe mental illness, lifestyle interventions, e.g. those addressing nutrition, are rarely integrated into community mental health services in Germany. The SHAPE project in Southern Germany applies a co-design approach to develop, implement, and evaluate nutrition-focused interventions in real-world community mental health care. Methods: Using a three-phase real-world laboratory methodology, the project involves people with lived experience, mental health professionals, and researchers. Phase 1 included co-design workshops to identify needs, barriers, and intervention priorities. Phase 2 focused on co-production and implementation of nutrition interventions, with iterative adaptation based on participant feedback. Phase 3 involves co-evaluation using the Consolidated Framework for Implementation Research (CFIR) to identify facilitators and barriers to successful integration into routine practice. Results: Preliminary findings from the co-design workshops reveal key structural and psychosocial barriers, as well as opportunities for interventions tailored to service users' needs. Stakeholders prioritized accessible, socially embedded strategies that support behaviour change while addressing stigma and social inclusion. Early observations indicate that the co-design process itself enhances engagement, empowerment, and acceptability among participants. Discussion–Conclusion: The SHAPE project demonstrates how co-design can produce nutrition interventions that are feasible, acceptable, and contextually appropriate for community mental health care. By involving service users and professionals collaboratively, such approaches promote recovery-oriented, socially inclusive care and help reduce physical health inequities in people with SMI. Findings provide guidance for scalable, sustainable integration of nutrition-focused interventions into mental health care.

RECOVERY COLLEGE STUDENT OUTCOMES AND COST-EFFECTIVENESS: PROSPECTIVE COHORT MULTI-SITE STUDIES

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Introduction: Recovery colleges (RCs) are a novel mental health intervention, grounded in the principles of adult education and co-production. Previous research has found that RCs have positive personal recovery outcomes and reduction in service use; however, studies are limited to short follow-ups and single-site designs. The current studies aimed to explore changes in student outcomes and service use over time, and assess the effectiveness and cost-effectiveness of RCs in England. Methods: Two prospective cohort studies were conducted. Study 1 recruited newly enrolled students from 35 RCs across all nine regions of England. Eligible participants completed sociodemographic data, and outcomes at baseline, 4, 8 and 12 months. The questionnaires measured quality of life (MANSA); personal recovery; empowerment in relation to mental health service use; social inclusion; resilience; hope; social network size; mental wellbeing; and health-related quality of life. Service use was self-reported and collected from electronic medical records, given participant consent. Outcomes at baseline, 4, 8 and 12-month follow-up were compared, adjusted for baseline total scores, and accounting for hierarchical clustering of students at the level of RC. Study 2 was embedded within Study 1, using the same outcome measures, with a 4-month follow-up. Eligible control participants were recruited across six NHS Trusts linked to Study 1 RCs with a suitable informatics system. Outcomes for service users who attended a RC (intervention group) were compared with those who did not (control group), controlling for baseline scores and hierarchical clustering of patients in RCs. Incremental economic analyses were conducted from a healthcare and societal perspective, with analyses conducted at 4-month follow-up, controlling for baseline. Results: The analysis is underway. Discussion: This was the biggest multi-site study of RCs in England. The results will inform RC commissioning and funding.

RESPONDING TO EXPERIENCED AND ANTICIPATED DISCRIMINATION TRAINING FOR MENTAL HEALTH PROFESSIONALS

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BACKGROUND: Health professionals working in mental health services play a critical role in stigma reduction, where they are both stigma reduction targets and mental health advocates. This study examines the feasibility, costs, and potential effectiveness of the READ-MH (Responding to Experienced and Anticipated Discrimination) training for health professionals working in mental health services. METHODS: This multisite, nonrandomized pre–post mixed-methods feasibility study was conducted across all seven sites of the INDIGO-Partnership program in LMICs. Its impact was assessed at three time points using: a knowledge quiz based on training content; an assessment of attitudes to addressing stigma as part of one's professional role; and at two time points using an Objective Structured Clinical Examination (OSCE) with a scenario concerning anticipated stigma. Qualitative interviews of trainees at three months explored the impact on their practice. RESULTS: Significant improvements in knowledge, attitudes, and clinical skills were reported. Knowledge scores increased both immediately after training (+1.63; 95% CI 1.08–2.18) and at three months (+1.21; 95% CI 0.66–1.76). Significant increases were observed in the two attitudinal subscales i.e. role security (+1.28) and therapeutic commitment (+1.95) post-intervention, sustained at three months (+0.89 and +1.81; $p < 0.001$). Clinical performance, assessed through OSCEs total scores, increased by 2.41 (+2.41, 95% CI 1.87–2.94). Qualitative data highlighted the training's relevance, stronger advocacy orientation, and the central role of the experts by experience in this training. CONCLUSION: Findings across multiple LMIC contexts demonstrate feasibility, cultural adaptability, and sustained impact over time. These results support the integration of READ-MH into professional training curricula as a scalable strategy to reduce stigma in mental health care.

SCREENING FOR NUTRITION RISK IN MENTAL HEALTH SERVICES: THE NUTRIMENTAL APPROACH

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Introduction: People with severe mental illness (SMI) experience disproportionately high rates of nutrition-related health problems, yet mental health services lack validated tools to identify individuals at risk. We aimed to develop and test the feasibility, acceptability, reliability and validity of a nutrition-risk screening tool targeted to mental healthcare. Methods: The NutriMental screening tool was developed in an iterative process, informed by literature reviews, interviews with people experiencing SMI and expert consultation. A multisite, mixed-methods, cross-sectional design was used to test feasibility, acceptability and appropriateness. Qualitative feedback underwent reflexive thematic analysis. The NutriMental screener was then subjected to test-retest reliability (Cohen's Kappa), inter-rater reliability (Cohen's Kappa), and concurrent validity against comprehensive assessments (sensitivity/specificity). Results: A 14-item screening tool resulted from the iterative approach. In feasibility testing, 54 clinicians from seven organizations completed the screener with 256 mental health consumers. Mean implementation scores (out of five) were 3.1±0.8 for acceptability, 3.7±0.5 for appropriateness, and 4.3±1.7 for feasibility. Six themes and 17 subthemes related to barriers and facilitators to implementation were identified, informing a modified version of the screener. Validation and reliability testing is ongoing. To date, 180 participants have been enrolled in the validation study, with final results will be presented at the conference. Discussion–Conclusion: The NutriMental Screener is a feasible, acceptable, and potentially valid tool for identifying nutrition risks in mental health settings. Its routine use could enable earlier recognition of nutrition risks, strengthen referral pathways to nutritional therapy, and help reduce health inequities in people with SMI.

TACKLING LIFESTYLE-RELATED INEQUITIES IN SEVERE MENTAL ILLNESS

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Background: People living with severe mental illness (SMI) face profound physical health inequities, many of which are closely linked to nutritional risks. Medication-related weight gain, metabolic disturbances, and adverse social determinants—such as poverty or unstable housing—contribute to high rates of obesity, physical comorbidities, and premature mortality. Despite this burden, nutritional risks often remain under-recognised in mental health services. Structural barriers—including food insecurity, diagnostic overshadowing, and weight stigma—limit access to healthy diets and appropriate care, exacerbating physical health problems and contributing to social marginalisation, and restricted social inclusion. Methods: This presentation synthesises findings from systematic reviews and qualitative interviews with people living with SMI to identify key psychosocial and structural determinants of nutrition-related health inequities. Results: Meta-analytic evidence indicates that approximately 40% of people with SMI experience food insecurity, leading to nutritional deficiencies, hidden hunger, and obesity, as well as constraints on social inclusion. Interview data underscore the interplay of functional impairments, limited resources, shame, and stigma shaping nutrition-related challenges. Weight stigma and assumptions about low motivation or capacity further hinder help-seeking and restrict access to care. Discussion: Together, these mechanisms create a downward spiral of deteriorating physical health and social exclusion. Interrupting this cycle requires socially embedded, recovery-oriented nutritional care that incorporates early identification of nutrition risks, psychosocially informed support, and continuity across inpatient, outpatient, and community settings. This conceptual foundation provides the background for the subsequent presentations on structured nutrition-risk screening, mindfulness-based nutritional therapy, and co-designed community interventions.

THE IMPACT OF PARENTAL ROLE STIGMA ON THE RECOVERY PROCESS OF PARENTS WITH SMI : A SYSTEMATIC REVIEW

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Introduction: The parental role serves as a powerful source of recovery for people living with serious mental illnesses (SMI). While stigma is acknowledged as a major barrier to recovery, its specific impact on parents has received limited attention with SMI remains overlooked. This systematic review explores the impact of various types of stigma-related experiences on the parental role and recovery process of parents with serious mental illnesses SMI. Methods: Systematic searches of four databases (MEDLINE, PsycINFO, EMBASE and CINAHL) were conducted up to August 2024, supplemented by a cross-reference check. Qualitative and mixed-method studies were included. Stigma-related experiences were categorized into six stigma types. Reflexive Thematic Analysis (RTA) was applied for the data-analysis. Results: Twenty-five studies, encompassing twenty-seven articles, were included. Various types of parental role stigma emerged across studies, resulting in six overarching themes: (1) Being distanced and distancing; (2) Struggling with parental identity; (3) Protecting the children from stigmatization; (4) Not having the same rights and chances; (5) Fear hindering access to mental health care; and (6) The parental role as source for empowerment. Conclusions: Parents living with serious mental illnesses experience are subject to intersecting forms of stigma related to both their condition and their parental role. The addition of parental role stigma disrupts recovery, by limiting support and access to services, undermining parental identity, and increasing the risk of custody loss. To promote recovery, professionals and service systems must recognize the importance of the parental role and develop interventions that address its unique stigma-related challenges and recovery-promoting factors. Doing so can enhance service engagement and improve outcomes for both parents and children. Keywords: parents, stigma, recovery

THE IMPACT OF RECOVERY COLLEGE ENROLMENT ON HEALTH SERVICE USE AND PATIENT OUTCOMES

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Rachel Elliot , University of Manchester
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Introduction: Recovery Colleges (RC) aim to support people with mental illness in the journey to personal recovery through adult education, rather than through treatment. There is evidence that they have positive effects on a range of outcomes such as recovery, quality of life and wellbeing. This study aimed to examine associations between RC enrolment and mental and general health service use and associated costs. Methods: The retrospective matched cohort study was performed as part of the Recovery College Characterisation and Testing (RECOLLECT) programme and used a controlled before-and-after design. We used linked electronic health records to identify service user students who had enrolled at a local RC in South London. Students were matched with service user controls on several relevant sociodemographic and clinical variables. The impact of RC enrolment on mental and general health service use was assessed using negative binomial regression models at 6 months, 12 months, and 5 years post-enrolment. Associated costs were also modelled. Results: We observed significant decreases in several aspects of mental health service use in students relative to controls at six- and 12-months post-RC enrolment. This was associated with a significant £5028 reduction in costs in the student group. There were also significant reductions in general hospital bed days at six months post-RC enrolment associated with a £443 reduction in associated costs. Within a student subsample, there were persistent reductions in Health of the Nation Outcome Scale (HoNOS) scores indicating that RC enrolment improved health and social functioning also. Conclusion: Enrolling at a RC is associated with both decreased mental and general health service use, and these reductions equate to significant non-cashable cost savings over six and 12 months. Further research is needed to explore how different aspects of RC attendance (e.g. length of attendance, courses) impact service use.

THE INDIGO PARTNERSHIP RESEARCH PROGRAMME: MULTI-LEVEL APPROACH TO REDUCING MENTAL HEALTH STIGMA

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The INDIGO Partnership is a multi-country, multi-site research programme focused on strengthening the understanding of mechanisms of stigma processes and reducing stigma against people with mental health conditions in low- and middle-income countries (China, India, Nepal, Tunisia, Ethiopia). It involved the development and delivery of anti-stigma programmes, with the long-term aim to increase service use and reduce the mental health treatment gap. This presentation introduces the Indigo Partnership research programme, with a specific focus on the multi-level approach it took to acting on stigma. Specifically, given the multiple impacts of stigma at different stages of the process of seeking help, accessing care, and engaging with mental health services, we implemented three interventions in each of our intervention settings: 1) community awareness-raising interventions to reduce stigma and increase help-seeking; 2) interventions reducing stigma among primary health care workers through sharing recovery stories; and 3) training for specialist mental health service staff to respond to stigma affecting service users. Given the various contexts in which the Indigo Partnership interventions were developed and implemented, this programme also had a strong emphasis on cultural and contextual adaptation of the interventions. This presentation will also introduce the principles underpinning these adaptation processes. Through the collaboration underpinning this work, the Indigo Partnership also aimed to build capacity among the participating institutions and researchers. These approaches will be described, to showcase how the programme actively developed a more globally representative and equitable mental health research community.

THE INSTITUTE OF MENTAL HEALTH PEER RESEARCH ACADEMY

Stefan Rennick-Egglestone , School of Health Sciences, University of Nottingham

Lisa Archibald , Intentional Peer Support
Lisa Androulidakis , Habitus Collective
Caroline Fox-Yeo , Department of Architecture and Built Environment, University of Nottingham
Joy Llewellyn-Beardsley , School of Health Sciences, University of Nottingham
Vanessa Pinfold , The McPin Foundation
Callum Ross , Habitus Collective

Introduction: The Institute of Mental Health peer research academy was commissioned to support the development of peer research as an inclusive, influential, and health-affirming identity and role. We offer support to people researching health-related topics where they have personal lived experience, and who are interested in engaging in mutually supportive relationships with other peer researchers, or using their research to create social benefit. We will challenge structural barriers to peer researcher success. Methods: In our discovery phase, we consulted with mental health peer researchers internationally and locally, to identify 1) opportunities and barriers for peer researcher success, and 2) stakeholders and actions to create change. Results: Degree requirements for research posts, ongoing disability, and misplaced perceptions of research can limit access to the profession for people who might become peer researchers. Peer researchers experiencing distress are frequently referred to generic support services such as psychotherapy, rather than specialist support such as peer mentors. People make a choice to identify as a peer researcher; environments that value disclosure, enhance researcher capacity for identity management, support people through challenges, and enable relationships between peer researchers, can support the growth of a peer research culture. Academic leadership frequently valorise knowledge production, which can feel conflicting for peer researchers motivated to create social change. Specific programmes have high potential to enhance peer research capacity. Examples: replacing educational requirements for research posts with capability assessments, costing structures that generate resources to fund specialist support, and initiatives to valorise lived experience. Conclusion:Creating a healthier environment for peer researchers is possible. It can be supported by learning from the characteristics of environments supportive of peer researchers

THE POTENTIAL CONTRIBUTION OF DRUG CONSUMPTION ROOMS TO THE PERSONAL RECOVERY OF USERS

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Introduction: Drug Consumption Rooms (DCRs) are known to be effective in reducing risky consumption behaviours and preventing the spread of infectious diseases in highly marginalised people with substance use disorders (PWSUDs). However, their contribution to the quality of life and personal recovery of users has been under-investigated so far. Recently, three DCRs were opened in Belgium, and an evaluation study is ongoing. The results presented here come from one DCR in Brussels. Methods: The study includes a survey of users about their care needs (CANSAS-P), quality of life (MANSA), and personal recovery (QPR). 400 users filled out a baseline questionnaire, and 134 were followed up after eight months. Results: DCR users were found to be highly deprived: 70% were homeless, 6% only were employed and 36% had no legal income. Users reported an average of 7 unmet care needs, more than in the population of PWSUDs in other studies in Belgium. 38% had no contact with other care services. This group was significantly more deprived than other DCR users. In addition, the most deprived users utilised significantly more the social and medical services available within the DCR. In preliminary analyses, no change was measured after 8 months in terms of quality of life, risky behaviours, and personal recovery. Discussion: Although cohort analyses are yet to be completed, preliminary results indicate that DCRs reach out to highly marginalised populations and have capacity to provide social and medical assistance to the most precarious populations. Therefore, DCRs have potential to contribute to the personal recovery of a marginalised, largely unserved population.

THE QUALITYRIGHTS TOOLKIT ASSESSMENT OF THE TRIESTE OPEN-DOOR, NO-RESTRAINT ACUTE PSYCHIATRIC UNIT

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Introduction The process of deinstitutionalization initiated in Trieste by Franco Basaglia in the 1970s led to the closure of the local psychiatric hospital and the development of a network of community-based Mental Health Services (MHS). These services adopt an approach centred on respect for human rights, recovery, and the empowerment of MHS users. The only hospital-based MHS in Trieste is the 8-bed Acute Psychiatric Unit (APU), which provides urgent psychiatric care and operates according to an open-door, no-restraint policy, involving peer support workers in the care process. This study aimed to assess the Trieste APU using the World Health Organization (WHO) QualityRights (QRs) Toolkit to generate evidence on the quality of care and respect for human rights. Methods A participatory process involving mental health professionals, service users, carers, representatives of local non-governmental organizations, and WHO experts was initiated in 2024. In 2025, assessments were conducted by independent visiting committees, which collected data through direct observation of the APU, review of relevant documentation, and semi-structured interviews with service users, staff, and carers, in accordance with the QRs Toolkit methodology. Results Results will be presented in terms of the extent to which standards and criteria of the QRs Toolkit were met across the following rights: (1) the right to an adequate standard of living and social protection; (2) the right to the enjoyment of the highest attainable standard of physical and mental health; (3) the right to exercise legal capacity, liberty and security of the person; (4) freedom from torture and cruel, inhuman, or degrading treatment; and (5) the right to live independently and be included in the community. Discussion Methodological and clinical considerations regarding the applicability of the WHO QualityRights framework in an acute psychiatric setting will be discussed, together with an analysis of key strengths, critical areas, and future challenges related to the organization and clinical practices of the APU. Keywords: No-restraint; Open door; QualityRights; Acute Psychiatric Unit; Human Rights

THE RECOLLECT LIVED EXPERIENCE ADVISORY PANEL: INPUTS AND IMPACTS ON RESEARCH METHODS AND QUALITY

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Stella Lawrence , RECOLLECT Lived Experience Advisory Panel (LEAP)

Background The RECOLLECT Lived Experience Advisory Panel (LEAP) comprises 10 individuals who either have lived experience of mental health problems or are carers. Some have used and or worked as peer trainers at Recovery Colleges. Methods To ensure that expertise by experience informed all aspects of the programme, the LEAP provided input into choice of measures, supported design decision-making and participant recruitment, reviewed and advised on edits to the documentation for participants, conducted in depth interviews of participants, co-facilitated focus groups, collaborated on qualitative data analysis, offered interpretations of both qualitative and quantitative data, and assisted with publicising findings. Learnings from the collaborative analysis of data from two RECOLECT workpackages were then identified to further develop the methods used and hence make recommendations for future work. Secondary analysis of focus groups co-facilitated by LEAP members used discursive psychology to identify the ways in which people with lived experience go beyond traditional facilitator roles when co-facilitating mental health research focus groups. Results Three sets of results will be presented 1) Examples of changes made in response to LEAP input to improve the research design, conduct, interpretation of results and dissemination; 2) further methodological development and resulting recommendations for collaborative qualitative data analysis 3) results of conversation analysis of focus group transcripts showed how peer facilitators incorporated their identity to engage participants and enhance data collection Conclusions Lived experience involvement in this large research programme improved research quality and provided the opportunity to both develop methods to facilitate this improvement and to conduct research to show how the unique contribution of lived experience influences research.

THE RECOVERY COLLEGE IN SUPPORT OF SELF-DETERMINATION: LEARNERS' EXPERIENCE

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Introduction: Creating health service environments that foster self-determination has been a priority in Canada and around the world, empowering individuals to make choices that enhance dignity, autonomy, and recovery (Mental Health Commission of Canada, 2015; WHO, 2008). Recovery Colleges (RC) exemplify mental health services that promote such environments (Perkins et al., 2012). According to Self-Determination Theory (Deci & Ryan, 1985, 2020), supporting autonomy, competence, and relatedness is essential for self-determination. This study explored how RC learning contexts support these psychological needs through their mechanism of action. Methods: A qualitative approach inspired by interpretative phenomenology was employed to explore the learning contexts of RC. Data collection occurred in two phases: exploratory focus groups followed by individual interviews. Insights from the focus groups guided the methods for the second phase, aiming for a deeper understanding and reaching theoretical saturation. An inductive thematic analysis was conducted by four analysts in an iterative process. The themes that emerged were then linked to Self-Determination Theory. Results: Twenty-six learners (n=26) from diverse background (people with mental disorders, relatives, practitioners, etc.) contributed to the study. Findings revealed that RC learning contexts foster self-determination through mechanisms that support autonomy, competence, and relatedness: (1) motivation to attend courses; (2) relational experiences; (3) personal development; (4) freedom and autonomy; (5) action and behavioural changes. Discussion: RC learning contexts seems to foster self-determination in all types of learners by satisfying their basic psychological needs. By creating different relational spaces where people can express themselves and learn from others, the learning environment becomes a place for self-development and transformation.

TOWARDS A DATA DRIVEN APPROACH TO ADDRESSING NEEDS OF THOSE MISSING OUT ON OR HARMED BY CARE.

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Rebecca Hardwick , University of Plymouth
Richard Byng , University of Plymouth

Background Often system leaders lack the data to map the journeys of care individuals take across different teams and providers – or when they are receiving no care despite considerable need. This is because reporting to those paying for care is normally done by team or organisation, and not by local population. This makes it difficult to make decisions about resources, and to target individuals who need changes to their care. It is also challenging to evaluate changes to services have for individuals affected by inequality. Method During the last five years we have worked with NHS and voluntary sector organisations to evaluate the impact of changes to mental health services across populations. Qualitative researcher-in-residence approaches have helped us understand the impact of service changes designed to address inequity, but good quality quantitative data has rarely been available to measure impact. We have co-designed a novel approach to support local analysts to utilise data in a way which can inform better decision making. Results Our Mental Health Learning Systems Project will create longitudinal cross team whole population data sets with local systems. Lived experience involvement will be key for ethical approaches and to direct analyses. This will include: linking data from primary care, voluntary sector and mental health providers; using Natural Language Processing to interrogate free text records and integrate into data sets. We will identify journeys of care associated with harm, waste and unmet need and support decision makers to use these analyses alongside qualitative data to inform improvements to services. Conclusions Future ambitions for this approach include working with system leaders to understand what changes could be made and how these can be evaluated, working with clinicians to understand how this data could be used to inform decisions for individual patients. We will present the detail of this approach, and implementation lessons.

UPDATE OF THE GERMAN PRACTICE GUIDELINES ON THE PREVENTION OF COERCION AND AGGRESSIVE BEHAVIOUR

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Introduction: The German Practice Guidelines on "Prevention of Coercion – Prevention and Treatment of Aggressive Behaviour in Adults", published by the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN), provide comprehensive evidence-based and consensus-based recommendations for dealing with coercion and violence in psychiatric care. Methods: These guidelines were updated and expanded in collaboration with the Austrian and Swiss professional associations to create guidelines for all German-speaking countries. The group conducted several systematic reviews. The evidence was assessed using a risk of bias rating and according to GRADE. Recommendations were agreed upon online in structured consensus conferences with all key stakeholders. Results: This talk will discuss the resulting innovations and new evidence- and consensus-based recommendations: The legal and clinical frameworks in the three countries were described and compared with each other. New recommendations on psychotherapy, ethical counseling in psychiatry, and open door policies were included. Risk assessment tools and early interventions were critically discussed in terms of informal coercion and an excessive focus on security, but are still recommended for the prevention of violent assaults in high-risk settings. Discussion: The previous guidelines were implemented and researched throughout Germany. Possibilities for follow-up projects with an international focus will be discussed.

Keywords: coercion, violence, inpatient care, evidence-based medicine.

USER EXPERIENCES OF TRANSFORMING SERVICES - MECHANISMS FOR ENHANCING ENGAGEMENT

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Richard Byng , University of Plymouth
Amy Saunders , University of Plymouth

Background Individuals with complex needs and social adversity are more likely to not be referred, be rejected at triage or not attend services. Some do not feel they deserve care, some distrust services and others do not realise care is available. This study explored service user experiences of Community mental health services in England, to identify the mechanisms and contextual factors influencing engagement and outcomes. Method Individuals from a range of teams in transforming services were approached by phone, text or email. Data from interviews with 16 service users was analysed thematically using a Realist dialogic approach to develop context–mechanism–outcome (CMO) configurations, capturing factors shaping service user experience. Results Analysis yielded a Final Programme Theory comprising 11 CMO configurations organised into four themes: expectations of the offer, collaborating and understanding, building a trusting relationship, and effective system navigation. Findings indicate that 'waiting' is not a passive state but an active period where trust is either built or eroded. Incorporating existing social network into their service options meant the service user was more likely to engage. When a participant had experienced a previous negative episode of care, a considerable amount of additional resource was required to prevent disengagement. The workings of the system were instrumental to creating a positive experience for service users and strongly influenced whether they engaged. Conclusion Engagement was facilitated by clear, regular communication, flexible service structures, and practitioners who built genuine alliances. Conversely, siloed working and rigid administrative procedures functioned as key mechanisms of disengagement. Both structural changes to how services are set up and cultural changes to how practitioners interact can make a difference to overcoming service driven inequity.

USING CREATIVE METHODS AS PEERS – CO-DESIGN OF PSYCHOSIS SERVICES FOR ETHNICALLY DIVERSE PEOPLE

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Introduction: Psychosis Centered Integrated Care Services for Ethnically Diverse People with Multimorbidity study (CoPICS) explores how health and social services can improve care and address health inequalities. Using a combination of creative methods in a participatory approach embeds lived experience with a particular focus on improving inclusivity for those who have often been most marginalised in research. It is funded by the NIHR. Methods: CoPICS has lived experience leadership at all levels. We have two patient and public involvement co-applicants who draw on different experiences, including being a part of a racialised community, psychosis, trauma and physical health condition. We have a team of five peer researchers who draw on a range of lived experiences, and a Lived Experience Advisory Panel with first-hand experience of mental health issues, including psychosis and physical health conditions. The project uses PhotoVoice and Biographical Narrative Interviewing to support an Experience Based Co-Design process. Results: We share some of the insights from using PhotoVoice and Biographical Narrative Interviewing alongside lived experience, including how it has facilitated inclusion, supported a co-design process to improve integrated health services, and helped us to better understand health inequalities for those with psychosis and physical health issues. We explain how different lived experience contributions combined to strengthen the study and plan focused local implementation in health services. Conclusions: Robust lived experience leadership and unique methods in CoPICS have allowed us to develop an innovative approach to mental health service evaluation that has deeply engaged with people's experiences across their lifespan. Further, this approach has allowed a participant group that have not always been well represented in studies to take an active role in the generation of new knowledge, & implementation of change to improve services.

Mental health in times of war and trauma

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Laura Kurtinaityte , wertyui

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WHAT DO YOUNG PEOPLE THINK ABOUT THEIR WELL-BEING IN SPORT SETTINGS

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Sport can play an important role in supporting young people's mental and physical well-being, particularly in contexts of stress and displacement. However, when not delivered in safe and supportive ways, sport may also pose risks. This study explores the experiences and perceptions of young people affected by displacement in Moldova who participated in sport activities facilitated by coaches trained in promoting safe, inclusive, and supportive sport environments. Methods: This qualitative exploratory study was conducted during the pilot phase of the programme, to explore youth perceptions of sport and the role of coaches in their lives. Semi-structured interviews and focus group discussions were carried out with 28 young people in Moldova (Chișinău n=15, Ocnița n=8, Cahul n=5). Data were collected in Russian, Ukrainian, and Romanian, audio-recorded, translated, and analysed using thematic analysis to identify key themes related to well-being, peer relationships, coaching support, belonging, safety, and inclusion. Results: Participants reported that engagement in sport contributed to increased self-confidence, emotional regulation, and resilience. Sport was perceived as a constructive outlet for managing difficult emotions. Central to these experiences was the supportive and multifaceted role of coaches, who fostered trust, encouragement, and emotional safety. Peer interactions further strengthened feelings of belonging and inclusion. Both coaches and teammates were seen as key contributors to creating physically and emotionally safe environments. Nevertheless, participants also highlighted limited access to specialised mental health and psychosocial support (MHPSS) services and the need for additional resources beyond the sport setting. Conclusion: Young people reported largely positive experiences in sport environments. While coaches play a critical role in promoting well-being, participants emphasized the importance of integrating sport initiatives within broader MHPSS systems, including clear referral pathways and access to mental health services. These findings underline the value of sport-based interventions as part of comprehensive support systems for young people affected by displacement.

WHEN DOES THE THOUGHTS OF BECOMING A MENTAL HEALTH PEER SUPPORT WORKER EMERGE? A QUALITATIVE STUDY

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Introduction: Peer support is a recovery-oriented collaborative practice where individuals with lived experiences with mental health conditions engage in supporting others experiencing similar challenges. Becoming a peer support worker (PSW) includes transition from being a service user to become a provider of care and personal roles and identity are challenged when adjusting to the new role. Methods: Through individual interviews, this study explored eight PSWs' personal stories of mental illness, recovery, and when the possibility of becoming a peer support worker emerged during this process. Results: Four themes were narrated through thematic analysis: 1) Struggles in everyday life, 2) Landmark events, 3) Turning points, and 4) Finding your way. The PSWs told deeply personal stories of how mental illness had impacted on their lives. The themes display when the initial idea and then the ambition to become a PSW emerged during the process of recovery. Discussion and conclusion: This study provides insight into how the PSWs at different times – and in different ways - became aware of the possibility of using their personal experience to support others. At an overall level, these findings represent descriptions of individual processes in which the PSWs moved towards re-positioning their lived experiences with mental health challenges from deficit to asset. Keywords: Mental illness, lived experience, recovery, peer support, mental health services

POSTER PRESENTATIONS

Abstracts are arranged in alphabetical order by title.

ADAPTING AN ICBT PROGRAM FOR SOCIAL ANXIETY DISORDER IN CANADA: PATIENT AND PROVIDER PERSPECTIVES

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Introduction: Social anxiety disorder (SAD) is a prevalent and persistent mental health condition in Canada, yet fewer than 40% of individuals living with SAD access mental health care. Internet-based cognitive behavioral therapy (iCBT) has the potential to improve access to evidence-based mental health treatment, but challenges related to user engagement, usability, and applicability may limit its effectiveness. This study aimed to explore patient and healthcare professional perspectives on a Canadian adaptation of the Australian iCBT Shyness Program for SAD. Methods: An exploratory qualitative study was conducted using six online focus groups with a total of 24 participants (i.e., 18 adults with lived experience of SAD and 6 healthcare professionals), recruited across Québec and Ontario, two Canadian provinces. Participants reviewed the iCBT Shyness Program and discussed perceptions related to its language, content, structure, usability, applicability, and suggested adaptations. Data were analyzed with inductive and deductive codebook analysis. Results: Patients valued the autonomy and flexibility of engagement with the program, but reported lengthy lessons, navigation difficulties, and challenges maintaining motivation, particularly with exposure exercises. Healthcare professionals emphasized that the program is best suited for motivated adults with mild-to-moderate symptoms of anxiety and expressed concerns regarding cognitive overload, unsupervised use and limited applicability for severe cases. Key suggestions for adaptation included improved linguistic and cultural tailoring, greater diversity and representation, clearer and graduated exposure guidance, reduced lesson length, diversified formats (e.g., audio and video), relapse-prevention content, and clearer communication of program scope for suitability and safety boundaries for target populations. Conclusion: Findings highlight converging patient and clinician perspectives on the value of the iCBT program for SAD, while identifying areas for refinement. Integrating user centered and clinically informed adaptations based on health professionals perspectives may enhance user engagement, usability, applicability, acceptability, feasibility, and perceived safety, supporting more effective implementation of iCBT for SAD in the Canadian context. Keywords: Cognitive Behavioral Therapy; Internet-Based Intervention; Social Anxiety; Canada

AN MSF-LED PILOT SERVICE FOR SEVERE WAR-RELATED TRAUMA: VINNYTSIA, UKRAINE

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Annie Slanina , Medecins Sans Frontieres - Doctors Without Borders

Introduction Populations affected by armed conflict experience severe war-related trauma. Conventional psychosocial support often fails to meet the needs of individuals with complex and severe mental health conditions. Evidence and guidance for designing specialized services in active conflict zones remains limited, and this poster presents a model to inform such efforts. Methods Médecins Sans Frontières (MSF) is piloting a trauma-focused program in Vinnytsia, Ukraine, structured as a stepped-care model for severe and complex trauma, with less complex cases decentralized to external providers through MSF's capacity-building initiatives. The program implements a holistic, multidisciplinary approach, integrating psychological, psychiatric, medical, and social support. It targets vulnerable populations, including internally displaced persons, veterans, men and boys, minors, and survivors of conflict-related sexual violence. Community engagement team delivers mental health promotion, psychoeducation and psychosocial support groups, to facilitate referrals through community-based organizations, healthcare facilities, and digital platforms. The poster delineates the model's components, capacity and rationale for this integrated approach. Results The program demonstrates that trauma-focused care is feasible in active conflict settings when interventions are adapted to local challenges. Key considerations include trauma-focused training for MSF staff and other local actors, structured triage, coordinated care pathways, context-specific clinical adaptations, and outreach via community engagement teams to enhance identification and service uptake. Discussion–Conclusion Specialized mental health services are essential in humanitarian settings. Reliance on general psychosocial support is insufficient; early planning, capacity-building, and context-specific strategies enable programs with strong added value and inform the integration of trauma-focused care in conflict-affected areas.

Keywords: war-related trauma, mental health, conflict, humanitarian, MSF

BEING A SINGLE PARENT DURING A WAR IS EXTREMELY LONELY": WAR-RELATED EXPERIENCES OF SINGLE PARENTS

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Introduction: Little is known about the impact of war exposure on the well-being of single parents and their unique experiences within these contexts. To address this void, this study explored the experiences of single parents by choice (SPCs)—a distinct subgroup of single parents who have voluntarily chosen to become parents on their own—during the Israel–Hamas war following 7 October 2023. Method: Semi-structured interviews were conducted with 11 Israeli SPCs aged 40–58 who had children aged 17 or younger. The data were analysed using thematic analysis. Results: Analysis of the interviews yielded two main themes elucidating SPCs' war-related experiences: (1) the exacerbated challenges of lone parenthood during armed conflict and (2) the factors that mediated these challenges. Participants described three major challenges: persistent perceptions of danger, heightened financial insecurity, and substantial disruptions to daily routines. Three systemic-level protective factors emerged as mediating the impact of these challenges: engagement in joint familial activities, a supportive work environment, and social and political engagement. These factors enhanced participants' resilience and promoted their psychological coping amid the ongoing conflict. Conclusions: The findings demonstrate how the intersection of armed conflict and sole parenting responsibilities enhances vulnerability, while revealing the coping strategies parents actively employ and the external resources they draw on, both of which help them manage war-related stressors. As such, they provide new theoretical insight into parental adaptation in the context of major community crises. In practical terms, the findings stress the need for professionals working with parents in conflict zones to adopt a nuanced approach that considers the distinct challenges and mental health vulnerabilities of parents across diverse family structures.

CAN VIRTUAL REALITY IMPROVE CLINICANS INSIGHT?

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Background Antipsychotic discontinuation is commonly framed as a problem of patient “non-compliance,” yet this perspective overlooks a central reality: up to 90% of patients reduce or stop antipsychotics at some point, regardless of clinical advice. Many do so to escape burdensome side effects, but because psychiatrists are often unwilling to support tapering, discontinuation frequently occurs without supervision—a situation that greatly increases relapse risk. The key barrier is therefore not patient motivation, but clinicians’ reluctance to engage in collaborative deprescribing. The MindShift study addresses this by exposing psychiatrists to immersive virtual reality (VR) depictions of lived-experience dilemmas, uncertainty, and risk-taking inherent in decisions about antipsychotic reduction. The objective is to determine whether a VR intervention that immerses psychiatrists in first-person patient and carer perspectives can increase empathy, improve shared decision making (SDM), and reduce unsafe, unsupported antipsychotic discontinuation. Method Psychiatric outpatient clinics are cluster-randomized at the psychiatrist level, assigning clinicians to either the MindShift VR intervention or treatment-as-usual. The VR module presents four scenarios illustrating common tapering dilemmas such as side-effect burden, desire for autonomy, fear of relapse, and relational dynamics. Patients aged ≥18 years with ICD-10 F20–29 diagnoses attached to these psychiatrists are followed via national registers for 12 months. The primary outcome is relapse (psychiatric hospitalization); secondary outcomes include severe relapse and relapse among patients who taper or discontinue. A qualitative process evaluation explores how VR-driven perspective-taking shifts psychiatrist attitudes, risk perceptions, and SDM behavior. Results By targeting psychiatrists rather than patients, the intervention aims to increase clinician willingness to provide safe, supervised tapering support. This is expected to lower the number of individuals who discontinue alone and at elevated risk, strengthen therapeutic alliances, and enable more person-centered deprescribing trajectories.MindShift represents a paradigm shift: improving outcomes not by correcting patient behavior, but by equipping psychiatrists with deeper insight into the complexities of lived experience. VR-enhanced empathy and SDM have the potential to reduce preventable relapses and advance autonomy-respecting, recovery-oriented mental healthcare.

COMBATING HEPATITIS C IN ONE PSYCHIATRIC FACILITY: AN INTEGRATED APPROACH

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Background: The management of chronic hepatitis C virus (HCV) infection in patients with concurrent severe mental illness and substance use disorder poses significant challenges to treatment initiation, adherence, and completion. Multiple barriers impede successful treatment outcomes in this population, including cognitive impairments associated with mental illness, ongoing psychoactive substance use, and inadequate social and environmental support systems. Objectives: To overcome these barriers, we implemented a treatment program for HCV-infected patients during their psychiatric hospitalization. This initiative involved establishing a multidisciplinary task force comprising a gastroenterologist, psychiatric ward team and a project administrator. Methods: We conducted a retrospective cohort study of patients hospitalized with Dual Diagnosis (DD) of severe mental illness (SMI) and substance use disorder (SUD) who tested positive for HCV antibodies. Patients underwent clinical evaluation and received direct antiviral agents (DAA) treatment during hospitalization under the supervision of the joint team. Demographic and clinical characteristics were analyzed. Results: Between January 2018 and June 2023, 694 DD patients were hospitalized, of whom 119 tested positive for HCV antibodies (prevalence 17.1%). Twenty-seven patients (23%) completed treatment, with 17 patients (63%) achieving confirmed sustained virologic response (SVR). Treatment discontinuation occurred primarily post-discharge from the mental health facility. Significant efforts were made to engage community caregivers to maintain continuity of care. Conclusions: Our findings demonstrate that treating HCV in patients with concurrent severe mental illness and substance use disorder requires collaborative efforts across medical disciplines. This integrated approach during psychiatric hospitalization provides a unique opportunity for initiating and monitoring HCV treatment in this complex patient population

COMPARING LIVED-EXPERIENCE AND PROFESSIONAL UNDERSTANDINGS OF RECOVERY: A SPICE-BASED ANALYSIS

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Introduction: Recovery in mental health remains a debated concept shaped by differing viewpoints. Traditionally framed through a biomedical lens centered on symptom reduction (i.e., clinical recovery), it has been challenged by user movements advocating for personal recovery, highlighting connection, hope, identity, meaning, and empowerment. Yet services continue to rely mainly on biomedical approaches. This study compares how recovery is understood by experts by experience and by recovery-oriented professionals, using the SPICE framework—which conceptualizes recovery across four dimensions: Social Recovery, Prosperity, Individual Recovery, and Clinical Experience—as a reference. Methods: We integrated results from two international Delphi studies, one with experts by experience and another with recovery-oriented professionals, to identify the key understandings of recovery. These were mapped onto the four SPICE dimensions. Results: We identified 33 meaningful units of recovery. Of these, 21(63.6%) reflected convergence between experts by experience and professionals, while 12 (36.4%) were unique to lived-experience perspectives. When mapped to SPICE dimensions, 6 (18.2%) were coded to Social recovery, 4 (12.1%) to Prosperity, 22 (66.7%) to Individual recovery, and 1 (3.0%) to Clinical Experience, the latter emerging only from experts by experience. Discussion: The findings reveal substantial shared ground in how recovery is understood, while showing that lived-experience perspectives add nuance and broaden its scope. Incorporating these perspectives may support more person-centred, socially grounded approaches, fostering empowerment, participation, and reduced reliance on narrowly biomedical models. The predominance of meaningful units in the Individual and Social SPICE dimensions highlights their particular relevance for both experts by experience and professionals.

CONFIDANT REACTIONS AND SELF-DISCLOSURE: PATHWAYS TO RECOVERY IN MENTAL ILLNESS

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Disclosure of mental illness can offer emotional relief and support recovery, but its impact depends on responses it evokes. Supportive reactions are linked to improved well-being, while rejecting responses undermine psychological health. However, processes through which disclosure characteristics and confidant reactions influence recovery remain insufficiently understood. Study aims: (1) examine associations between disclosure characteristics (content, amount, relationship type, motivations) and recovery; (2) test whether confidant reactions relate to recovery indirectly through disclosure motivations and disclosure amount. Methods: 106 adults with serious mental illness completed measures of: disclosure across four content domains aggregated into general life and illness-specific content across two relationship types (close others vs. distant acquaintances), confidant reactions, disclosure motivations (approach vs. avoidance) and recovery. Analyses examined associations and mediation pathways. Results: Participants disclosed more to close others and more general life content than illness-specific content. General life disclosure was positively associated with recovery; illness-specific disclosure was not. Individuals with avoidance motivations reported higher recovery than those with approach motivations. Mediation analyses indicated supportive reactions related to recovery through increased disclosure (indirect effect = 0.07, 95% CI [0.003, 0.146]), while rejecting reactions related to recovery through avoidance motivations (ACME = 0.20, 95% CI [0.08, 0.35]). Discussion: Confidant reactions influence recovery through distinct pathways: supportive responses by encouraging disclosure, rejecting responses by prompting avoidance-based motivations. Avoidance motivations linked to better recovery suggests strategic self-protection may be adaptive, challenging assumptions disclosure is uniformly beneficial and underscoring need for supportive interpersonal environments

DEVELOPMENT AND VALIDATION OF A SCALE FOR ADVANCE CARE PLANNING INTENTION IN MENTAL HEALTH

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Introduction: Advance care planning (ACP) in mental health enables individuals to state treatment and care preferences for future crises and has been shown to improve psychiatric and recovery-related outcomes. Despite existing ACP instruments, none are tailored to mental health contexts. This study aimed to develop and validate a Spanish-language scale assessing mental health service users' intention to engage in ACP. Method: The study was conducted in two sequential phases. In the first phase, item development was guided by the Theory of Planned Behavior, generating an initial pool of 37 items representing attitudes toward ACP, subjective norms, perceived behavioral control, and intention to engage in ACP, all rated on a 5-point Likert scale. Sixteen experts assessed item relevance and clarity, and their feedback informed revisions, removal of redundancies, and refinements to the conceptual structure. In the second phase, the refined item pool was administered to mental health service users recruited across several mental health services in Spain to conduct a preliminary psychometric validation. Results: In the first phase, 14 experts provided feedback. Based on their recommendations, item wording, and conceptual alignment were refined, yielding a final pool of 34 items for the Advance Care Planning Intention Scale for Mental Health (ACPIS-MH). In the second phase, analyses examined the dimensional structure through factor analyses, internal consistency and item–total correlations, and test–retest reliability in a subsample. Preliminary findings indicate adequate internal consistency. Discussion: The ACPIS-MH fills a critical gap by offering a psychometrically robust instrument tailored to mental health contexts. Its use can support the development of targeted, person-centered strategies that respect service users' autonomy and may ultimately improve engagement, treatment outcomes, and overall satisfaction with care.

EFFECT OF DISPLACEMENT DURING EXTREME CIRCUMSTANCES ON DIGITAL ENGAGEMENT AND WELL-BEING AMONG OLDER

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Introduction Currently, there are increasing instances of forced displacement due to extreme circumstances such as armed conflicts. Under threatening conditions, certain factors, such as displacement, can decrease one's well-being. On the other hand, specific capabilities and resources such as digital engagement, may serve as coping mechanisms. This study examines the associations between digital engagement and the well-being of older adults during armed conflict situations, comparing displaced persons to those who were not displaced. Methods Ninety-three displaced and 150 nondisplaced older Israeli adults aged 60 and above completed an online or paper questionnaire two months after the beginning of the Israel-Hamas war on 7th of October 2023. Measurements included indicators of well-being (loneliness, depressive symptoms, subjective health, and sense of control), rocket threat, digital engagement, digital ageism, and socio-demographic characteristics. Results Displaced older adults reported lower subjective health, higher levels of loneliness, and a diminished sense of control, compared to those not displaced. Following the war, individuals who were displaced reported using fewer digital devices, exhibited different patterns of use, and reported twice as many limitations in using technology. A hierarchical regression analysis revealed that various aspects of digital engagement were associated with different well-being components, mitigating the initial negative effects of displacement on loneliness and subjective health. Conclusions This study highlights the importance of digital engagement as a potential protective factor for the well-being of older adults during extreme circumstances such as armed conflicts.

EFFECTIVENESS OF A GROUP MUSIC INTERVENTION IN MENTAL HEALTH: A RANDOMIZED CONTROLLED TRIAL

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Introduction: Music interventions have been shown to reduce anxiety, depression, and positive and negative symptoms, as well as to improve functioning and quality of life. The ‘Ritmes en companyia’ programme, designed for groups of 6 to 12 participants, consists of eight 60-minute sessions delivered within mental health services. Music therapists, in collaboration with participants, introduce activities aligned with individual recovery goals. Sessions include improvisation, rhythmic games, and song listening, among other activities. This study aimed to evaluate the effectiveness of the group music intervention on mental health recovery, empowerment, and hope. Methods: A multicentre randomized controlled trial was conducted across eight centres in Catalonia (Spain), involving 145 participants with mental health difficulties. They were randomly assigned to an experimental group receiving the intervention (n = 94) or to a control group (n = 51). Assessments were administered at baseline, post-intervention, and at three-month follow-up. Measures included the Spanish versions of the Self-Identified Stage of Recovery, the Netherlands Empowerment List-Short, and the Dispositional Hope Scale. Results: Among participants who attended at least 75% of the sessions, pre-post improvements were found in recovery, empowerment, and hope in the experimental group (n = 57) compared with the control group (n = 23), with moderate effect sizes (partial eta squared ranging from .091 to .105). Similar results were observed when the threshold was set at ≥50% session attendance, and improvements were maintained at three-month follow-up. Discussion: Unlike most studies that focus primarily on symptom reduction, this study evaluates the effectiveness of a group music intervention on recovery-related outcomes. The findings show substantial improvements in recovery, empowerment, and hope, supporting the value of music-based interventions within recovery-oriented mental health services.

EFFECTIVENESS OF ONLINE CB-ART INTERVENTIONS IN REDUCING WAR-RELATED DISTRESS IN WORKPLACE SETTINGS

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Introduction: Cognitive behavioral and art-based (CB-ART) interventions have been shown to reduce disaster-related distress and enhance mental resources in both face-to-face and online settings. This study sought to expand empirical knowledge of the single-session CB-ART intervention by examining its efficacy in reducing distress when delivered online in a workplace setting amid wartime conditions. Method: During the CB-ART intervention, 12 employees sequentially drew three images: their war-related stress, their resources, and an integration of these. The specific aims of the study were to (1) identify the strategies participants employed to mitigate their distress, as evidenced by their drawings and accompanying narratives; (2) assess whether participants experienced a significant reduction of distress levels post-intervention, as measured by the Subjective Units of Distress Scale; and (3) explore the resources utilized by participants several months after the intervention. Findings: The findings demonstrate how participants transformed stressful images through adjustments in size, color, and placement within the integrative drawing, allowing them to reshape their associated emotional content. Further evidence of the CB-ART intervention's efficacy is reflected in the significant reduction in participants' distress levels post-intervention, as well as in the resources they reported using several months later. Conclusion: On a practical level, the study offers an easily administered online tool for workplace use during disaster contexts. The findings suggest that such settings can serve as effective venues for disaster interventions, enabling organizations to integrate mental health support and actively promote employees' well-being during crises. Utilizing the workplace as a platform for mental health support may also help conserve resources needed during disasters, while offering employees a familiar and accessible setting.

EPIDEMIOLOGICAL PROFILE IN A COMMUNITY SAMPLE OF OLDER ADULTS FROM CHILE

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Background. Among older adults, moderate or high levels of life satisfaction can coexist with symptoms of psychological distress, highlighting the need for comprehensive mental health assessment in this population. Objective. To examine mental health—understood as a comprehensive construct that includes both positive mental health indicators and psychological distress—in a random community sample of older adults living in municipalities in central–southern Chile, and to explore its association with individual and socio-family variables. Methods. A descriptive–analytical population-based study was conducted with a random sample of 806 functional adults aged 60–80 years residing in municipalities of Concepción and Greater Santiago. Assessments included life satisfaction (SWLS), positive affect (PANAS), eudaimonic well-being (Pemberton), and symptoms of anxiety (GAI) and depression (PHQ-9). Individual variables (sex, age, education, employment, caregiving role, health perception, loneliness, frailty, cognitive performance, alcohol consumption) and socio-family variables (family structure, presence of a partner, social support) were also analysed. Data analysis was carried out using weighted samples and accounting for the complex survey design. Results. A total of 645 interviews were completed (80%). Findings show a higher prevalence of anxiety symptoms in the Biobío region and of depressive symptoms in Santiago. In Biobío, anxiety prevalence was greater among women and adults aged 70–79 years. Overall, well-being indicators showed favourable levels. Key predictors included loneliness, stressful life events, satisfaction with health status, and sex. Conclusions. The combined assessment of wellbeing and distress indicators reveals a mixed profile, with anxiety emerging as a particularly relevant component.

EXAMINING EFFECTS OF AI-GENERATED AND ACTOR-LED SCHIZOPHRENIA NARRATIVES ON STIGMA

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Introduction: Public stigma toward schizophrenia continues to impede early intervention, service utilization, and social inclusion. Social contact–based interventions are among the most effective strategies for stigma reduction, yet their implementation within mental health systems is often constrained by cost and limited scalability. Brief video-based interventions offer a scalable alternative, and recent technological advances, including AI-based video generation, further increase the potential to create, scale, and disseminate social contact–based interventions efficiently. However, questions remain regarding the effectiveness of AI-generated interventions and the mechanisms through which they operate. To date, such interventions have not been systematically examined. The present study aimed to compare the effectiveness of actor-led, AI-generated, and written vignette interventions and to examine the mechanisms underlying their impact on stigma. Methods: Using a randomized experimental design, 691 Israeli adults aged 20–35 were recruited via an online panel and assigned to one of three brief interventions: (1) an actor-led video presenting lived experience of schizophrenia, (2) an AI-generated video using an identical script and setting, or (3) a written psychoeducational vignette. Public stigma was assessed at baseline, post-intervention, and at a 30-day follow-up across five domains: social distance, stereotyping, separateness, social restriction, and perceived recovery. Narrative transportation and identification were assessed in the video conditions. Analyses included ANOVAs and structural equation modeling. Results: The actor-led video produced the strongest and most consistent stigma reductions, outperforming both the AI video and the vignette, with and sustained effects for social distance at follow-up. More limited changes were observed in the AI-generated and written vignette conditions, mainly in social distance and stereotyping. Higher transportation and identification in the actor-led condition partially mediated stigma reduction effects. Discussion/Conclusion: Findings indicate that current AI-generated narrative contact can reduce select stigma domains but does not replicate the persuasive mechanisms central to human-led social contact, nor does it outperform traditional written educational formats. From a mental health systems perspective, AI remains a promising tool for scalable dissemination, but further research is required to enhance its effectiveness and focus on the mechanisms which may make it as effective.

Clarifying these mechanisms will be critical for the responsible integration of AI-based stigma-reduction interventions into digital mental health services and public health strategies.

EXPERIENCE OF VR MINDFULNESS TRAINING IN RECOVERY FROM PSYCHOSIS

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Community-based care for schizophrenia spectrum disorders increasingly uses Virtual Reality (VR) enhanced interventions, while mindfulness gains empirical support for building psychological resilience in recovery-oriented treatment. This study explored subjective experiences of participants in a VR mindfulness training program with psychoeducation, among individuals with schizophrenia spectrum disorders in community care. Interpretative Phenomenological Analysis (IPA) of semi-structured interviews involved primary coding for descriptive experiences, followed by secondary coding to form abstract categories. Four areas emerged: “Technological Barrier” – initial VR discomfort countered by adaptation strategies (adjusting equipment, seeking support), fostering flexibility. “Relationship with the Team” – trust/safety alongside fear of judgment and reluctance to disclose issues, shaping engagement. “Responsibility/Internal Locus of Control” – shift to personal agency via skills reducing emotional reactivity and enhancing self-control.
“Emotions/Sensitivity/Insight” – boosted awareness, reflective observation, and regulation, lowering stress vulnerability. These converge in a meta-theme of recovery: navigating challenges, gaining insight/responsibility, seeing improvement opportunities. In vulnerability-stress terms, non-judgmental observation and adaptive responding reduce stress susceptibility, bolstering resilience.
Keywords: Schizophrenia, Qualitative Research, Interpretative Phenomenological Analysis, Mindfulness, Virtual Reality

GAPS IN PSYCHOSOCIAL SUPPORT IN ONCOLOGY - EVIDENCE FROM BULGARIA

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In Bulgaria, there is no institutionalised clinical social work in oncology and no integrated system for psychosocial support for cancer patients. As a result, access to emotional support and social rehabilitation remains fragmented and depends largely on personal resources. This study presents the results of a survey conducted among 43 cancer patients aged between 19 and 56. The research examined post-illness adaptation at home, relationships with partners and children, adaptation at the workplace, the need for emotional support, and difficulties in navigating the health and social care systems. The results show significant challenges in post-treatment adaptation, including tension in family relationships, insecurity about professional future, and lack of coordinated institutional support. A considerable number of participants reported a need for professional assistance both for emotional stabilisation and for guidance in administrative procedures and social rights. The analysis suggests that the absence of clinical social work in oncology creates structural inequality, as psychosocial adaptation becomes an individual responsibility rather than a system-supported process. In this context, clinical social work should be recognised as a mechanism for ensuring equal access to comprehensive care and as a tool for protecting human rights within the healthcare system.

HAVE COPING RESOURCES AND TRUST IN STATE INSTITUTIONS HELPED JEWS AND ARABS TO OVERCOME STRESS DURIN

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The events of October 7, 2023, and the subsequent Iron Swords War have profoundly impacted Israeli society, leaving both Jewish and Arab populations exposed to unprecedented levels of violence and uncertainty. This study examined the roles of trust in state institutions and sense of coherence (SOC) as coping resources that may mitigate psychological distress following exposure to such events. Four hundred and seventy-one participants (69.9% Jewish, 30.1% Arab) filled out a questionnaire that addressed demographics, war exposure, trust in institutions, SOC, and mental-health outcomes. The Jewish participants reported greater exposure to war events, stronger SOC, and less psychological distress than the Arab participants. Levels of trust in different institutions varied significantly between the groups, with Jews expressing greater trust in the military and Arabs reporting higher levels of trust in the parliament, educational system, and media. SOC protected against psychological distress among both groups. Trust in the military was associated with lower levels of distress among Jews; whereas trust in the parliament was linked to higher levels of distress among Arabs. This study highlights the need for tailored interventions that enhance SOC and address disparities in institutional trust, to foster resilience among different sociocultural groups.

HOW DO USERS EXPERIENCE ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES THROUGH A CENTRALIZED DEMAND MANAGEMENT PLATFORM ? A MIXED-METHODS EVALUATION FROM USERS' PERSPECTIVES.

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Child and Adolescent Psychiatry (CAP) faces increasing demand and limited service capacity. In 2021, a centralized intake and demand-management platform (POP) was implemented in a large French metropolitan area to provide rapid responses, assess needs, and direct families to appropriate services. This study evaluated family satisfaction with the POP process and examined how users access health services through POP, including factors that may facilitate or hinder access. A convergent parallel mixed-methods design was used. A questionnaire, adapted from the Experience of Service Questionnaire (ESQ), was co-developed with stakeholders. A purposive sample of parents was then recruited for semi-structured interviews. Thematic analysis was conducted using the Levesque model as an analytical framework. Two hundred and ninety-two care requesters completed the questionnaire (251 mothers and 35 fathers), and 17 participated in the semi-structured interviews. Families reported feeling heard and supported, with careful assessment of their needs and reassurance about being guided toward a clearer and more appropriate care pathway. However, some reported difficulty understanding how the POP platform operates, describing limited perceived clarity and reliance on support from private practitioners such as general practitioners and pediatricians. While the centralized telephone-based approach was perceived as facilitating help-seeking, it also highlighted, for some families, the broader lack of available resources in the CAP system. These findings inform the conditions for scaling up such models to other contexts, and highlight the need for sustained attention to tools appropriateness, equity, and meaningful engagement throughout the care pathway.

INCREASING EMPOWERMENT THROUGH EXPLORING DISABILITY RIGHTS THEORY

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The study's aim is to explore the acceptability, relatability and relevance of three layers of social model of disability (SMD) theory with people with lived experience of severe and complex mental health issues. It addresses a gap in previous studies by introducing two further theoretical developments originating from the Disability Rights Movement. The 'classic' SMD is a macro layer theory which identifies and explores large scale structural disability discrimination, inequalities and exclusion (Finkelstein 1980, Oliver 1983). The later theoretical developments introduced the mezzo layer, the Social-Relational Model of Disability (SRMD – Thomas 2004) which focuses on family and community stigma and discrimination and the micro layer Psycho-Emotional Disablism (PED Reeve 2002) which focuses on the impact on self. This study is informed by Paulo Freire's theory of consciousness raising and, at the same time as introducing further theoretical developments, it also reconnects with the early social model thinkers who saw the theory as a loose liberational tool (Oliver 2013). Introducing three layers of social model thinking in a flexible way led increased acceptability, relatability and relevance of social model theory. Abstract body Method: Scoping review across Disability Rights/Survivor Movement, Disability/Mad Studies. Two one day workshops (n=7) and (n=8) followed by two 1-hour online workshops (n=7) and (n=7) to refine themes. Three interviews with academic/activists with lived experience and subject expertise. Reflexive Thematic Analysis (Braun & Clarke 2006,2021) of all workshops and interviews. Two previous studies (Beresford et al 2009 & 2016) gave the social model a mixed response from survivors/service users, the main obstacle was the biological meaning of impairment in the SMD. This was a point of non-identification and seen as a risk in relation to reinforcing medical-model psychiatry. In the workshops people did not become blocked by the language and the meaning of 'impairment' because the term was always prefaced by 'physical and sensory'. This allowed the focus to rest entirely on impact of multi-layered patterns of stigma, discrimination and exclusion on a deeply felt experiential level. People found it more immediate to identify mezzo and micro layers of stigma and discrimination which then led to more connection with, and understanding of, the macro layer. Emergent themes were, negotiating belonging with disability, normativity as oppression, dangerousness/risk as a justification for exclusion and mental health inequalities and epistemic injustice. Mental health was generally seen as different from disability but the social models were felt to be acceptable, relatable and relevant.

IT'S LIKE LIVING IN A FOG: EMOTIONAL ABUSE TACTICS AND RETALIATION AMONG WOMEN IPV SURVIVORS

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Emotional abuse in intimate partner violence (IPV) relationships represents a particularly insidious dimension that profoundly impacts mental health yet remains challenging to identify. Emotional abuse operates through subtle psychological manipulation that systematically erodes survivors' mental wellbeing, including depression, anxiety, PTSD, and diminished self-worth. However, less is understood about the systematic progression from initial psychological maltreatment tactics to vindictive retaliation when victims attempt to resist or leave. This study illuminates the systematic nature of psychological maltreatment and its escalation, with implications for survivor wellbeing and recovery. 62 women IPV survivors from Montreal, ranging in age from 23 to 68 years, participated in 28 in-depth interviews and three focus group sessions. Data were analyzed using qualitative descriptive methods with reflexive thematic analysis. Two clusters of findings emerged. Survivors described (1) emotional abuse tactics—including gaslighting, stonewalling, projection, smear campaigns, constant lying, "word salad" responses, silent treatment, verbal abuse, and deliberate sabotage—that systematically eroded their sense of reality and self-worth; (2) retaliatory behaviors when survivors resisted or left encompassing intensified smear campaigns, intimidation, weaponizing children, financial sabotage, social media taunting, hoovering attempts, career sabotage, and false accusations. Findings reveal how psychological maltreatment progresses from manipulation to vindictive retaliation when challenged. Results are discussed through Coercive Control Theory (Stark, 2007), which frames IPV as strategic behaviors designed to dominate and entrap victims through ongoing psychological manipulation. This framework illuminates how identified tactics function as interconnected strategies to maintain power and control, with implications for screening and intervention in mental health services.

MENTAL HEALTH IN WAR AND TRAUMA: THE CASE OF ISRAEL

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Citizens of Israel have faced a major violent trauma on October 7, 2023, when Hamas terrorists invaded the country from the occupied Gaza Strip, killed and injured thousands of people and kidnapped an additional 240 person. The attack was followed by a forceful response on the part of Israel, which evolved into a two-year ferocious attack on the Gaza Strip and its citizens. Roughly one out of five Israelis reported having experienced symptoms of depression, which had started after the break of the war but have not eased up ever since. Lack of solid support network is associated with an increase in the severity of the symptoms and lower likelihood of improvement. Suicide and attempted suicide rates have risen substantially, especially among soldiers and reserve soldiers, whose are in their 20s-40s. the proposed paper will look into the mental health of specific Israeli sectors, trying to gain an insight into the particular impact on each scrutinized sector.

MINDFULNESS IN VIRTUAL REALITY: FEASIBILITY AND PRELIMINARY OUTCOMES IN PATIENTS SUFFERING FROM SCHIZOPHRENIA

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Background Mindfulness Skills Training in Virtual Reality (MST-VR) is an innovative approach designed to reduce stress and improve psychosocial functioning in patients suffering from schizophrenia. The protocol includes eight VR-based mindfulness sessions, four of which integrate psychoeducation. Earlier pilot studies and clinical experience indicate that the procedure is feasible, safe, and well-tolerated, with participants reporting high motivation and positive impressions. Methods Patients suffering from chronic schizophrenia were randomly assigned to MST-VR or treatment as usual. Stress Index was assessed with the Faros 180 ECG device pre- and post-intervention. Planned sample size is 40 participants per group. Secondary outcomes include symptom severity and subjective well-being. Preliminary Results In the MST-VR group (n=24), Stress Index increased from 21.02 to 24.20 (Δ=+3.18, SD=14.09), whereas in the control group (n=22) it remained stable (20.28→19.93; Δ=−0.36, SD=6.92). These changes were not statistically significant. Considerable individual variability (ICC≈0.60) suggests that between-person differences strongly shape stress levels and should be accounted for in future analyses and power calculations. Importantly, both groups demonstrated pre–post improvements in negative symptoms (BNSS) and functional impairment (FAST). Participants in the MST-VR arm continued to provide positive feedback and described the procedure as acceptable and motivating. Conclusions Preliminary data indicate that MST-VR does not reduce stress but is feasible, safe, and positively evaluated. Given the small sample and exploratory nature of these analyses, estimates should be interpreted with caution. Full-sample analyses are needed to clarify its clinical utility and understand discrepancies between objective stress markers and favorable subjective impressions. Keywords: Virtual Reality, Mindfulness, Schizophrenia

PILOT PROGRAMME OF MENTAL HEALTH CENTRES IN POLAND IN 2019 AND 2023. DIAGNOSIS AND CHALLENGES

Marcin Siwek , Department of Biological and Community Psychiatry, Jagiellonian University Medical College

Daria Biechowska , SWPS University, Faculty of Psychology Sopot, Poland;
Andrzej Cechnicki , Department of Biological and Community Psychiatry, Jagiellonian University Medical College,Department of Community Psychiatry (Association for the Community Psychiatry and Care)

This presentation offers a comparative analysis of the experiences of MentalHealthCentres (MHCs)operating within a pilot programme for the reform of adult psychiatric care in Poland.The programme, based on territorial responsibility and a per capita capitation funding model,is currently implemented in 117MHCs and covers half of the country's adult population.Five MHCs operating under diverse organisational,demographic, and institutional conditions were selected and evaluated between 2019 and 2023.The analysis considered both quantitative data—such as the number of services, hospitalisations, population structure, and staff employment—and qualitative indicators,including team competency development(training,supervision,specialisations),cross-sector cooperation with health care, social assistance, and educational institutions, local government, and non-governmental organisations,as well as activities in prevention and community integration.Key areas of success were identified, including increased availability of outpatient services, development of group and family therapy programmes,integration of therapeutic activities within teams,and greater public awareness of mental health.Particular attention was paid to barriers and challenges.Conclusions were formulated that could serve as a basis for further development and systemic consolidation of the community psychiatry model in Poland,including the creation of standardised tools for monitoring and evaluating the functioning of MHCs in various local contexts.The results align with the recommendations of theMentalHealthCongressWorkingGroup and the Agreement for implementing the NationalMentalHealthProgramme regarding systemic changes in adult psychiatric care.A request was made to the Ministry of Health to officially adopt these results and recommendations as a foundation for planning the continued development of MHCs and advancing the reform of community mental health care in Poland.psychiatric care reform,evaluation, MHC

PREVENTIVE PSYCHOSOCIAL INTERVENTIONS AGAINST DEPRESSIVE AND ANXIETY SYMPTOMS IN OLDER ADULTS.

Sandra Saldivia , Universidad de Concepcion - CIADES (ANID CIN250054)

Joseph Aslan , Universidad San Sebastián - CIADES (ANID CIN250054)
Anabel Castillo-Carreño , Universidad de Concepcion - CIADES (ANID CIN250054)
Eleni Petkari , Universidad de Malaga
Jakob Pietschnig , University of Vienna

Background. Common mental disorders (CMDs) such as depression and anxiety are highly prevalent among older adults. While psychosocial interventions are increasingly recognised for their preventive potential, a comprehensive synthesis of their effectiveness with non-clinical elderly populations is pending. This study aimed to evaluate the effectiveness of such interventions in reducing depressive and anxiety symptoms among older adults with subclinical symptom levels, and to examine potential moderators such as intervention type, length, delivery modality, and control group characteristics. Methods. A meta-analysis was conducted of 58 Randomized Controlled Trials (RCTs) testing psychosocial interventions aimed at preventing depression and/or anxiety, using validated measures and targeting adults aged 60 or older. Effects of moderator variables were assessed through mixed-effects meta-regressions and effect generality was examined using multiverse analyses. Findings. Psychosocial interventions showed a moderate post-intervention effect in reducing depressive symptoms (d = -0.474) that remained non-trivial and modest at follow-up (d= -0.386). For anxiety, a small-to-moderate effect was observed post-intervention (d = -0.333), with a small, albeit nominally non-significant, effect at follow-up (d = -0.205). No significant differences were found between intervention types or control conditions. Younger participants experienced greater reductions in depressive symptoms from pre-to-post-intervention and at follow-up, and in anxiety symptoms from pre-to-postintervention only. Multiverse analyses showed that intervention effects generalized across numerous variables, thus indicating a remarkable robustness of the findings. Interpretation. Our findings demonstrate that it is important to implement psychosocial interventions in community settings, regardless of the type of the intervention, to protect the elderly against CMDs.

PROVINCIAL & REGIONAL SURVEILLANCE OF NEEDS AND MORTALITY OUTCOMES: A SYSTEM DASHBOARD IN QUEBEC

Alain Lesage , Centre de recherche de l'Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

bahram armoon , Centre de recherche de l'Institut universitaire en santé mentale de Montréal, CIUSSS EMTL
Hugo Tremblay , Institut universitaire en santé mentale de Montréal, CIUSSS EMTL
Lionel Cailhol , Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

This study examines the epidemiology and mortality of major mental disorders in Quebec using population-based administrative data. Building on Thornicroft’s call to monitor excess mortality in severe mental disorders and the US Surgeon General’s recognition of substance use disorders (SUD) as chronic diseases, the analysis applies the Thornicroft–Tansella matrix, which evaluates mental health systems across geographical (system, regional, clinical) and temporal (inputs, processes, outcomes) dimensions. Quebec’s publicly managed health system covers 95% of its 9 million residents. Data were drawn from the Quebec Integrated Chronic Disease Surveillance System (QICDSS), which links physician billing claims, hospitalizations, registration files, and mortality records and has been updated annually since 1996. In 2024, the CIUSSS de l’Est-de-Montréal requested prevalence and mortality estimates for six mental disorder categories, stratified by sex, age group, and region. An interactive dashboard was developed to support clinicians and decision-makers. In 2022–2023, prevalence and excess mortality ratios were: schizophrenia (0.95%; 2.5-fold), SUD (7.4%; 3.7-fold), personality disorders (3.5%; 1.8-fold), ADHD <24 years (14.6%; 1.7-fold), autism <24 years (2.3%; 2.2-fold), and anxiety-depressive disorders (39.6%; 1.2-fold). These findings reveal substantial population burden and persistent mortality disparities. Two planning implications emerge. First, schizophrenia prevalence is 25% higher in Montreal than in the rest of Quebec, indicating greater need for specialized, resource-intensive services. Second, despite rising opioid-related deaths, the mortality gap for SUD has improved over two decades, largely due to the high prevalence of alcohol use disorder and significant gains in its outcomes. These results underscore the importance of region-specific planning and continuous monitoring of mental health indicators.

Innovations in the evaluation of mental health services **Poster Screen #3**

RECOVERY ASSISTANTS ON THEIR TRAINING AND EMPLOYMENT – SURVEY

Dominik Lech , Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association

Katarzyna Głowacka-Cieślicka , Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association
Krystiana Roloff , Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care,
Anna Bielańska , Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care,
Andrzej Cechnicki , Jagiellonian University Collegium Medicum, Faculty of Medicine –Chair of Psychiatry and Psychotherapy, (Department for Biological and Community Psychiatry, Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care
Anna Liberadzka , Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association

Objective: The aim of the study was to evaluate the opinions of graduates of courses preparing them for work as recovery assistants on the training they had completed. In addition, information was collected on the possible need for further education of these graduates. Furthermore, data was obtained on graduates taking up employment as recovery assistants (RA). Methods: A survey method was used, employing a self-administered questionnaire. Forty-eight questionnaires were analysed. Results: Between 79.2% and 97.9% of respondents considered the content of the course to be useful, depending on the module. 97.9% of respondents see a need for further education. 63.8% of respondents took up employment as a recovery assistant after the course, with 40% working full-time. 83.9% of respondents find working with patients satisfying. 87.1% of respondents see great value in working with patients. 73.3% of respondents stated that working as a recovery assistant has improved their mental health. Recovery assistants notice several significant changes in their patients as a result of their work. The most important of these are greater motivation to undergo treatment (79%) and planning for the future and undertaking various activities (72%). Conclusions: The results indicate the validity of courses and training for recovery assistants, both at the basic and advanced levels. The introduction of assistants into therapeutic teams has a positive impact both on themselves and on the people with whom they work in carrying out their tasks. Further research is needed on the scope of work of RA and their role in therapeutic teams.

Keywords: recovery assistants, training, course evaluation

TASK SHARING FOR MENTAL HEALTH IN HUMANITARIAN & LOW-RESOURCE SETTINGS: MSF'S EXPERIENCE

Marcos Matías Moyano , Medecins Sans Frontières - Doctors without Borders

Cristina Carreño Glaría , Medecins Sans Frontières - Doctors without Borders

Introduction Humanitarian crises profoundly impact the mental health and psychological well-being of affected populations. Mental Health and Psychosocial Support (MHPSS) is therefore a core component of humanitarian response. Access to specialized mental health professionals, however, is extremely limited in most humanitarian settings, resulting in a large treatment gap. Task sharing has emerged as a pragmatic approach to expanding mental health care. This paper outlines MSF's operational experience using task sharing to scale up MHPSS in humanitarian contexts. Methods Médecins Sans Frontières (MSF) has implemented MHPSS programs in over 75 countries for 30+ years, integrating services into primary health care, hospitals, and community programs. In 2024, MSF conducted 506,300 mental health consultations, about half counseling interventions and one-eighth psychiatric care via the mhGAP approach. Due to the shortage of specialists, MSF uses a task-sharing model where non-specialist healthcare workers are trained and supervised to deliver mental health interventions. Lay providers deliver structured psychological interventions, and general physicians assess, diagnose, and manage mental disorders. The model relies on simplified clinical tools and protocols, including WHO guidelines (PM+ and mhGAP Intervention Guide 2.0) and MSF-specific tools (Single Session Counseling Guidance and Protocol, pharmacological protocols). Ongoing training and structured supervision are core components. Results Task sharing has substantially increased access to mental health care while maintaining quality. Key enablers include standardized tools, continuous capacity building, and regular specialist supervision. Challenges include ensuring quality and safety, staff turnover, provider burnout, and maintaining supervision capacity. Mitigation measures include simplified pathways, standardized supervision tools, clear role delineation, and shifting specialists' roles toward trainers and mentors. Discussion–Conclusion Task sharing is critical to reducing the mental health treatment gap in humanitarian and low-resource settings. Its success depends on standardized tools, continuous training, and sustained specialist supervision. Investing in supervision capacity and adapting specialist roles are essential for quality and scalability. Keywords: task sharing, mental health, psychosocial support, humanitarian settings, MSF, single session counseling, mhGAP

THE ASSOCIATIONS OF RELIGIOSITY WITH INTERNALIZED STIGMA AND STIGMA RESISTANCE IN PSYCHOSIS

Adam Zabrzygraj , Department of Psychiatry, Masovian Regional Hospital Drewnica

Paweł Grygiel , Institute of Education, Jagiellonian University
Piotr Switaj , Maria Sklodowska-Curie Medical Academy in Warsaw

Introduction: There is growing evidence showing the importance of religiosity for mental health and coping with stress. However, research on the links of religiosity with stigma in people with psychosis is scarce. Methods: A total of 147 patients with psychotic disorders (F20-F29 according to the International Classification of Diseases, Tenth Revision) were recruited from the Institute of Psychiatry and Neurology in Warsaw. The respondents were assessed with questionnaires including the Centrality of Religiosity Scale (CRS-15), the Brief Religious Coping scale (Brief RCOPE) and the Internalized Stigma of Mental Illness scale (ISMI). Pearson's correlations and linear multiple regression were used for data analysis. Results: Various aspects of religiosity showed different patterns of correlations with stigma components. Centrality of religiosity was significantly and positively correlated ($r=0.21$, $p<0.05$) with stigma resistance, as measured by a subscale of the ISMI, but its correlation with internalized stigma turned out to be non-significant ($p>0.05$). In turn, negative religious coping methods measured with a subscale of the Brief RCOPE was found to be significantly and positively correlated with internalized stigma ($r=0.36$, $p<0.01$), but not with stigma resistance ($p>0.05$). Finally, a positive religious coping methods subscale of the Brief RCOPE did not correlate significantly with either internalized stigma or stigma resistance (both $p>0.05$). The significant bivariate associations between dimensions of religiosity and stigma remained significant after controlling for participants' socio-demographic and clinical characteristics in multiple regression models. Discussion – Conclusion: The relationships between religiosity and stigma among people with psychosis are obviously complex. Our findings provide preliminary evidence that greater centrality of religiosity may contribute to stronger stigma resistance, whereas negative religious coping may predispose to the internalization of stigma. In order to help patients cope effectively with stigma, therapeutic programs should address spiritual and religious aspects of the experience of psychotic illness. Keywords: religiosity, self-stigma, stigma resistance, psychosis

THERAPISTS' EXPERIENCES TREATING TRAUMA SURVIVORS WORKING IN A WAR ZONE, WHILE MANAGING PERSONAL TRA

Yael Latzer , University of Haifa

Liat Shklarski , Hunter College , school of Social Work

Objective: This study examines the experiences of mental health providers (MHPs) working in war zones, focusing on their perspectives on compassion fatigue (CF) while treating trauma survivors, bereaved families, and reserve soldiers. It explores the unique challenges these therapists face in managing personal and professional trauma. Method: A qualitative approach was utilized, with semi-structured interviews conducted with 20 MHPs in Israel, selected for their involvement in trauma care for individuals affected by ongoing conflict. Data were analyzed using thematic analysis to identify shared experiences and coping mechanisms. Results: Analysis revealed three main themes: blending personal and professional trauma, collapse of routines, and activation of historical trauma. Therapists expressed profound feelings of helplessness, particularly when working with bereaved families and those with loved ones in captivity. Some reported dissociation as a coping mechanism, yet many found deep satisfaction in their work as a meaningful responsibility and source of compassion satisfaction. Discussion: The findings highlight the need for mental health training that addresses the risks of compassion fatigue, focusing on self-awareness, resilience-building, and emotional regulation strategies. Specialized training in treating bereaved and kidnapped families is essential due to the unique emotional toll of these cases. Implementing a dedicated course on compassion fatigue in social work education is crucial for preparing students for fieldwork, including exposure to scenarios involving diverse populations and national crises.

TRAINING PROGRAMME FOR ADVANCE CARE PLANNING IN MENTAL HEALTH: A MULTI-STAKEHOLDER PILOT EVALUATION

Maite Barrios , University of Barcelona

Hernán Sampietro , University of Barcelona; Activament Catalunya Associació
Meritxell Centeno , Fundació Hospitalàries Sant Boi
Óscar Pino , Fundació Hospitalàries Sant Boi
Anaïs Tosas , Departament de Salut. Generalitat de Catalunya
Mar Samper , Departament de Salut. Generalitat de Catalunya
Georgina Guilera , University of Barcelona

Introduction: The ADVANCE programme was designed as a structured, human-rights-based intervention to support the implementation of Advance Care Planning in Mental Health (ACP-MH). This five-hour training integrates conceptual instruction, guided reflection, and a joint practical session with users, support networks, and professionals. This study reports findings from the pilot implementation and the evaluation completed by the three stakeholders. Methods: A total of 81 mental health professionals from five centres across Catalonia (Spain) participated in the training and completed the evaluation. Of these, 81.5% were women, representing a diverse range of professional backgrounds, predominantly psychologists (n = 31; 38.3%) and psychiatrists (n = 26; 32.1%). Most participants worked in outpatient and community-based mental health services (n = 55; 85.9%) and had, on average, 18.9 years of professional experience (SD = 11.1). An ad hoc questionnaire was administered before and after the conceptual session to assess changes in ACP-MH knowledge, and a second questionnaire evaluated satisfaction with the training's content, materials, methodology, and usefulness. Results: Pre–post comparisons showed a significant improvement in knowledge about ACP-MH ($t(80) = 10.7$, $p < .001$, $d = 1.19$). Professionals rated the conceptual content as clearly explained, relevant, and engaging, and considered the allocated time sufficient. Professionals characterised the training as useful and expressed strong general satisfaction. The findings from the users and their support networks showed similar results. Discussion: Results indicate that the ADVANCE training programme is feasible, well-received, and improves professional knowledge of ACP-MH. Feedback from users and support networks provides a comprehensive multi-stakeholder view of its acceptability, relevance, and potential impact. Future integrated analyses will guide programme refinement and inform broader implementation.

UNDERSTANDING GENDER DIFFERENCES IN TRAUMA RESPONSES

Yael Latzer , University of Haifa

Zohar Spivak-Lavi , Department of Social Work, Yezreel Valley College, Emek Yezreel,
Orna Tzischinsky , Yezreel Valley College, Emek Yezreel,

Objectives: Populations exposed to prolonged conflict and large-scale traumatic events often experience significant psychological and behavioral consequences. This study examines gender differences in trauma responses following exposure to severe stressors, focusing on adjustment and behavioral dysregulation. Method: Using network analysis, we explored the relationships between trauma exposure, emotional mental health outcomes (e.g., anxiety, depression, PTSD), behavioral disturbances (e.g., (e.g., sleeping, night eating syndrome, and emotional eating), and adjustment difficulties in a sample of 486 participants (47% male, 53% female, mean age = 39.99, SD = 10.55). Results: Our findings revealed significant gender differences: women exhibited higher levels of night eating, sleeping problems, stress, emotional eating, adjustment difficulties, and PTSD compared to men, who reported higher levels of direct exposure to traumatic events. Network analysis highlighted distinct gender-specific emotional and psychological networks: in women, PTSD and adjustment difficulties played a more central role, whereas in men, direct exposure was more influential. PTSD and anxiety symptoms were rigidly connected in women, suggesting a more systemic relationship between these symptoms. Conclusions: These results underscore the need for network-informed interventions that address the unique structural and behavioral consequences of trauma. By identifying key anchors and stressors within gender-specific networks, this study contributes to a deeper understanding of systemic dysregulation and informs targeted mental health interventions aimed at destabilizing the trauma network. Keywords: Trauma response, Gender differences, Emotional processing, PTSD, Network analysis, Behavioral Dysregulation

WAR INDUCED DISPLACEMENT AND ACUTE PSYCHIATRIC CRISIS IN A DEVELOPMENTALLY VULNERABLE ADOLESCENT

Lyubomir Manolov , Clinic of child psychiatry "St. Nicholas"

Introduction: The war in Ukraine led to the displacement of a large number of children - internally and externally. The Ukrainian refugee situation is distinctive due to women and children being the predominant demographic forced to migrate. The bioecological connection between migratory status and mental health has long been established, reflecting the interplay of individual developmental trajectories, cumulative psychosocial adversity and compromised protective factors. Methods: We present a case report of a 14-year-old boy, displaced to Bulgaria due to the war in Ukraine, who arrived in April 2024. We constructed a narrative ecological formulation based on information, provided by the mother, and including developmental history, schooling context and institutional contact. Results: The boy relocated with his mother and sister, while the father remained in Ukraine. Gradually the adolescent developed school-related distress with somatization and concentration concerns. Eventually progressive functional decline disrupted his school participation. In October 2025 he presented in acute crisis with near-refusal of food and fluids, self-injurious behaviour, negativism and thought blocking, after a high-risk incident (descending along a building's exterior façade). Later, long-standing social-communication difficulties, sensory sensitivities, limited peer relationships and prior compulsive-like and rigid behaviours were documented. The language barrier further challenged the psychiatric evaluation. The family had no contact with mental-health related preventive services upon arrival in Bulgaria despite the high-risk status of the boy. Discussion: This case illustrates how war-driven displacement and loss of protective factors, disrupted educational participation and lack of language-mediated care, may overwhelm an adolescent with individual developmental vulnerability and culminate in a life-threatening psychiatric condition. These findings support recommendations for preventive services for refugee children, detection of post-migration stressors and increasing institutional support.

Keywords (3–5): war-related displacement; refugee children; developmental vulnerability; school disruption; social psychiatry

YOUTH-LED PPIE IN EVALUATING CAMHS SERVICE CHANGE: A CASE STUDY FROM THE CAMHS GOES WILD PROJECT

Rebecca Hardwick , NIHR PenARC, University of Plymouth

James Welchman , Cornwall Partnership NHS Foundation Trust
Beth Chapman , Cornwall Partnership NHS Foundation Trust
Helene Bonnici , NIHR PenARC, University of Exeter
Jessica Hopkins , Cornwall Partnership NHS Foundation Trust
Siobhan Mitchell , National Institute for Health and Care Research (NIHR) Applied Research Collaboration South West Peninsula (PenARC), University of Exeter
Rachel Hayes , NIHR PenARC, University of Exeter

Evaluating mental health service innovations requires methods that capture what matters to service users. The CAMHS Goes Wild project, funded by NIHR PenARC, explored integrating nature-based interventions (NBIs) into specialist Child and Adolescent Mental Health Services (CAMHS) in an English region. Our aim was to assess the feasibility of involving young people in service evaluation. Central to this work was a Patient and Public Involvement and Engagement (PPIE) strategy designed not only to inform service development but to innovate evaluation by embedding youth perspectives in outcome selection and implementation planning. PPIE activities included public engagement at a community event and workshops with young people (n=5) and carers (n=5), including a co-production session focused on prioritising evaluation measures. Creative activities facilitated discussion of acceptability, perceived benefits, and barriers to NBIs. Participants reviewed proposed outcome measures, highlighting gaps and suggesting alternatives that better reflect lived experience. A short film co-produced with a young person and parent was presented to senior leaders, demonstrating the impact of experiential narratives in influencing decision-making. Our reflections underscore the importance of involving YP early and meaningfully in evaluation design. This approach enhanced the validity of proposed measures, ensured alignment with service user priorities, and strengthened engagement with stakeholders. Challenges included recruitment diversity and balancing clinical and research demands, addressed through flexible methods. By embedding co-production into evaluation planning, this project illustrates how PPIE can move beyond consultation to shape metrics and frameworks for assessing service innovation. These insights offer practical guidance for designing evaluations that are inclusive, context-sensitive, and responsive to the voices of those most affected by mental health service change.

CONFERENCE PROGRAMME

Enmesh 2026 - ENMESH Programme

18 June 2026 - 20 June 2026

Thursday

18 June

08:00-09:00 NETWORKING **Networking Area**

REGISTRATION

09:00-09:30 **Main Hall - Jupiter**

OPENING SESSION

H. E. Iliana Iotova | The President of Bulgaria, Bernd Puschner | ENMESH, Michail Okoliyski | National Centre of Public Health and Analyses, Invited guests

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09:30-10:30 KEYNOTE SESSION #1 **Main Hall - Jupiter**

MODERATOR: BERND PUSCHNER

09:30-10:00 **Main Hall - Jupiter**

RETHINKING MENTAL HEALTH CARE IN TIMES OF CHANGE

Prof. Sir. Graham Thornicroft

10:00-10:30 **Main Hall - Jupiter**

RESPONSIBLE TECHNOLOGIES FOR DEATH AND DYING

Elvira Perez Vallejos

10:30-11:00 NETWORKING **Networking Area**

REFRESHMENT BREAK

11:00-12:00 ORAL PRESENTATIONS **Main Hall - Jupiter**

DIGITALIZATION AND AI IN MENTAL HEALTH SERVICES AND RESEARCH

Moderator: Sara Evans-Lacko

IMPROVING ENGAGEMENT WITH MENTAL HEALTH INTERVENTIONS AMONG LOW-INCOME UNIVERSITY STUDENTS

Sara Evans-Lacko | London School of Economics and Political Science, Care Policy and Evaluation Centre

Ricardo Araya | King's College London

Mauricio Avendano | University of Lausanne

Ioannis Bakolis | King's College London

Jason Bantjes | South African Medical Research Council

Samantha Cross | King's College London

Carolina Dreher | Universidade Federal do Rio Grande do Sul

Mauricio Hoffmann | Universidade Federal de Santa Maria

Bianca Kann | Universidade Presbiteriana Mackenzie

Clemence Kieny | University of Lausanne

Lingzi Luo | New York University

Gisele Manfro | Universidade Federal do Rio Grande do Sul

Dayane Martins | Universidade Federal do Rio Grande do Sul

David McDaid | London School of Economics and Political Science, Care Policy and Evaluation Centre

Vanessa Ota | Universidade Federal de São Paulo

Cristiane Paula | Universidade Presbiteriana Mackenzie

Madeleine Stevens | London School of Economics and Political Science, Care Policy and Evaluation Centre

Diana Wei | University of Hong Kong

Anita Xavier | Universidade Federal do Rio Grande do Sul

Lawrence Yang | Duke University

Angela Yojo | Escola Superior de Propaganda e Marketing

Carola Ziebold | Universidade Federal de São Paulo

AI-DRIVEN PSYCHOLOGICAL FIRST AID FOR FIRST RESPONDERS: A CASE-SPECIFIC DECISION-SUPPORT TOOL

Talia Meital Schwartz Tayri | Ben Gurion University

Dan Vilenchik | Ben Gurion University

FROM CRISIS TO CONTINUITY: CHANGING VIEWS ON TELEPSYCHIATRY IN MENTAL HEALTH CARE

Jessica Apeldoorn | GGZ Noord-Holland-Noord

Eva Velthorst | GGZ Noord-Holland-Noord

Selene Veerman | GGZ Noord-Holland-Noord

Fabiana Engelsbel | GGZ Noord-Holland-Noord

Heleen Riper | Vrije Universiteit Amsterdam

Annet Nugter | GGZ Noord-Holland-Noord

SOCIAL MEDIA AND PSYCHOSIS: A MULTIDISCIPLINARY INTEGRATIVE REVIEW

Manon Werst | GGZ Drenthe/University of Groningen

Esther Sportel | GGZ Drenthe

Lisette van der Meer | University of Groningen

Frank Harbers | University of Groningen

Marieke Pijnenborg | GGZ Drenthe / University of Groningen

11:00-12:15 ORAL PRESENTATIONS **Saturn Hall #1**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Stéphane Bahrami

CONVERGING AND DIVERGING PERSPECTIVES: A MULTI-STAKEHOLDER EXPLORATION OF ANTIPSYCHOTIC MEDICATION

Ilanit Hasson-Ohayon | Department of Psychology, Bar-Ilan University

Alma Peleg | Department of Psychology, Bar-Ilan University

Galia Vigodny | Department of Psychology, Bar-Ilan University

Bar Hass | Department of Psychology, Bar-Ilan University

David Roe | Department of community mental health, University of Haifa

THE DEVELOPMENT OF STANDARDS FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN IRELAND

Gavin Davidson | Queen's University Belfast

Claire McCartan | Queen's University Belfast and Regional Trauma Network

IMPLEMENTATION OF A COLLABORATIVE CARE MODEL FOR COMMON MENTAL DISORDERS IN PRIMARY CARE IN FRANCE

Dr Coralie Gandré | Institut de recherche et documentation en économie de la santé (IRDES)

Esther Touitou-Burckard | Institut de recherche et documentation en économie de la santé (IRDES)

Emma Ros | Quartet Santé

Pascal Clerc | UFR S Veil Santé, Université de Versailles St Quentin

Christine Passerieux | INSERM U1018, UFR S Veil Santé, Université de Versailles St Quentin, Centre Hospitalier de Versailles, Quartet Santé

Julien Mousquès | Institut de recherche et documentation en économie de la santé (IRDES), EHESP CNRS Inserm ARENES UMR 6051 RSMS U 1309 Université de Rennes

Prof. Nadia YOUNES | INSERM U1018, UFR S Veil Santé, Université de Versailles St Quentin, Centre Hospitalier de Versailles

IMPROVING SOCIAL CARE FOR CHILDREN WITH MENTAL HEALTH DISABILITIES IN FRANCE: THE SERAFIN-PH REFORM

Bahrami Stéphane | UVSQ

RETHINKING MH SERVICES - CREATING A FLOW OF CROSSECTIONAL CARE DELIVERY - A MODEL FROM GERMANY

Andres Fernandez | Pfalzklinikum AdöR

Galia Petrova-Popova | Pfalzklinikum AdöR

Marcel Huenninghaus | Pfalzklinikum AdöR

11:00-12:00 ORAL PRESENTATIONS **Saturn Hall #2**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Prof. Hristo Hinkov

FROM INEQUITY TO EQUITY: A SYSTEMATIC REVIEW OF PSYCHIATRIC REHABILITATION UTILIZATION AND RETENTION

Ita Kofman | PhD Candidate, School of Social Work, Bar-Ilan University

Rena Bina | PhD, Head of clinical rehabilitation track, School of Social Work, Bar-Ilan University

Haya Itzhaky | Prof., Head, School of Social Work, Multidisciplinary College (JMC), and Professor Emerita, Bar-Ilan University

CO-DEVELOPED TOOLS TO REDUCE STRUCTURAL STIGMA IN CANADIAN HEALTH-CARE SETTINGS

Lili-Anna Pereša | President and CEO, Mental Health Commission of Canada

Nitika Rewari | Director, Mental Health Commission of Canada

Laura Mullaly | Mental Health Commission of Canada

INNOVATING WITH LIVED EXPERTISE TO ACHIEVE EQUITABLE PROGRESS: A ROAD TO QUALITY MENTAL HEALTH CARE

Laura Mullaly | Manager, Mental Health Advancement, Mental Health Commission of Canada

Nitika Rewari | Mental Health Commission of Canada

NEGOTIATING RIGHTS: SHARED DECISION MAKING, POWER, AND INEQUALITY IN ANTIPSYCHOTIC MEDICATION

Ruby Jarvis | University College London

Joanna Moncreiff | University College London

Nicola Morant | University College London

11:00-12:00 ORAL PRESENTATIONS **Neptune Hall #1**

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Moderator: David McDaid

ASSESSING THE COST-EFFECTIVENESS OF BRIEF PSYCHOLOGICAL INTERVENTIONS FOR CONFLICT-AFFECTED REFUGEES

David McDaid | Care Policy and Evaluation Centre, London School of Economics and Political Science

A-La Park | Care Policy and Evaluation Centre, London School of Economics and Political Science

Ceren Acarturk | Department of Psychology, Koc University

Anne de Graaff | Department of Clinical, Neuro- and Developmental Psychology, WHO Collaborating Center for Research and Dissemination of Psychological Interventions, Amsterdam Public Health Research Institute, Vrije Universiteit Amsterdam

Naser Morina | Department of Consultation-Liaison Psychiatry and Psychosomatic Medicine, University Hospital Zurich, University of Zurich,

Richard Bryant | School of Psychology, University of New South Wales

Aemal Akhtar | Department of Clinical Neuroscience, Division of Insurance Medicine, Karolinska Institutet

Sebastian Burchert | Department of Education and Psychology, Division of Clinical Psychological Intervention, Freie Universität Berlin

Marit Sijbrandij | Department of Clinical, Neuro and Developmental Psychology, WHO Collaborating Center for Research and Dissemination of Psychological Interventions, Amsterdam Public Health Research Institute, Vrije Universiteit Amsterdam

THE CHALLENGES OF PSYCHIATRIC REHABILITATION SERVICES DURING WAR

Ron Shor | School of Social Work and Social Welfare, The Hebrew University of Jerusalem

RESILIENCE AND RECOVERY DURING WAR: INTEGRATED AMITIM RESILIENCE-FOCUSED GROUPS

Tal Bar | Amitim IACC

Yael Dor | Amitim IACC

Yael Mazor | Amitim IACC

SAFE ENCOUNTER: A PEER-LED MODEL FOR MENTAL HEALTH CRISIS RESPONSE

Yifat Oz Sinai | Peers for Rights, Israeli Association of Community Centers (IACC)

Asaf Kuzi | Peers for Rights, Israeli Association of Community Centers (IACC)

Amira Kasem | Peers for Rights, Israeli Association of Community Centers (IACC)

Noga Steinman | Peers for Rights, Israeli Association of Community Centers (IACC)

11:00-12:00 SYMPOSIUM **Neptune Hall #2**

RESULTS FROM THE RECOLLECT PROGRAMME: RECOVERY COLLEGES CHARACTERISATION AND TESTING

Moderator: Claire Henderson

RECOVERY COLLEGE STUDENT OUTCOMES AND COST-EFFECTIVENESS: PROSPECTIVE COHORT MULTI-SITE STUDIES

Agnieszka Kapka | King's College London

Amy Ronaldson | King's College London

Merly McPhilbin | University of Nottingham

Simran Takhi | University of Nottingham

Mariam Namasaba | King's College London

Claire Henderson | King's College London

Mike Slade | University of Nottingham

THE IMPACT OF RECOVERY COLLEGE ENROLMENT ON HEALTH SERVICE USE AND PATIENT OUTCOMES

Amy Ronaldson | King's College London

Thomas Allen | University of Manchester

Rachel Elliot | University of Manchester

Claire Henderson | King's College London

Mike Slade | University of Nottingham

CONTEXTUAL AND ORGANISATIONAL FACTORS INFLUENCING FIDELITY AND STUDENT OUTCOMES IN RECOVERY COLLEGES

Simran Sahiba Kaur Takhi | University of Nottingham

Vanessa Kellermann | King's College London

THE RECOLLECT LIVED EXPERIENCE ADVISORY PANEL: INPUTS AND IMPACTS ON RESEARCH METHODS AND QUALITY

Sarah Trickett | RECOLLECT Lived Experience Advisory Panel (LEAP)

Stella Lawrence | RECOLLECT Lived Experience Advisory Panel (LEAP)

12:00-13:00 SYMPOSIUM **Main Hall - Jupiter**

LEVERAGING LARGE HEALTH DATABASES TO INFORM MENTAL HEALTH POLICIES AND PRACTICES

Moderator: Pablo Nicaise

ON WHICH PATIENTS IS PSYCHIATRIC SPENDING CONCENTRATED? EVIDENCE FROM FRENCH CLAIMS DATA

Viviane Kovess-Masfety | LPPS, Paris Cité University ; Cour des comptes

Laurent Rabaté | Cour des comptes

Daniel Caby | Cour des comptes

Pablo Nicaise | Institute of Health and Society (IRSS), Université Catholique de Louvain

QUEBEC REGIONAL DASHBOARD: PREVALENCE & MORTALITY BY MENTAL DISORDER CATEGORIES

Alain Lesage | Département de psychiatrie et d’addictologie, Université de Montréal ; centre de recherche de l’Institut universitaire de santé mentale de Montréal

Hugo Tremblay | Institut universitaire de santé mentale de Montréal, CIUSSS EMTL

Bahram Armoon | Centre de recherche de l’Institut universitaire de santé mentale de Montréal

LEVERAGING A NATIONAL DIGITAL HEALTH DATA SYSTEM FOR RESEARCH ON MENTAL DISORDERS: THE FRENCH CASE

Coralie Gandré | Institute for research and information in health economics (Irdes)

Catherine Quantin | Centre de Recherche en Épidémiologie et Santé des Populations (CESP), INSERM; CHU Dijon Bourgogne, INSERM, Université de Bourgogne

the Mental Disorders Working Group of the ReDSiam network | French research organizations or public institutions

CLINICAL AND SERVICE USE PATTERNS IN OPIOID/DRUG POISONING VS SUICIDE DEATHS: QUEBEC STUDY

Alain Lesage | Centre de recherche de l'Institut universitaire en santé mentale de Montréal. Centre intégré universitaire de santé et services sociaux de l'est de Montréal.

Pablo Martinez | Faculté de médecine et des sciences de la santé, Université de Sherbrooke – Campus Longueuil

Christophe Huỳnh | Institut national de santé publique du Québec

Elhadji Anassour Laouan Sidi | Institut national de santé publique du Québec (INSPQ)

Louis Rochette | Institut national de santé publique du Québec

Pascale Lévesque | Institut national de santé publique du Québec

Michèle Shemilt | Institut national de santé publique du Québec

Paul-André Perron | Bureau du coroner en chef du Québec

Helen-Maria Vasiliadis | Faculté de médecine et des sciences de la santé, Université de Sherbrooke – Campus Longueuil

Marie-Josée Fleury | Institut universitaire sur les dépendances, Centre intégré universitaire de santé et des services sociaux du Centre-Sud-de-l'Île-de-Montréal

Didier Jutras-Aswad | Département de psychiatrie et d'addictologie, Faculté de médecine, Université de Montréal

Anaïs Lacasse | Unité d'enseignement et de recherche en sciences de la santé, Université du Québec en Abitibi-Témiscamingue

José Ignacio Nazif-Munoz | Faculté de médecine et des sciences de la santé, Université de Sherbrooke – Campus

Victoria Massamba | Institut national de santé publique du Québec

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12:00-13:00 SYMPOSIUM **Saturn Hall #2**

UPSIDES – USING PEER SUPPORT IN DEVELOPING EMPOWERING MENTAL HEALTH SERVICES

Moderator: Bernd Puschner

DEVELOPING A PEER SUPPORT TRAINING PROGRAMME FOR PEOPLE WITH MENTAL ILL-HEALTH IN DIVERSE SETTINGS

Candelaria Mahlke | University Medical Center Hamburg-Eppendorf

Rebecca Nixdorf | University Medical Center Hamburg-Eppendorf

Mike Slade | University of Nottingham

Jasmine Kalha | Centre for Mental Health Law and Policy, Indian Law Society

Juliet Nakku | Butabika National Referral Hospital

Bernd Puschner | Ulm University

Donat Shamba | Ifakara Health Institute

MULTICULTURAL IMPLEMENTATION EXPERIENCES OF UPSIDES PEER SUPPORT WORKERS: QUALITATIVE FINDINGS

Galia Moran | Ben Gurion University of the Negev

Yael Goldfarb | Ben Gurion University of the Negev

Inbar Adler Ben-Dor | Ben Gurion University of the Negev

Shimri Hadas-Grundman | Ben Gurion University of the Negev

Jasmine Kalha | Centre for Mental Health Law and Policy, Indian Law Society

David Baillie | East London NHS Foundation Trust

Eric Kwebiiha | Butabika National Referral Hospital

PEER SUPPORT EFFECTIVENESS IN DIVERSE INCOME SETTINGS: UPSIDES RANDOMISED CONTROLLED TRIAL

Mike Slade | University of Nottingham

Jasmine Kalha | Centre for Mental Health Law and Policy

Candelaria Mahlke | University Medical Center Hamburg-Eppendorf

Galia Moran | Ben Gurion University of the Negev

Juliet Nakku | Butabika National Referral Hospital

Bernd Puschner | Ulm University

Donat Shamba | Ifakara Health Institute

EFFECT OF PROVIDING OF PEER SUPPORT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS ON PEER SUPPORT WORKERS

Bernd Puschner | Ulm University

Yael Goldfarb | Ben Gurion University of the Negev

Jasmine Kalha | Centre for Mental Health Law and Policy

Candelaria Mahlke | University Medical Center Hamburg-Eppendorf

Juliet Nakku | Butabika National Referral Hospital

Donat Shamba | Ifakara Health Institute

Galia Moran | Ben Gurion University of the Negev

12:00-13:15 ORAL PRESENTATIONS **Neptune Hall #1**

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Moderator: Dimitar Germanov

ANCHORS FOR RESILIENCE: AN ECOLOGICAL RESILIENCE-INFORMED SCHOOL INTERVENTION IN TIMES OF WAR

Orit Nuttman-Shwartz | Anchors for Resilience A Weizmann Institute of Science initiative, Israel

Alon Chen | President, Weizmann Institute of Science; and Chair of the Board, Anchors for Resilience A Weizmann Institute of Science initiative, Israel

Shira Garber | Anchors for Resilience A Weizmann Institute of Science initiative, Israel

COMMUNITY RESILIENCE AND A PSYCHOLOGICAL FIRST AID INITIATIVE IN A WAR-EXPOSED STUDENT POPULATION

Tal Haim Serlin | Ben Gurion University Of The Negev

Rotem Goodman | Ben Gurion University

Talia Meital Schwartz Tayri | Ben Gurion University

EIGHTHS (INFINITY WALK) SOMATIC GROUP INTERVENTION FOR SURVIVORS OF WAR-RELATED TRAUMA

Tuly Flint | Ben Gurion University

Michaela (Mickey) Schwartz | Ben Gurion University

Talia Meital Schwartz Tayri | Ben Gurion University

WALKING THE INFINITY LOOP: A TREATMENT EFFECT STUDY OF AN INTEGRATIVE GROUP INTERVENTION FOR THERAPY

Michaela (Mickey) Schwartz | Ben Gurion University

Tuly Flint | Ben Gurion University

Talia Meital Schwartz Tayri | Ben Gurion University

WORK RELATED PTSD SYMPTOMS AMONG THERAPISTS AND MEDIA-WORKERS FOLLOWING 7 OCTOBER 2023 TERROR ATTACK

Ilanit Hasson-Ohayon | Department of Psychology, Bar-Ilan University

Noa Perets | Department of Psychology, Bar-Ilan University

Elya Galina | Department of Psychology, Bar-Ilan University

Danny Horesh | Department of Psychology, Bar-Ilan University

12:00-13:00 SYMPOSIUM **Neptune Hall #2**

IMPROVING MIGRANT AND REFUGEE MENTAL HEALTH: PRACTICAL APPROACHES TO SUPPORT EUROPEANS AFFECTED BY DISPLACEMENT

Moderator: Sabrina Hermosilla

EVALUATION OF SPORT COACH+ TRAINING IN BULGARIA

Michail Okoliyski | Associated Professor, National Centre of Public Health and Analyses

Vladimir Nakov | Associated Professor, National Centre of Public Health and Analyses

Sabrina Hermosilla | Assistant Professor of Population and Family Health; Columbia University Mailman School of Public Health

ASSESSMENT AND COMPREHENSIVE MAPPING OF MULTI-SECTORAL MHPSS PROGRAMS FOR REFUGEES IN BULGARIA

Michail Okoliyski | Associated Professor, National Centre of Public Health and Analyses

Vladimir Nakov | Associated Professor, National Centre of Public Health and Analyses

Zahari Zarkov | MD, PhD, National Centre of Public Health and Analyses

Rumyana Dinolova | Chief Assistant, National Centre of Public Health and Analyses

Dafinka Stoilova | Chief expert, National Centre of Public Health and Analyses

Hristo Hinkov | Professor, National Centre of Public Health and Analyses

IMPLEMENTATION OF THE SPORT COACH+ PROGRAM ACROSS TEN COUNTRIES RESPONDING TO THE UKRAINE CRISIS

Tanvi Jain | Columbia University Mailman School of Public Health

Sabrina Hermosilla | Assistant Professor of Population and Family Health; Columbia University Mailman School of Public Health

Kathleen Latimer | Olympic Refuge Foundation

Anna Tarsetti | MHPSS International Movement Hub

WHAT DO YOUNG PEOPLE THINK ABOUT THEIR WELL-BEING IN SPORT SETTINGS

Jana Chihai | Associate Professor in Psychiatry Department of State Medical and Pharmaceutical University Nicolae Testemitanu

Andrei Esanu | State Medical and Pharmaceutical University Nicolae Testemitanu

Dorin Jelaga | State Medical and Pharmaceutical University Nicolae Testemitanu

Radislav Cosulean | State Medical and Pharmaceutical University Nicolae Testemitanu

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12:15-13:00 SYMPOSIUM **Saturn Hall #1**

EQUALITY AND PARTICIPATION IN MENTAL HEALTH: EUROPEAN FRAMEWORKS FOR PEER SUPPORT AND CITIZENSHIP

Moderator: Ramona Hiltensperger

EUROPEAN ADAPTATION OF THE SAMHSA PEER SUPPORT WORKER COMPETENCE FRAMEWORK

Henning Pettersen | Faculty of Health and Social Sciences, Inland Norway University

CITIZENSHIP AS MENTAL HEALTH. A VALUES-BASED FRAMEWORK FOR PEER SUPPORT PRACTICE

Diana Gonzales-Mañas | 1. Section of Personality, Evaluation and Psychological Treatment; Departament of Clinical Psychology and Psychobiology; Institute of Neurosciences; University of Barcelona; 2. First-Person Research Group, Veus, Catalan Federation of 1st Person Mental Health Organisations

Francisco José Eiroa-Orosa | 1. Section of Personality, Evaluation and Psychological Treatment; Departament of Clinical Psychology and Psychobiology; Institute of Neurosciences; University of Barcelona; 2. First-Person Research Group, Veus, Catalan Federation of 1st Person Mental Health Organisations

CONSENSUS-BASED CORE TRAINING ELEMENTS FOR PEER SUPPORT WORKERS IN EUROPE

RAMONA HILTENSPERGER | Institute for Epidemiology and Medical Biometry, Ulm University

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13:00-14:00 NETWORKING **Networking Area**

LUNCH BREAK

14:00-15:00 KEYNOTE SESSION #2 **Main Hall - Jupiter**

MODERATOR: STYNKE CASTELEIN

14:00-14:30 **Main Hall - Jupiter**

ARTIFICIAL INTELLIGENCE AND MENTAL HEALTH DATA IN EUROPEAN HEALTH SYSTEMS AND RESEARCH: WHERE DO WE STAND FINDINGS FROM THE WHO EUROPEAN REGION

Keyrellous Adib

14:30-15:00 **Main Hall - Jupiter**

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Neil Greenberg

15:00-15:15 NETWORKING **Networking Area**

REFRESHMENT BREAK

15:15-16:15 ORAL PRESENTATIONS **Main Hall - Jupiter**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Vivianne Kovess-Masfety

HEALTH SERVICE CHANGE THROUGH POSITIVE SERVICE USER FEEDBACK

Stefan Rennick-Egglestone | School of Health Sciences, Institute of Mental Health, University of Nottingham

Mark Pearson | School of Health Sciences, Institute of Mental Health, University of Nottingham

Rebecca Lloyd | School of Health Sciences, Institute of Mental Health, University of Nottingham

ADVANCING CROSS-CULTURAL APPLICABILITY OF RECOVERY COLLEGE MECHANISMS AND TOOLS

Yasu Kotera | University of Nottingham

Sara Vilar Lluch | Cardiff University

Claire Henderson | King's College London

Mike Slade | University of Nottingham

FLYING THE PLANE WHILST BUILDING IT: EXPLORING EXPERIENCES OF RUNNING AN AUSTRALIAN RECOVERY COLLEGE

Dianna Smith | Centre for Mental Health Research, National Centre for Epidemiology and Population Health, The Australian National University

Alyssa Morse | Centre for Mental Health Research, National Centre for Epidemiology and Population Health, The Australian National University

Amelia Gulliver | Centre for Mental Health Research, National Centre for Epidemiology and Population Health, The Australian National University

Lisa Brophy | Social Work and Social Policy, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia

Michelle Banfield | Centre for Mental Health Research, National Centre for Epidemiology and Population Health, The Australian National University

REALIST RESEARCHERS IN RESIDENCE (RRR): CAPTURING CONTEXT AND CODESIGN WITH SERVICE LEADERS & STAFF

Charley HOBSON-MERRETT | PenARC MHRI, University of Plymouth

Iain Lang | PenARC MHRI, University of Exeter

Siobhan Mitchell | PenARC MHRI, University of Exeter

Charlotte Hewlett | PenARC MHRI, University of Exeter

Rebecca Hardwick | PenARC MHRI, University of Plymouth

15:15-16:15 SYMPOSIUM **Saturn Hall #1**

APPROACHES TO EARLY INTERVENTION IN CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH

Moderator: Brynmor Lloyd-Evans

CURRENT EVIDENCE ON EARLY INTERVENTION APPROACHES FOR YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS

Sonia Johnson | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Becky Appleton | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Phoebe Barnett | NIHR Policy Research Unit in Mental Health, University College London

Jasmine Lee | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Lucy Goldsmith | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Kylee Trevillion | NIHR Policy Research Unit in Mental Health, King's College London

Brynmor Lloyd-Evans | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

EDUCATIONAL AND SOCIAL FACTORS AND MENTAL HEALTH OUTCOMES: A NATIONAL COHORT STUDY

Lucy Goldsmith | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Phoebe Barnett | NIHR Policy Research Unit in Mental Health, University College London

Neil Davies | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Jessica Griffiths | NIHR Policy Research Unit in Mental Health, King's College London

Sonia Johnson | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

EVALUATION OF CHILDREN & YOUNG PEOPLE’S EARLY SUPPORT HUBS: QUANTITATIVE FINDINGS

Becky Appleton | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Lucy Goldsmith | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Jessica Griffiths | NIHR Policy Research Unit in Mental Health, King's College London

Rob Saunders | Research Department of Clinical, Educational and Health Psychology, University College London

Brynmor Lloyd-Evans | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Sonia Johnson | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

EVALUATION OF CHILDREN & YOUNG PEOPLE’S EARLY SUPPORT HUBS: QUALITATIVE FINDINGS

Kylee Trevillion | NIHR Policy Research Unit in Mental Health, King's College London

Jordan Thompson | NIHR Policy Research Unit in Mental Health, King's College London

Becky Appleton | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Hannah Lewis | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Jessica Griffiths | MIHR Policy Research Unit in Mental Health, King's College London

Brynmor Lloyd-Evans | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

Sonia Joohnson | NIHR Policy Research Unit in Mental Health, Division of Psychiatry, University College London

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15:15-16:15 SYMPOSIUM **Saturn Hall #2**

COERCION, CHOICE AND HUMAN RIGHTS IN EUROPEAN INPATIENT MENTAL HEALTH CARE

Moderator: Gian Maria Galeazzi

ADVANCE CHOICE DOCUMENT IMPLEMENTATION FOR PEOPLE WITH EXPERIENCE OF INVOLUNTARY HOSPITALISATION

Claire Henderson | King's College London Institute of Psychiatry, Psychology and Neuroscience

Jonathan Simpson | King's College London Institute of Psychiatry, Psychology and Neuroscience

Mariam Namasaba | King's College London Institute of Psychiatry, Psychology and Neuroscience

Riddhi Daryanani | King's College London Institute of Psychiatry, Psychology and Neuroscience

Shubulade Smith | King's College London Institute of Psychiatry, Psychology and Neuroscience

BIOPSYCHOSOCIAL DISADVANTAGE, COMPULSORY PSYCHIATRIC ADMISSIONS, AND THE REVOLVING DOOR PHENOMENON

Mattia Marchi | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Giulia Ferrazzi | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Giulia Pollice | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Roberto Salati | Department of Integrated Care for Addictions and Mental Health, Azienda USL-IRCCS di Reggio Emilia

Luca Pingani | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Silvia Ferrari | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Gian Maria Galeazzi | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

UPDATE OF THE GERMAN PRACTICE GUIDELINES ON THE PREVENTION OF COERCION AND AGGRESSIVE BEHAVIOUR

Sophie Hirsch | Centers for Psychiatry Suedwuerttemberg, Ulm University

THE QUALITYRIGHTS TOOLKIT ASSESSMENT OF THE TRIESTE OPEN-DOOR, NO-RESTRAINT ACUTE PSYCHIATRIC UNIT

Tommaso Bonavigo | Department of Integrated Care for Addictions and Mental Health, Azienda Sanitaria Universitaria Giuliano Isontina (ASUGI)

Alessandra Oretti | Department of Integrated Care for Addictions and Mental Health, Azienda Sanitaria Universitaria Giuliano Isontina (ASUGI)

Claudia Battiston | Department of Integrated Care for Addictions and Mental Health, Azienda Sanitaria Universitaria Giuliano Isontina (ASUGI)

Giovanni Tardivo | Department of Integrated Care for Addictions and Mental Health, Azienda Sanitaria Universitaria Giuliano Isontina (ASUGI)

15:15-16:15 ORAL PRESENTATIONS **Neptune Hall #1**

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Moderator: Arūnas Germanavičius

PATHWAYS TO PARTNERSHIP: COMMUNICATION AS A KEY PREDICTOR OF SHARED DECISION-MAKING

Ita Kofman | PhD Candidate, School of Social Work, Bar-Ilan University

Rena Bina | Head of clinical rehabilitation track, School of Social Work, Bar-Ilan University

DIGITAL COPING, ACTIVISM, AND MENTAL HEALTH ADAPTATION DURING ARMED CONFLICT

Daphna Yeshua-Katz | Spitzer School of Social Work, Ben-Gurion University of the Negev

Stav Shapira | School of Public Health, Ben-Gurion University of the Negev

BETWEEN CHILDHOOD MALTREATMENT AND SUBJECTIVE WELLBEING: SELF CONCEPT CLARITY AS A MEDIATOR

Anat Vass | Ben-Gurion University of the Negev

Dana Lassri | Hebrew University of Jerusalem

Iris Lavi | University of Bath

PEER SUPPORT WORK TO IMPROVE THE WELLBEING OF REFUGEES: RESULTS OF THE ROUTES TO WELLNESS PROJECT

Helen Lloyd | Plymouth University

Hoayda Darkal | University of Exeter

Kristin Liabo | University of Exeter

Wen-Yu Wu | University of Plymouth

Sana Murrani | University of Plymouth

Glenn Robert | Kings College London

15:15-16:15 SYMPOSIUM **Neptune Hall #2**

FOOD, EQUITY AND MENTAL HEALTH: REDUCING STIGMA AND IMPROVING CARE

Moderator: Annabel S. Mueller-Stierlin

TACKLING LIFESTYLE-RELATED INEQUITIES IN SEVERE MENTAL ILLNESS

Katarzyna Machaczek | College of Health, Wellbeing and Life Sciences at Sheffield Hallam University

Annabel Mueller-Stierlin | Institute for Epidemiology and Medical Biometry, Ulm University

Ramona Hiltensperger | Institute for Epidemiology and Medical Biometry, Ulm University

Scott B. Teasdale | Discipline of Psychiatry & Mental Health, School of Clinical Medicine, Faculty of Medicine and Health, UNSW Sydney

SCREENING FOR NUTRITION RISK IN MENTAL HEALTH SERVICES: THE NUTRIMENTAL APPROACH

Scott B. Teasdale | Discipline of Psychiatry & Mental Health, School of Clinical Medicine, Faculty of Medicine and Health, UNSW Sydney

Ramona Hiltensperger | Institute for Epidemiology and Medical Biometry, Ulm University

Annabel S. Mueller-Stierlin | Institute for Epidemiology and Medical Biometry, Ulm University

MINDFULNESS-BASED NUTRITIONAL THERAPY IN MENTAL HEALTH CARE

Cassandra Penkov | Klinikum Wahrendorff

Annabel S. Mueller-Stierlin | Institute for Epidemiology and Medical Biometry, Ulm University

Miriam Becksvoort | Klinikum Wahrendorff

REAL-WORLD SOLUTIONS FOR REAL-WORLD NEEDS: CO-DESIGNING NUTRITION INTERVENTIONS IN MENTAL HEALTH

Ramona Hiltensperger | Institute for Epidemiology and Medical Biometry, Ulm University

Annabel S. Mueller-Stierlin | Institute for Epidemiology and Medical Biometry, Ulm University

Raoul Borbé | Department of Psychiatry I, Ulm University

16:15-17:15 SYMPOSIUM **Main Hall - Jupiter**

THE “BLACK BOX” OF THE RECOVERY COLLEGE LEARNING MODEL: HOW DOES IT WORK?

Moderator: Catherine Briand

LET'S THINK TOGETHER ABOUT HOW THE LEARNING PROCESSES OF RECOVERY COLLEGE WORK

Catherine Briand | Université du Québec à Trois-Rivières [UQTR], Québec, Canada

Galaad Lefay | Université du Québec à Trois-Rivières [UQTR], Québec, Canada

NAVIGATING IN A VALUE-DRIVEN DUTCH RECOVERY COLLEGE: AN EXPERIENTIAL DESCRIPTION OF SPACE

Hans Kroon | Tranzo Scientific Center for Care and Wellbeing, School of Social and Behavioral Sciences, Tilburg University, Tilburg, the Netherlands

Christien Muusse | Department of Reintegration and Community Care, Trimbos Institute, Utrecht, the Netherlands

Dike van de Mheen | Tranzo Scientific Center for Care and Wellbeing, School of Social and Behavioral Sciences, Tilburg University, Tilburg, the Netherlands

Jenny Boumans | Department of Reintegration and Community Care, Trimbos Institute, Utrecht, the Netherlands

Marloes van Wezel | Tranzo Scientific Center for Care and Wellbeing, School of Social and Behavioral Sciences, Tilburg University, Tilburg, the Netherlands

THE RECOVERY COLLEGE IN SUPPORT OF SELF-DETERMINATION: LEARNERS’ EXPERIENCE

Anick Sauvageau | Département d'ergothérapie, Université du Québec à Trois-Rivières [UQTR], Québec, Canada

Catherine Briand | Département d'ergothérapie, Université du Québec à Trois-Rivières [UQTR], Québec, Canada

PHILOSOPHICAL ANALYSIS OF THE RECOVERY COLLEGE LEARNING MODEL: CONNECTIONS TO LEARNING THEORIES

Galaad Lefay | Département d'ergothérapie, Université du Québec à Trois-Rivières [UQTR], Québec, Canada

Catherine Briand | Département d'ergothérapie, Université du Québec à Trois-Rivières [UQTR], Québec, Canada

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16:15-17:15 ORAL PRESENTATIONS **Saturn Hall #1**

ADVANCING INCLUSIVE AND RECOVERY-ORIENTED MENTAL HEALTH CARE: INTERVENTIONS, IMPLEMENTATION, AND LIVED EXPERIENCE

Moderator: Mike Slade

RESULTS OF THE COMMUNITY NAVIGATOR TRIAL: A SOCIAL INTERVENTION FOR TREATMENT RESISTANT DEPRESSION

Brynmor Lloyd-Evans | Division of Psychiatry, University College London

Maev Conneely | Division of Psychiatry, University College London

Sonia Johnson | Division of Psychiatry, University College London

CO-PRODUCING MENTAL HEALTH SERVICES RESEARCH WITH SOCIALLY EXCLUDED PEOPLE: A REVIEW CASE STUDY

Shahla Bahmanyar | PenARC MHRI, University of Exeter

Lucy Cartwright | PenARC MHRI, University of Plymouth

Siobhan Mitchell | PenARC MHRI, University of Exeter

Iain Lang | PenARC MHRI, University of Exeter

Rebecca Hardwick | PenARC MHRI, University of Plymouth

Charlotte Hewlett | PenARC MHRI, University of Exeter

Charley Hobson-Merrett | PenARC MHRI, University of Plymouth

TWO LEVELS, TWO LOGICS? EXPLORING PREDICTORS OF RECOVERY-ORIENTED PRACTICES

Simon FELIX | University of Bordeaux

Adrien SEGUELA | University of Bordeaux

Meryl CAIADA | University of Bordeaux

Antoinette PROUTEAU | University of Bordeaux

Mental health effects and experiences of self-compassion interventions with people who are ethnically minoritised: a systematic review

Sofia Anna Altisent | University of Nottingham

Mike Slade | University of Nottingham

Yasuhiro Kotera | University of Nottingham

16:15-17:15 SYMPOSIUM **Saturn Hall #2**

MENTAL HEALTH CARE AND PUBLIC STIGMA: NEW EVIDENCE, CHALLENGES AND OPPORTUNITIES

Moderator: Claire Henderson

THE INDIGO PARTNERSHIP RESEARCH PROGRAMME: MULTI-LEVEL APPROACH TO REDUCING MENTAL HEALTH STIGMA

Petra Gronholm | Centre for Global Mental Health, Department of Population Health, London School of Hygiene and Tropical Medicine

Graham Thornicroft | King's College London Institute of Psychiatry, Psychology and Neuroscience

ANTI-STIGMA AND ADVOCACY TRAINING FOR PSYCHIATRY TRAINEES: RESULTS FROM A PILOT INTERVENTION IN R

Andreea Manescu | George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures

Claire Henderson | King's College London Institute of Psychiatry, Psychology and Neuroscience

CHANGES IN MENTAL ILLNESS STIGMA AND DISCRIMINATION AFTER THE TIME TO CHANGE PROGRAMME IN ENGLAND

Amy Ronaldson | King's College London Institute of Psychiatry, Psychology and Neuroscience

Claire Henderson | King's College London Institute of Psychiatry, Psychology and Neuroscience

RESPONDING TO EXPERIENCED AND ANTICIPATED DISCRIMINATION TRAINING FOR MENTAL HEALTH PROFESSIONALS

Claire Henderson | King's College London Institute of Psychiatry, Psychology and Neuroscience

Hend Jemli | Department Psychiatry A, Razi University Hospital

Graham Thornicroft | King's College London Institute of Psychiatry, Psychology and Neuroscience

Uta Ouali | Department Psychiatry A, Razi University Hospital

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16:15-17:15 SYMPOSIUM **Neptune Hall #1**

RECOVERY ORIENTED CARE IN INPATIENT MENTAL HEALTH REHABILITATION UNITS AND SHELTERED HOUSING

Moderator: Dr. Mariken de Koning

DELIVERY AND DELAY OF GUIDELINE INTERVENTIONS FOR ADULTS WITH COMPLEX PSYCHOSIS

Dr. Mariken de Koning | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

Hans de Haas | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

Frederike Schirmbeck | 1) Department of Public Mental Health, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University and 2) Amsterdam University Medical Center

Lieuwe de Haan | 1) Amsterdam University Medical Center and 2) Arkin Mental Health Care

Thijs Burger | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center (thijs.burger@mentrum.nl)

A SHARED STORY: A PILOT STUDY INTO THE FEASIBILITY AND EFFECTS OF A LIFE STORY INTERVENTION

Martijn Kikkert | Arkin Mental Health Care

Annigje van Dijk | 1) Arkin Mental Health Care and 2) Vrije Universiteit Amsterdam

Carola van Alphen | Anoiksis (association by and for people who are susceptible to psychosis)

Karin Groen | Ypsilon (association for relatives of people susceptible to psychosis)

Lieuwe de Haan | 1) Amsterdam University Medical Center and 2) Arkin Mental Health Care

Mariken de Koning | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

NATIONAL INVENTORY OF AVAILABLE CARE IN LONG-TERM INPATIENT MENTAL HEALTH SERVICES.

Remond Wulff | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

Hans de Haas | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

Lisette van der Meer | 1) Department of Clinical & Developmental Neuropsychology, University of Groningen and 2) Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren

Hans Kroon | 1) Trimbos Instituut and 2) Tilburg University

Lieuwe de Haan | 1) Amsterdam University Medical Center and 2) Arkin Mental Health Care

Mariken de Koning | 1) Arkin Mental Health Care and 2) Amsterdam University Medical Center

DEVELOPMENT AND OUTCOMES OF THE ACTIVE RECOVERY TRIAD (ART) MODEL IN LONG-TERM MENTAL HEALTH CARE

Lisette van der Meer | 1) Department of Clinical & Developmental Neuropsychology, University of Groningen and 2) Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren

Lieke Zomer | 1) Department of Ethics, Law and Humanities, Amsterdam University Medical Center and 2) Altrecht Mental Health Care, Zeist

Jaap van Weeghel | Tranzo Scientific Center for Care and Wellbeing, Tilburg University

Guy Widdershoven | Department of Ethics, Law and Humanities, Amsterdam University Medical Center

Jos Twisk | Department of Epidemiology and Data Science, Amsterdam University Medical Center

Yolande Voskes | 1) Department of Ethics, Law and Humanities, Amsterdam University Medical Center and 2) GGzE, Eindhoven

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16:15-17:15 SYMPOSIUM **Neptune Hall #2**

LIFESTYLE PSYCHIATRY RESEARCH: NEW DIRECTIONS THROUGH IMPLEMENTATION SCIENCE

Moderator: Astrid Röh

ADVANCING LIFESTYLE PSYCHIATRY: EVIDENCE AND GLOBAL IMPLEMENTATION STRATEGIES

Joseph Firth | University of Manchester

A SHARED FRAMEWORK FOR LIFESTYLE PSYCHIATRY TO ENABLE EFFECTIVE IMPLEMENTATION

Jeroen Deenik | Psychiatry I, Faculty of Health, Medicine and Life Sciences; Maastricht University

EMBEDDING LIFESTYLE INTERVENTIONS INTO MENTAL HEALTH SERVICES: EVIDENCE AND STRATEGIES

Scott B. Teasdale | Discipline of Psychiatry & Mental Health, School of Clinical Medicine, Faculty of Medicine and Health, UNSW Sydney

DEVELOPING A EUROPEAN IMPLEMENTATION AGENDA FOR LIFESTYLE PSYCHIATRY

Annabel S. Mueller-Stierlin | Institute for Epidemiology and Medical Biometry, Ulm University

Astrid Röh | Department of Psychiatry, Psychotherapy and Psychosomatics; University of Augsburg

17:15-18:30 NETWORKING **Networking Area**

WELCOME GET-TOGETHER

Friday

19 June

08:30-09:00 NETWORKING **Networking Area**

REGISTRATION

09:00-10:00 KEYNOTE SESSION #3 **Main Hall - Jupiter**

MODERATOR: DAVID ROE

09:00-09:30 **Main Hall - Jupiter**

WHAT WE COUNT, WHAT WE MISS: RETHINKING MENTAL HEALTH SERVICE EVALUATION

Sara Evans-Lacko

09:30-10:00 **Main Hall - Jupiter**

WORKING IN THE MARGINS: HOW RESEARCHERS WITH LIVED EXPERIENCE INFLUENCE RESEARCH, AND WHAT WE CAN DO TO SUPPORT THEM

Stefan Rennick-Egglestone

10:00-10:30 NETWORKING **Networking Area**

REFRESHMENT BREAK | SOCIAL IMPACT FAIR

10:30-11:30 SYMPOSIUM **Main Hall - Jupiter**

EVALUATING WHAT MATTERS: ASSESSING PERSONAL RECOVERY IN MENTAL HEALTH SERVICES AND RESEARCH

Moderator: Dinne Skjærlund Christensen

MEASURING PERSONAL RECOVERY IN MENTAL HEALTH SERVICES: PSYCHOMETRIC ADVANCES WITH BRIEF INSPIRE-O

Stine Bjerrum Moeller | Department of Psychology, University of Southern Denmark, Danish National Center of Psychotraumatology and Mental health services in the Region of Southern Denmark, Department of Multidiciplinary Traumatreatment

Pia Veldt Larsen | Mental health services in the Region of Southern Denmark

Stephen F. Austin | Psychiatric Research Unit, Region Zealand Mental Health Services and Department of Psychology, University of Southern Denmark

Mike Slade | School of Health Sciences, Institute of Mental Health, University of Nottingham and Health and Community Participation Division, Nord University, Norway

Ida-Marie T.P. Arendt | Department of Psychology, University of Southern Denmark, Danish National Center of Psychotraumatology and Mental health services in the Region of Southern Denmark, Department of Multidiciplinary Traumatreatment

Lotte Kring | Department of Psychology, University of Southern Denmark, Danish National Center of Psychotraumatology and Mental health services in the Region of Southern Denmark, Department of Multidiciplinary Traumatreatment

Sebastian Simonsen | Department of Psychology, University of Copenhagen and Psychotherapy Research Unit, Mental Health Centre Stolpegaard, Capital Region Psychiatry, Gentofte, Denmark

DEVELOPMENT OF A NARRATIVE IDENTITY INTERVENTION TO SUPPORT PERSONAL RECOVERY: THE RETELL PROJECT

Dinne S. Christensen | Department of Psychology and Behavioural Sciences, Aarhus University, Aarhus, Denmark

Rikke Amalie Agerled Jensen | Department of Regional Health Research, Research Unit Mental Health South West, University of Southern Denmark, Odense and Mental Healthcare Services, Center for Involvement of Relatives, Region of Southern Denmark, Vejle, Denmark

Tine Holm | Psychosis Research Unit, Aarhus University Hospital, Aarhus, Denmark

David Roe | Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel and Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers University, USA

Mike Slade | School of Health Sciences, Institute of Mental Health, University of Nottingham and Health and Community Participation Division, Nord University, Norway

Majse Lind | Department of Communication and Psychology, Aalborg University, Aalborg, Denmark

Anne Mai Pedersen | Department of Dermatology, Aarhus University Hospital, Aarhus, Denmark and National Center for Autoimmune Diseases, Aarhus University Hospital, Aarhus, Denmark

Lynn A. Watson | Center on Autobiographical Memory Research, Department of Psychology and Behavioural Sciences, Aarhus University, Aarhus, Denmark

Dorthe K. Thomsen | Department of Psychology and Behavioural Sciences, Aarhus University, Aarhus, Denmark

EXPLORING THE LANDSCAPE OF PSYCHLOPS: A SCOPING REVIEW OF AN IDIOGRAPHIC OUTCOME MEASURE

Lotte Kring | Mental Health Services, Region of Southern Denmark & University of Southern Denmark

Yasuhiro Kotera | School of Health Sciences, University of Nottingham

Dinne S. Christensen | Department of Psychology and Behavioural Sciences, Aarhus University

Stine Bjerrum Moeller | Mental Health Services, Region of Southern Denmark & University of Southern Denmark

MEASURING PERSONAL, FUNCTIONAL, AND CLINICAL RECOVERY: INSIGHTS FROM TWO CASES OF DEPRESSION

Juliet Panadevo | Mental Health Services, Region of Southern Denmark & University of Southern Denmark, Odense, Denmark

Lotte Kring | Mental Health Services, Region of Southern Denmark & University of Southern Denmark, Odense, Denmark

Vibe Kvist | Mental Health Services, Copenhagen, Capital Region of Denmark

Ditte Soee | Mental Health Services, Copenhagen Capital Region of Denmark

Stine Bjerrum Moeller | Mental Health Services, Region of Southern Denmark & University of Southern Denmark, Odense, Denmark

Ida-Marie T. P. Arendt | Mental Health Services, Region of Southern Denmark & University of Southern Denmark, Odense, Denmark (imarendt@health.sdu.dk)

10:30-11:15 SYMPOSIUM **Saturn Hall #1**

CREATING A HEALTHY AND EQUITABLE ENVIRONMENT FOR LIVED EXPERIENCE RESEARCHERS

Moderator: Stefan Rennick-Egglestone

HOW MUCH SELF IS ENOUGH? COMPASSION, COLLABORATION AND COURAGE IN THE LIVED EXPERIENCE WORKPLACE

Clare Walsby | The McPin Foundation

Davino Beckford | The McPin Foundation

LIVED EXPERIENCE RESEARCH IN PRECARIOUS TIMES

Stan Papoulias | Service User Research Enterprise, King’s College London

THE INSTITUTE OF MENTAL HEALTH PEER RESEARCH ACADEMY

Stefan Rennick-Egglestone | School of Health Sciences, University of Nottingham

Lisa Archibald | Intentional Peer Support

Lisa Androulidakis | Habitus Collective

Caroline Fox-Yeo | Department of Architecture and Built Environment, University of Nottingham

Joy Llewellyn-Beardsley | School of Health Sciences, University of Nottingham

Vanessa Pinfold | The McPin Foundation

Callum Ross | Habitus Collective

10:30-11:30 SYMPOSIUM **Neptune Hall #1**

ADDRESSING THE PHYSICAL HEALTH GAP FOR PEOPLE WITH SERIOUS MENTAL ILLNESSES: THE EU-MIND INITIATIVE

Moderator: Coralie Gandré

ALL-CAUSE AND CAUSE-SPECIFIC MORTALITY IN SEVERE MENTAL ILLNESSES IN EUROPE

Laurent Boyer | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

Tapio Gustafsson | Department of Forensic Psychiatry, University of Eastern Finland, Niuvanniemi Hospital

Vanessa Pauly | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

Mariusz Zieba | Institute of Social Studies, University of Lower Silesia

Esben Andersen Revsbech | Danish Center for Health Services Research, Department of Clinical Medicine, Aalborg University

Jan Brink Valentin | Danish Center for Health Services Research, Department of Clinical Medicine, Aalborg University

Heidi Taipale | Department of Forensic Psychiatry, University of Eastern Finland, Niuvanniemi Hospital; Department of Clinical Neuroscience, Karolinska Institutet

INTEGRATED CARE PROGRAMS FOR SEVERE MENTAL ILLNESSES AND COMORBIDITIES: AN UMBRELLA REVIEW

Ulker Isayeva | Section of Psychiatry, Department of Medical Science and Public Health, University of Cagliari

Esther Touitou-Burckard | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University; Institute for research and information in health economics

Alicja Bukowska | Institute of Social Studies, University of Lower Silesia

Ewelina Cichon | Institute of Social Studies, University of Lower Silesia

Tomasz Gondek | Institute of Social Studies, University of Lower Silesia

Agata Todzia-Kornas | Institute of Social Studies, University of Lowe Silesia

Masoud Rahmati | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

AN EXPERT CONSENSUS ON INTEGRATED CARE MODELS FOR PEOPLE WITH SEVERE MENTAL ILLNESSES IN EUROPE

Esther Touitou-Burckard | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University; Institute for research and information in health economics

Tomasz Gondek | Institute of Social Studies, University of Lower Silesia

Ulker Isayeva | Section of Psychiatry, Department of Medical Science and Public Health, University of Cagliari

René Ernst Nielsen | Aalborg University & Aalbord University Hospital

Heidi Taipale | Department of Forensic Psychiatry, University of Eastern Finland, Niuvanniemi Hospital; Department of Clinical Neuroscience, Karolinska Institutet; Centre for Psychiatry Research, Stockholm Health Care Services, Region Stockholm

Jari Tiihonen | Department of Forensic Psychiatry, University of Eastern Finland, Niuvanniemi Hospital; Department of Clinical Neuroscience, Karolinska Institutet; Centre for Psychiatry Research, Stockholm Health Care Services, Region Stockholm

Laurent Boyer | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

Coralie Gandré | Institute for research and information in health economics (Irdes)

PUBLIC KNOWLEDGE OF SEVERE MENTAL ILLNESS AND ATTITUDES TOWARD NEW INTEGRATED CARE MODELS

Owen Taylor | Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

Sandrine Loubière | 1Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

Laurent Boyer | 1Assistance Publique – Hôpitaux de Marseille; Research Centre on Health Services and Quality of Life (CEReSS), Aix Marseille University

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10:30-11:30 SYMPOSIUM **Neptune Hall #2**

BUILDING SUPPORT AND CARE FOR PEOPLE WITH COMPLEX EMOTIONAL NEEDS WHO ARE EXCLUDED FROM SERVICES

Moderator: Alex Stirzaker

USER EXPERIENCES OF TRANSFORMING SERVICES - MECHANISMS FOR ENHANCING ENGAGEMENT

Alex Stirzaker | University of Plymouth

Cathy McCabe | University of Plymouth

Richard Byng | University of Plymouth

Amy Saunders | University of Plymouth

CASE STUDY OF STRUCTURAL CHANGE TO ADRESS THE UNMET NEEDS OF INDIVIDUALS STUCK IN A SERVICE 'GAP'

Richard Byng | University of Plymouth

Alex Stirzaker | University of Plymouth

Amy Saunders | University of Plymouth

HOW CAN WE UNDERSTAND AND EMPOWER THE MUTUAL SUPPORT BETWEEN PEOPLE WITH SERIOUS MENTAL ILLNESS?

Rebecca Hardwick | University of Plymouth

Richard Byng | University of Plymouth

Charley Hobson-Merritt | University of Plymouth

TOWARDS A DATA DRIVEN APPROACH TO ADDRESSING NEEDS OF THOSE MISSING OUT ON OR HARMED BY CARE.

Charley Hobson-Merritt | University of Plymouth

Rebecca Hardwick | University of Plymouth

Richard Byng | University of Plymouth

11:30-12:30 SYMPOSIUM **Main Hall - Jupiter**

COGNITION & RECOVERY: INTEGRATING PRACTICE, EVIDENCE AND INNOVATION

Moderator: Lisette Van Der Meer

ARE WE ADDRESSING COGNITION IN SMI? A SURVEY AMONG DUTCH MENTAL HEALTH PROFESSIONALS

Tim van Brouwershaven | Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren Netherlands

Nynke Boonstra | 1. Department of Neuroscience, UMC Utrecht, Utrecht, Netherlands

Alice Saperstein | Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons and NewYork-Presbyterian, New York, NY, United States

Alice Medalia | Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons and NewYork-Presbyterian, New York, NY, United States

Shiral Gangadin | Department of Psychiatry, UMC Groningen, Groningen, Netherlands

KEY COMPONENTS OF COGNITIVE REMEDIATION FOR SCHIZOPHRENIA: A BAYESIAN NETWORK META-ANALYSIS

Nienke Buist | Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, The Netherlands

Anika Poppe | Department of Psychiatry, Donders Institute for Brain, Cognition and Behaviour, Radboud University Medical Center, The Netherlands

Tim Brands | Department of Psychiatric Rehabilitation, LVR Düren, Germany

Michael Thomas | Department of Psychology, Colorado State University, Fort Collins, Colorado, USA

Elizabeth Twamly | Department of Psychiatry, University of California San Diego, San Diego, California, USA

Matteo Cella | Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, England, UK.

Antonio Vita | Department of Clinical and Experimental Sciences, University of Brescia, Brescia, Italy

Gerdina Pijnenborg | Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, The Netherlands

Lisette van der Meer | Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, The Netherlands

COGNITION AND DAILY FUNCTIONING IN SMI: INSIGHTS FROM NLP OF ELECTRONIC HEALTH RECORDS

Lianne Sanders | Lentis Psychiatric Institute, Department of Rehabilitation, Zuidlaren, the Netherlands

Tim van Brouwershaven | Lentis Psychiatric Institute, Department of Rehabilitation, Zuidlaren, the Netherlands;

Sigrid Piening | Lentis Psychiatric Institute, Department of Youth Mental Health and Autism Jonx, Autism Team Northern-Netherlands, Groningen, the Netherlands

Lisette van der Meer | University of Groningen, Department of Clinical and Developmental Neuropsychology, Groningen, the Netherlands

DEVELOPING A WEB APPLICATION FOR COGNITIVE ADAPTATION TRAINING USING USER-CENTERED DESIGN

Tim van Brouwershaven | Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren,

Bart-Jan Hoekman | Lectorship digital transformation, Hanzehogeschool Groningen, Groningen

Mariken de Koning | Department of Research, Arkin Institute for Mental Health,

Shiral Gangadin | Department of Psychiatry, UMC Groningen, Groningen

Nynke Boonstra | Department of Neuroscience, UMC Utrecht, Utrecht

Lisette van der Meer | Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, Netherlands

11:30-12:30 SYMPOSIUM **Saturn Hall #1**

THE INNER CIRCLE IN SERIOUS MENTAL ILLNESS - THEIR VIEWS, SUPPORTING THEM AND HOW THEY EMPOWER YOU

Moderator: Bouwina Esther Sportel

THE IMPACT OF PARENTAL ROLE STIGMA ON THE RECOVERY PROCESS OF PARENTS WITH SMI : A SYSTEMATIC REVIEW

Gerdina Pijnenborg | University of Groningen, Faculty of Behavioural and Social Sciences, Dep of Experimental Psychopathology and Clinical Psychology; GGZ Drenthe Mental Health Institute, Dep of Psychotic Disorders

Cecil Prins-Aardema | GGZ Drenthe Mental Health Institute, Dep of Family Psychiatry

Ista Bogers | GGZ Drenthe Mental Health Institute, Dep of Psychotic Disorders

Ilanit Hasson-Ohayon | Bar-Ilan University, Dep of Psychology

Bouwina Esther Sportel | GGZ Drenthe Mental Health Institute, Dep of Psychotic Disorders

PARENTS, SIBLING AND ROMANTIC PARTNERS PERSPECTIVES ON ANTIPSYCHOTICS USE

Ilanit Hasson-Ohayon | Bar-Ilan University, Dep of Psychology

David Roe | University of Haifa, Dep of Community Mental Health

Alma Peled | Bar-Ilan University, Dep of Psychology

HEALTHCARE INTERVENTIONS TO SUPPORT INFORMAL CAREGIVERS OF PEOPLE WITH SEVERE MENTAL ILLNESSES

Bouwina Esther Sportel | GGZ Drenthe Mental Health Institute, Dep of Psychotic Disorders

Marjolijn Heslinga | Hanze University of Applied Sciences, Research group Nursing Diagnostics and Family Care; University Medical Center Groningen, Health Science-Nursing Science and Education

Marie Louise Luttik | Hanze University of Applied Sciences, Research group Nursing Diagnostics and Family

Evelyn Finnema | University Medical Center Groningen, Health Science-Nursing Science and Education; NHL Stenden, University of Applied Sciences

Nynke Boonstra | University of Utrecht, University Medical Center Utrecht, Dep of Psychiatry; NHL Stenden, University of Applied Sciences, Leeuwarden; KieN VIP Mental Health Care Services

PSYCHOEDUCATION FOR RELATIVES OF YOUNG ADULTS WITH FEP: AN EXPLORATION OF NEEDS AND EXPERIENCES

Nynke Boonstra | University of Utrecht, University Medical Center Utrecht, Dep of Psychiatry; NHL Stenden, University of Applied Sciences, Leeuwarden; KieN VIP Mental Health Care Services

Carla Elzinga-Hut | NHL Stenden University of Applied Sciences, Department of Healthcare, Research Group Healthcare & Innovation in Psychiatry; Addiction Care North Netherlands

Bram-Sieben Rosema | NHL Stenden University of Applied Sciences, Department of Healthcare, Research Group Healthcare & Innovation in Psychiatry; Patient Association Anoiksis

Sarita Sanches | Avans University of Applied Sciences, Department of Learning, Innovating and Co-creating (LIC)

Dienke Boertien | Phrenos Center of Expertise

Bert Stavenuiter | Relatives Association Ypsilon

Kor Spoelstra | NHL Stenden University of Applied Sciences, Department of Healthcare, Research Group Healthcare & Innovation in Psychiatry; Addiction Care North Netherlands

Gerdina Pijnenborg | University of Groningen, Faculty of Behavioural and Social Sciences, Dep of Experimental Psychopathology and Clinical Psychology; GGZ Drenthe Mental Health Institute, Dep of Psychotic Disorders

Sonja Kuipers | NHL Stenden University of Applied Sciences, Department of Healthcare, Research Group Healthcare & Innovation in Psychiatry; University of Applied Science GGZ-VS; UMC Utrecht Brain Center, University Medical Center Utrecht

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11:30-12:30 ORAL PRESENTATIONS **Saturn Hall #2**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Marcin Siwek

MH & SOCIAL CARE SYSTEMS REFORM, INTEGRATION&PARTICIPATION OF PERSONS WITH PSYCHOSOCIAL DISABILITIES

Arūnas Germanavičius | Republican Vilnius psychiatric hospital, Vilnius university, Lithuania
Eglė Šumskienė | Vilnius university, Faculty of Philosophy

DISMANTLING STIGMA AND ADVANCING EQUITY: CANADA'S ACTION PLAN ON CRIMINAL JUSTICE AND MENTAL HEALTH

Laura Mullaly | Mental Health Commission of Canada

DEPRESSIVE SYMPTOMS AMONG OLDER GAY MEN: WHAT ARE THE MOST IMPORTANT DETERMINANTS?

Yaacov Bachner | Ben Gurion University
Hala Asmer Khoury | University of Haifa
Tova Band-Winterstein | University of Haifa

SEX DIFFERENCES IN PSYCHOTIC DISORDER INCIDENCE RATES: A WORLDWIDE META-ANALYSIS

Linda Hoeksema | Lentis/University of Groningen
Jojanneke Bruins | Lentis/Rob Giel Research Center
Hannah Jongsma | University center for Psychiatry/Veldzicht Center for Trancultural Psychiatry
Stynke Castelein | Lentis/University of Groningen

11:30-12:30 SYMPOSIUM **Neptune Hall #1**

ASPECTS OF PERSONAL RECOVERY IN MENTAL HEALTH AND ADDICTION CARE

Moderator: Pablo Nicaise

ISLANDS IN THE STREAM, QUALITATIVE STUDY ON MENTAL HEALTHCARE ACCESS FOR PEOPLE WITH SUBSTANCE USE

Jürgen Magerman | EQUALITY//ReseachCollective HOGENT, Department of Special Needs Education, Ghent University
Clara De Ruysscher | EQUALITY//ResearchCollective, HOGENT , Department of Special Needs Education, Ghent University
Mégane Chantry | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)
Ilse Goethals | EQUALITY//ResearchCollective, HOGENT

FALLING THROUGH THE CRACKS: BARRIERS FOR INTEGRATED TREATMENT OF SMI AND CANNABIS USE DISORDER

Jojanneke Bruins | Lentis Psychiatric Institute
Anne-Sophie Wewer | PSYQ, Zwolle
Kor Spoelstra | VNN, Groningen
Stynke Castelein | Lentis Psychiatric Institute

THE POTENTIAL CONTRIBUTION OF DRUG CONSUMPTION ROOMS TO THE PERSONAL RECOVERY OF USERS

Julien Sluyts | Université Catholique de Louvain (UCLouvain), Institute of Health and Society (IRSS)
Mégane Chantry | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)
Pablo Nicaise | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)

EXPLORING SERVICE- AND SYSTEM-LEVEL FACTORS ASSOCIATED WITH UNMET NEEDS AMONG INDIVIDUALS WITH SUD

Mégane Chantry | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)
Pablo Nicaise | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)
Vincent Lorant | Institute of Health and Society (IRSS), Universté Catholique de Louvain (UCLouvain)

11:30-12:30 ORAL PRESENTATIONS **Neptune Hall #2**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Alain Lesage

Challenges and opportunities of research in criminal Justice systems designed to improve mental health outcomes

Richard Byng | University of Plymouth

EVALUATION OF LIVED EXPERIENCE MENTORING PROGRAM FOR ACADEMICS

Tessa-May Zirnsak | La Trobe University

Steph Houghton | La Trobe University

Chris Maylea | La Trobe University

Lisa Brophy | La Trobe University

Piers Gooding | La Trobe University

Anne-Marie Lasslett | La Trobe University

Clair Overy | La Trobe University

QUALITY, SAFETY AND AUTONOMY IN ENHANCED OBSERVATION: A SYSTEMATIC REVIEW TO INFORM IMPROVEMENT

Simon Arday | NIHR North West London Patient Safety Research Collaboration, Imperial College London, London, UK; Imperial College Healthcare NHS Trust, London, UK; Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

Phoebe Averill | NIHR North West London Patient Safety Research Collaboration, Imperial College London, London, UK; Better Health & Care Hub, King's College London, London, UK; Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

Jan Kruczynski | Imperial College Healthcare NHS Trust, London, UK

Sirpa Tölli | Department of Nursing Science, Faculty of Health Science, Oulu University of Applied Science, University of Eastern Finland, Kuopio, Finland

Robert Latchford | Imperial College Healthcare NHS Trust, London, UK

Chris Sims | NIHR North West London Patient Safety Research Collaboration

Daniela Lewis | NIHR North West London Patient Safety Research Collaboration

Ananya Hein | Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

Nutmeg Hallett | School of Nursing and Midwifery, University of Birmingham, Birmingham, UK

Erik Mayer | NIHR North West London Patient Safety Research Collaboration, Imperial College London, London, UK; Imperial College Healthcare NHS Trust, London, UK; Imperial Clinical Analytics Research & Evaluation (iCARE) Secure Data Environment, NIHR Imperial Biomedical Research Centre, Imperial College Healthcare NHS Trust, London, UK

ENHANCING EQUALITY IN RESEARCH: SUPPORT AND CAPACITY BUILDING FOR LIVED EXPERIENCE RESEARCHERS

Nicola Morant | University College London (UCL)

Andrey Chau | University College London (UCL)

Beverley Chipp | University College London (UCL)

Andrew Grundy | University College London (UCL)

Lisa Wood | University College London (UCL)

12:30-13:30 NETWORKING **Networking Area**

LUNCH BREAK | SOCIAL IMPACT FAIR

13:30-14:30 KEYNOTE SESSION #4 **Main Hall - Jupiter**

MODERATOR: DAVID MCDAID

13:30-14:00

Main Hall - Jupiter

BETWEEN POLICY AND REALITY: TRANSFORMING MENTAL HEALTH CARE TO ELIMINATE VIOLENCE AND INEQUALITY

Dovile Juodkaite

14:00-14:30

Main Hall - Jupiter

PLURALISTIC COLLABORATION AGAINST INSTITUTIONAL INJUSTICE

Helene Speyer

14:30-14:45

NETWORKING

Networking Area

REFRESHMENT BREAK

14:45-16:15

ORAL PRESENTATIONS

Main Hall - Jupiter

BEYOND SURVIVAL: MENTAL HEALTH, STIGMA AND INNOVATION IN MODERN CANCER CARE

Moderator: Michail Okoliyski

Psychological Functioning and Malignant Illness: Possible Correlations

Lora Ilieva | Center for psychoanalysis and medicine, Nadezhda women's health hospital

Ventsislav Gerassimov | Center for psychoanalysis and medicine, Nadezhda women's health hospital

Elena Psederska | New Bulgarian University

Maya Ignatova | Center for psychoanalysis and medicine, Nadezhda women's health hospital

Velislava Donkina | Department of Cognitive Science and Psychology, New Bulgarian University/ Nadezhda Multiprofile Hospital for Active Treatment/ Center for Psychoanalysis and Medicine

Integrating Psycho-Oncology into Mental Health Systems: A Biopsychosocial Model for Oncology Care

Vesislava Bozhanova | Complex Oncology Center - Veliko Tarnovo EOOD | The Bulgarian Association of Psycho-Oncology (BAPO)

Natasha Angelova | South Western University – Blagoevgrad

Teodora Boyadzhieva | Comprehensive Oncology Center - Shumen EOOD | The Bulgarian Association of Psycho-Oncology (BAPO)

THE HEART PROJECT: PSYCHOLOGY MEETS DIGITALISATION FOR IMPROVING QUALITY OF LIFE OF CANCER PATIENTS

Maria Aleksandrova | Analyse This Ltd

Vera Spirova | Dr Shterev Hospital

Dr Mariela Vasileva | Bulgarian Breast and other gynecological Cancers Association

Margarita Tareyn | Acıbadem City Clinic Tokuda Hospital

EXPERIENCES OF PEOPLE LIVING WITH SEVERE MENTAL ILLNESS AND COLORECTAL CANCER: A QUALITATIVE STUDY

Tessa-May Zirnsak | La Trobe University

Steve Kisely | University of Queensland

Julie De Nicola | La Trobe University

Dan Siskind | University of Queensland

Melinda Protani | University of Queensland

Lisa Brophy | La Trobe University

PEDIATRIC PSYCHOONCOLOGY: TREATMENT AND REHABILITATION OF CHILDREN AND ADOLESCENTS WITH CANCER

Kameliya Stoyanova | MU Sofia

Ivayla Georgieva | Queen Yohanna-ISUL hospital

Nikola Georgiev | MU Sofia

Evolution of Attitudes Towards Vaccines in Bulgaria

Prof. Radka Argirova | University Hospital Tokuda, Sofia, Bulgaria

Ass. Prof. Michail Okoliyski | National Center for Public Health and Analyses

Prof. Angel Kunchev | Chief State Health Inspector, Ministry of Health, Bulgaria

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14:45-15:45 ORAL PRESENTATIONS **Saturn Hall #1**

THE ROLE OF SOCIAL AND RELATIONAL PROCESSES IN PSYCHOSIS: FROM ISOLATION TO INTEGRATED CARE

Moderator: Rikke Jørgensen

LONELINESS IN PSYCHOSIS: A QUALITATIVE INTERVIEW STUDY

Rikke Jørgensen | Department of Clinical Medicine, Aarhus University, Aarhus, Denmark & Department of Psychosis, Aarhus University Hospital, Aarhus, Denmark & Unit for Psychiatric Research, Aalborg University hospital, Aalborg, Denmark

Birgitte Lerbæk | Unit for Psychiatric Research, Aalborg University Hospital

Kira Jensen | Unit for Psychiatric Research, Aalborg University Hospital

Anne-Mette Winther Christiansen | Unit for Psychiatric Research, Aalborg University Hospital

Mathilde Gøie Eliasen | Unit for Psychiatric Research, Aalborg University Hospital

Ellen Boldrup Tingleff | Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, Faculty of Health Science, University of Southern Denmark &Psychiatric Department Vejle, Mental Health Services in the Region of Southern Denmark

Trine Ellegaard | Psychosis Research Unit, Aarhus University Hospital & Department of Clinical Medicine, Aarhus University

Anne Benzon | Unit for Psychiatric Research, Aalborg University Hospital

SOCIAL ISOLATION AND PHYSICAL HEALTH IN PSYCHOSIS

Eva Velthorst | GGZ Noord-Holland-Noord

Avi Reichenberg | Icahn School of Medicine at Mount Sinai

Merel Koster | AUMC

Marieke Pluijm | AUMC

Philip Harvey | University of Miami

A QUALITATIVE VIEW ON THE THERAPEUTIC ALLIANCE IN TEAM-BASED CARE FOR SEVERE MENTAL ILLNESS

Melina Tetzlaff | Lentis Psychiatric Institute and University of Groningen

Jojanneke Bruins | Lentis Psychiatric Institute

Stynke Castelein | Lentis Psychiatric Institute

The role of social workers in meeting the psychosocial needs of victims and survivors of political conflict: findings from a European, three country project

Jim Campbell | Emeritus Full Professor of Social Work, University College Dublin, Ireland

Joe Duffy | Emeritus Professor of Social Work, Queens University Belfast

Danielle McIlroy | Lecturer in Social Work, Queens University Belfast

Gregory Neocleous | Associate Professor in Social Work, University of Nicosia

Vasilios Ioakimidis | Professor of Social Work, University of West Attica, Athens

Sanela Bašić | Professor of Social Work, University of Sarajevo

14:45-15:45 SYMPOSIUM **Saturn Hall #2**

PEER LED CONTRIBUTIONS TO INNOVATIONS IN MENTAL HEALTH SERVICE EVALUATIONS

Moderator: Vanessa Pinfold

METHODS THAT MATTER: HOW SUBJECTIVITY IS MANAGED IN MENTAL HEALTH SERVICES RESEARCH AND EVALUATION

Vanessa Pinfold | The McPin Foundation

Tanya MacKay | The McPin Foundation

Alison Faulkner | c/o The McPin Foundation

Veenu Gupta | Durham University, Institute for Medical Humanities

Angela Woods | Durham University, Institute for Medical Humanities

Ben Alderson-Day | Durham University, Institute for Medical Humanities

INTEGRATING LIVED EXPERIENCE EXPERTISE INTO A COMPLEX EMOTIONS HUB TO DEVELOP TRAUMA-INFORMED CARE

Lisa Couperwaite | The McPin Foundation

Elissa Thompson | University of Sheffield

Sally Ohlsen | University of Sheffield

Scott Weich | University of Sheffield

Rebecca Hardwick | University of Plymouth

Vanessa Pinfold | The McPin Foundation

INVOLVING LIVED EXPERIENCE EXPERTISE IN REAL-WORLD DATA STUDY EVALUATING TALKING & DIGITAL THERAPIES

George Clarke | The McPin Foundation

Rachel Temple | The McPin Foundation

Matthew Franklin | University of Sheffield

USING CREATIVE METHODS AS PEERS – CO-DESIGN OF PSYCHOSIS SERVICES FOR ETHNICALLY DIVERSE PEOPLE

Davino Beckford | The McPin Foundation

Tanya MacKay | The McPin Foundation

Roisin Mooney | University of Oxford

Kam Bhui | University of Oxford

Harry Dyson | The McPin Foundation

Eva Asiedu-Addo | The McPin Foundation

14:45-15:45 ORAL PRESENTATIONS **Neptune Hall #1**

BETWEEN RECOVERY AND RISK: RETHINKING MENTAL HEALTH CARE THROUGH PATIENT EXPERIENCE

Moderator: Catherine Briand

BARRIERS AND ENABLERS TO SHARED DECISION-MAKING IN RISK ASSESSMENT AND MANAGEMENT

Nafiso Ahmed | Division of Psychiatry, University College London

Isis Harvey | Division of Psychiatry, University College London

Sally Barlow | Centre for Mental Health Research, School of Health & Medical Sciences, City St George's

Lisa Reynolds | Strategy and Partnerships, Oxford Health NHS Foundation Trust

Nicholas Drey | School of Health & Medical Sciences, City St George's, University of London

Alan Simpson | Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, and Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience King's College London

Patient safety incidents within adult community mental health services: A mixed-methods analysis.

Phoebe Averill | Better Health & Care Hub, King's College London

Nick Sevdalis | Centre for Behavioural and Implementation Science Interventions, Yong Loo Lin School of Medicine, National University of Singapore

Claire Henderson | Centre for Mental Health Policy and Evaluation, Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London

RECOVERY ACROSS MENTAL ILLNESSES: TRANSDIAGNOSTIC SIMILARITIES AND DIFFERENCES

Stijn Crutzen | Lentis Psychiatric Institute, Lentis Research, Groningen, The Netherlands

Stynke Castelein | Lentis Psychiatric Institute, Lentis Research, Groningen, The Netherlands

Ellen Visser | University of Groningen, University Medical Center Groningen, University Center for Psychiatry, Rob Giel Research Center, Groningen, The Netherlands

Albert Vogel | Lentis Psychiatric Institute, Lentis Research, Groningen, The Netherlands

Willemijn J Maas | University of Groningen, University Medical Center Groningen, Department of Biomedical Sciences of Cells & Systems, Groningen, The Netherlands

Bennard Doornbos | Lentis Psychiatric Institute, Lentis Research, Groningen, The Netherlands

Daniëlle Cath | GGZ Drenthe Mental Health Institute, Department of Psychotic Disorders, Assen, The Netherlands

MUSIC LISTENING IN PSYCHOSIS: ASSESSING RISKS AND BENEFITS TO INFORM MENTAL HEALTH CARE

Mark Rowles | Royal College of Music

Rosie Perkins | Royal College of Music

Neta Spiro | Royal College of Music

Stefan Rennick-Egglestone | University of Nottingham

14:45-15:45 SYMPOSIUM **Neptune Hall #2**

LEARNING FROM LIVED EXPERIENCE IN MENTAL HEALTHCARE PRACTICE

Moderator: Jojanneke Bruins

WHEN DOES THE THOUGHTS OF BECOMING A MENTAL HEALTH PEER SUPPORT WORKER EMERGE? A QUALITATIVE STUDY

Birgitte Lerbæk | Aalborg University Hospital

Alice Kathrine Burholt | Aalborg University Hospital

Line Myrup Gregersen | Center for Recovery and Co-Creation

Mike Slade | University of Nottingham

Stynke Castelein | Lentis Psychiatric Institute

Rikke Jørgensen | Aalborg University Hospital

MENTAL HEALTH CARE EXPERIENCES OF TRANSGENDER AND GENDER DIVERSE INDIVIDUALS

Linda Hoeksema | Lentis Psychiatric Institute

Jojanneke Bruins | Lentis Psychiatric Institute

Stynke Castelein | Lentis Psychiatric Institute

NARRATIVE EXPERIENCES ONLINE (NEON) PROGRAMME – DEFINITIVE FINDINGS, DIVERSE IMPLEMENTATION ROUTES

Mike Slade | University of Nottingham

Joy Llewellyn-Beardsley | University of Nottingham

Fiona Ng | University of Nottingham

Stefan Rennick-Egglestone | University of Nottingham

EVALUATION OF A MENTAL HEALTH INTERVENTION BASED ON HOPEFUL LIVED EXPERIENCE NARRATIVES: A PILOT RCT

Jojanneke Bruins | Lentis Psychiatric Institute

Mitch Lases | Lentis Psychiatric Institute

Ingrid D.C. van Balkom | Trajectum

Stynke Castelein | Lentis Psychiatric Institute

15:30-16:30 POSTER PRESENTATIONS **Poster Screen #1**

POSTER WALK: PSYCHOSOCIAL IMPACTS OF WAR AND TRAUMA: RISK, RESILIENCE, AND INTERVENTION

Moderator: Zahari Zarkov (Reviewer: Viviane Kovess-Masféty)

HAVE COPING RESOURCES AND TRUST IN STATE INSTITUTIONS HELPED JEWS AND ARABS TO OVERCOME STRESS DURIN

Orna Braun-Lewensohn | Ben-Gurion University of the Negev

Tehila Kalagy | Ben-Gurion University of the Negev

Sarah Abu-Kaf | Ben-Gurion University of the Negev

BEING A SINGLE PARENT DURING A WAR IS EXTREMELY LONELY”: WAR-RELATED EXPERIENCES OF SINGLE PARENTS

Dorit Segal-Engelchin | Ben-Gurion University of the Negev

Maya Tsfati | Ben-Gurion University of the Negev

Alean Al-Krenawi | Resilience Research Centre, Dalhousie University

EFFECTIVENESS OF ONLINE CB-ART INTERVENTIONS IN REDUCING WAR-RELATED DISTRESS IN WORKPLACE SETTINGS

Dorit Segal-Engelchin | Ben-Gurion University of the Negev

Orly Sarid | Ben-Gurion University of the Negev

IT'S LIKE LIVING IN A FOG: EMOTIONAL ABUSE TACTICS AND RETALIATION AMONG WOMEN IPV SURVIVORS

Anat Vass | Ben-Gurion University of the Negev

WAR INDUCED DISPLACEMENT AND ACUTE PSYCHIATRIC CRISIS IN A DEVELOPMENTALLY VULNERABLE ADOLESCENT

Lyubomir Manolov | Clinic of child psychiatry "St. Nicholas"

MENTAL HEALTH IN WAR AND TRAUMA: THE CASE OF ISRAEL

Daphna Carmeli | University of Haifa

15:30-16:30 POSTER PRESENTATIONS **Poster Screen #2**

POSTER WALK: EMERGING TECHNOLOGIES IN MENTAL HEALTH: VIRTUAL REALITY, AI, AND DIGITAL THERAPIES

Moderator: David McDaid (Reviewer: Dimitar Germanov)

EXPERIENCE OF VR MINDFULNESS TRAINING IN RECOVERY FROM PSYCHOSIS

Dominik Lech | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care

Andrzej Cechnicki | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care

Iga Plencler-Turakiewicz | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care

Przemysław Stankiewicz | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care

Mindfulness in Virtual Reality: Feasibility and Preliminary Outcomes in Patients Suffering from Schizophrenia

Iga Plencler-Turakiewicz | Doctoral School of Medical and Health Sciences, Jagiellonian University Medical College, Cracow, Poland

Marcin Siwek | Zakład Psychiatrii Biologicznej i Środowiskowej,Uniwersytet Jagielloński Collegium Medicum w Krakowie

Andrzej Cechnicki | Zakład Psychiatrii Biologicznej i Środowiskowej, Uniwersytet Jagielloński Collegium Medicum w Krakowie

Przemysław Stankiewicz | Zakład Psychiatrii Biologicznej i Środowiskowej, Uniwersytet Jagielloński Collegium Medicum w Krakowie

Dominik Lech | Department od Community Psychiatry, Association for the Development of Psychiatry and Community Care

Dawid Kruk | Doctoral School of Medical and Health Sciences, Jagiellonian University Medical College, Cracow, Poland

EFFECT OF DISPLACEMENT DURING EXTREME CIRCUMSTANCES ON DIGITAL ENGAGEMENT AND WELL-BEING AMONG OLDER

Yaacov Bachner | Ben Gurion University

Ittay Mannheim | Ben Gurion University

Rinat Lifshitz | Emek Yezreel College

Ella Cohn-Schwartz | Ben Gurion University

CAN VIRTUAL REALITY IMPROVE CLINICANS INSIGHT?

Helene Speyer | Empira Research Unit, Mental Health Services in the Capital Region of Denmark

Marte Ustrup | Empira Research UnitMental Health Services in the Capital Region of Denmark

David Roe | Department of. Community Mental Health, University of Haifa, Israel

EXAMINING EFFECTS OF AI-GENERATED AND ACTOR-LED SCHIZOPHRENIA NARRATIVES ON STIGMA

Gili Hoter Ishay | Ono Academic College/University of Haifa

Alissa Abrahami | University of Haifa

Shay Ohayon | Bar Ilan University

Sharon Sznitman | University of Haifa

Doron Amsalem | Columbia University

Shira Shternfeld | Amitim IACC

David Roe | University of Haifa

ADAPTING AN ICBT PROGRAM FOR SOCIAL ANXIETY DISORDER IN CANADA: PATIENT AND PROVIDER PERSPECTIVES

Helen-Maria Vasiliadis | Centre de recherche Charles-Le Moyne, Université de Sherbrooke

Camila Corrêa Matias Pereira | Centre de recherche Charles-Le Moyne, Université de Sherbrooke

Jessica Maria-Violanda Spagnolo | Centre de recherche Charles-Le Moyne, Université TÉLUQ

Pasquale Roberge | Centre de recherche du Centre hospitalier universitaire de Sherbrooke, Université de Sherbrooke

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15:30-16:30 POSTER PRESENTATIONS **Poster Screen #3**

POSTER WALK: INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: David Roe (Reviewer: Stynke Castelein)

How do users experience access to child and adolescent mental health services through a centralized demand management platform ? A mixed-methods evaluation from users' perspectives.

Gonnon Léa | Research on Healthcare Performance RESHAPE, INSERM U1290, Université Claude Bernard Lyon 1, 69100 Villeurbanne, France

Hraybi Mariam | Le Vinatier-Pulm, GHT Val Rhône Centre, Lyon, France

Bourhis Amandine | Research on Healthcare Performance RESHAPE, INSERM U1290, Université Claude Bernard Lyon 1, 69100 Villeurbanne, France

Geoffray Marie-Maude | Le Vinatier-Pulm, GHT Val Rhône Centre, Lyon, France

YOUTH-LED PPIE IN EVALUATING CAMHS SERVICE CHANGE: A CASE STUDY FROM THE CAMHS GOES WILD PROJECT

Rebecca Hardwick | NIHR PenARC, University of Plymouth

James Welchman | Cornwall Partnership NHS Foundation Trust

Beth Chapman | Cornwall Partnership NHS Foundation Trust

Helene Bonnici | NIHR PenARC, University of Exeter

Jessica Hopkins | Cornwall Partnership NHS Foundation Trust

Siobhan Mitchell | National Institute for Health and Care Research (NIHR) Applied Research Collaboration South West Peninsula (PenARC), University of Exeter

Rachel Hayes | NIHR PenARC, University of Exeter

PILOT PROGRAMME OF MENTAL HEALTH CENTRES IN POLAND IN 2019 AND 2023. DIAGNOSIS AND CHALLENGES

Marcin Siwek | Department of Biological and Community Psychiatry, Jagiellonian University Medical College

Daria Biechowska | SWPS University, Faculty of Psychology Sopot, Poland;

Andrzej Cechnicki | Department of Biological and Community Psychiatry, Jagiellonian University Medical College,Department of Community Psychiatry (Association for the Community Psychiatry and Care)

COMPARING LIVED-EXPERIENCE AND PROFESSIONAL UNDERSTANDINGS OF RECOVERY: A SPICE-BASED ANALYSIS

Georgina Guilera | University of Barcelona

Estefania Guerrero | University of Barcelona

Hernán M. Sampietro | ActivaMent Catalunya Associació

Maite Barrios | University of Barcelona

PROVINCIAL & REGIONAL SURVEILLANCE OF NEEDS AND MORTALITY OUTCOMES: A SYSTEM DASHBOARD IN QUEBEC

Alain Lesage | Centre de recherche de l'Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

bahram armoon | Centre de recherche de l'Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

Hugo Tremblay | Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

Lionel Cailhol | Institut universitaire en santé mentale de Montréal, CIUSSS EMTL

RECOVERY ASSISTANTS ON THEIR TRAINING AND EMPLOYMENT – SURVEY

Dominik Lech | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association

Katarzyna Głowacka-Cieślicka | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association

Krystiana Roloff | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care,

Anna Bielańska | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care,

Andrzej Cechnicki | Jagiellonian University Collegium Medicum, Faculty of Medicine –Chair of Psychiatry and Psychotherapy, (Department for Biological and Community Psychiatry, Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care

Anna Liberadzka | Department of Community Psychiatry, Association for the Development of Psychiatry and Community Care, “Open the Doors” Association

16:30-19:30

Networking Area

OPTIONAL TOURS/FREE TIME

20:00-23:00

Hilton Sofia Hotel

GALA DINNER (WITH DINNER TICKETS ONLY)

Hilton Sofia Hotel

Saturday

20 June

08:30-09:00 NETWORKING **Networking Area**

REGISTRATION

09:00-09:30 KEYNOTE SESSION #5 **Main Hall - Jupiter**

MODERATOR: BERND PUSCHNER

09:00-09:30 **Main Hall - Jupiter**

MENTAL HEALTH IN TIMES OF WAR AND TRAUMA

Prof. Robert van Voren

09:30-10:00 NETWORKING **Networking Area**

REFRESHMENT BREAK

10:00-10:45 ORAL PRESENTATIONS **Main Hall - Jupiter**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Michail Okoliyski

THE DEINSTITUTIONALIZATION OF MENTAL HEALTH CARE: A CONCEPT THAT REMAINS MISUNDERSTOOD TODAY

Carmela Scibetta | UPC Kuleuven
Ronny Bruffaerts | UPC Kuleuven
Leontien Jansen | UPC Kuleuven

ASSOCIATION BETWEEN EVOLUTION IN HIGH AND INTENSIVE CARE IMPLEMENTATION AND COERCIVE MEASURES

Katrien Vandenhout | UPC KU Leuven
Hella Demunter | UPC KU Leuven
Leontien Jansen | UPC KU Leuven
Camille Kubicek | UPC KU Leuven
Savanah Héréus | UPC KU Leuven
Carmela Scibetta | UPC KU Leuven
Ronny Bruffaerts | UPC KU Leuven

RECOVERY-ORIENTED PRIMARY MENTAL HEALTH CARE: GENERAL PRACTITIONER AND PATIENT PERSPECTIVES

Lisa Brophy | La Trobe University
ELLIE FOSSEY | Monash University
Michelle Kehoe | Monash University
Fran Shawyer | Monash Uiversity
Grant Russell | Monash University
Graham Meadows | Monash University

10:00-11:00 ORAL PRESENTATIONS **Saturn Hall #1**

RETHINKING MENTAL HEALTH: CONCEPTS, MEASURES, AND CULTURAL CONTEXTS

Moderator: Viviane Kovess-Masféty

How is trauma-informed care conceptualised in English NHS mental health services? A scoping review of organisational documents across three Trusts.

Ma. Lourdes Casingcasing | University of Nottingham

MENTAL HEALTH INNOVATION NETWORK: ADVANCING GLOBAL INNOVATION AND EVALUATION FOR MENTAL-HEALTH CARE

Petra Gronholm | London School of Hygiene and Tropical Medicine / Mental Health Innovation Network

HOW WELL DO QUALITY ADJUSTED LIFE YEARS RELATE TO SUBJECTIVE QUALITY OF LIFE IN MENTAL HEALTH?

Paul McCrone | Institute for Lifecourse Development, University of Greenwich

SOCIAL REPRESENTATIONS OF YOUTH MENTAL HEALTH IN CHILE: CULTURAL MEANINGS OF DISTRESS AND SUPPORT

Félix Cova | Universidad de Concepción

Pamela Grandon | Universidad de Concepción

Gabriela Nazar | Universidad de Concepción

Germán Lagos | Universidad de Concepción

Leonor Benítez | Universidad de Concepción

Caterin Romero | Universidad de Concepción

Pedro Salcedo | Universidad de Concepción

10:00-11:00 ORAL PRESENTATIONS **Saturn Hall #2**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Vladimir Nakov

IMPACT OF A PRIMARY CARE PSYCHIATRY CONSULTATION PROTOCOL ON REFERRALS AND ACCESS TO CARE

Joana Marta | Arrábida Local Health Unit – Setúbal Hospital

Carolina Batista | Arrábida Local Health Unit – Setúbal Hospital

Ana Reis | Arrábida Local Health Unit – Setúbal Hospital

Diana Durães | Arrábida Local Health Unit – Setúbal Hospital

João Nogueira | Arrábida Local Health Unit – Setúbal Hospital

Maria João Freire | Arrábida Local Health Unit – Setúbal Hospital

Vanessa Vila Nova | Arrábida Local Health Unit – Setúbal Hospital

MONITORING MENTAL HEALTH REFERRALS TO SUPPORT POLICY AND SYSTEM REFORM

Leontien Jansen | UPC KU Leuven; Department of Neurosciences, KU Leuven

Annick Bogaerts | Department of Development and Regeneration, KU Leuven

Leonie Miserez | Department of Development and Regeneration, KU Leuven

Ronny Bruffaerts | UPC KU Leuven; Department of Neurosciences, KU Leuven

EARLY CAREER PSYCHIATRISTS’ READINESS TO MANAGE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

Marcin Siwek | Department of Biological and Community Psychiatry, Jagiellonian University Medical College.

Anna Julia Krupa | Department of Biological and Community Psychiatry, Jagiellonian University Medical College.

Armida Mucci | Department of Mental and Physical Health and Preventive Medicine, University of Campania “Luigi Vanvitelli”

Tomasz Gondek | Institute of Social Studies, University of Lower Silesia

Silvana Galderisi | Department of Mental and Physical Health and Preventive Medicine, University of Campania “Luigi Vanvitelli”

ECOLOGICAL ANALYSIS OF MENTAL HEALTH CARE SYSTEMS IN AUSTRALIA AND WESTERN EUROPE

Jose A. Salinas-Perez | Department of Quantitative Methods, Universidad Loyola Andalucía

Luis Salvador-Carulla | Health Research Institute, University of Canberra

Mencia R. Gutierrez-Colosia | Department of Psychology, Universidad Loyola Andalucía

John Mendoza | Brain and Mind Centre, University of Sydney

Sebastian Rosenberg | Health Research Institute, University of Canberra

Marion Wands | 4 Brain and Mind Centre, University of Sydney, Sydney, NSW, Australia

Mary Anne Furst | Health Research Institute, University of Canberra

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10:00-11:00 ORAL PRESENTATIONS **Neptune Hall #1**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Alain Lesage

HOW TO IMPROVE THE QUALITY OF SERVICES FOR LGBTQIA+ PEOPLE: TRAINING REQUIREMENTS FOR MENTAL HEALTH

Giada Silveri | Division of Psychosomatics and Psychological Medicine, Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona

Massimo Mirandola | WHO Collaborating Centre for Sexual Health and Vulnerable Populations - Epidemiology Unit - Division of Infectious Diseases, Department of Medicine, Verona University Hospital, Verona, Italy

Francesco Amaddeo | Division of Psychosomatics and Psychological Medicine, Verona University Hospital, Verona, Italy

Thomas Salvan | Davis & Elkins College, Elkins, West Viginia, USA

Gian Maria Galeazzi | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy

Mattia Marchi | Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy

Nigel Sherriff | Centre for Transforming Sexuality & Gender (CTSG), University of Brighton, Falmer, BN1 9PH, UK

PSYCHOMETRIC VALIDATION OF THE ITALIAN LGBT-DOCSS AMONG MH PROFESSIONALS: CLASSICAL AND IRT APPROACH

Prof. Francesco Amaddeo | 7Division of Psychosomatics and Psychological Medicine, Verona University Hospital and Univesrity of Verona

Thomas Salvan | Davis & Elkins College, Elkins, West Viginia, USA

Giada Silveri | 4Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona

Gian Maria Galeazzi | 5Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia

Massimo Mirandola | WHO Collaborating Centre for Sexual Health and Vulnerable Populations - Epidemiology Unit - Division of Infectious Diseases, Department of Medicine, Verona University Hospital.

Nigel Sherriff | School of Education, Sport, and Health Sciences, University of Brighton

Mattia Marchi | 6Dipartimento ad Attività Integrata di Salute Mentale e Dipendenze Patologiche, Azienda USL-IRCCS di Reggio Emilia and University of Modena and Reggio Emilia

ARE PEER WORKERS STIGMATIZED IN THEIR WORKPLACE ? A MIXED METHOD PARTICIPATORY STUDY

Adrien Seguela | University of Bordeaux

Simon Felix | University of Bordeaux

Antoinette Prouteau | University of Bordeaux

A SYSTEMATIC REVIEW OF REFUGEE MENTAL HEALTH STIGMA: IMPLICATIONS FOR ENHANCING THERAPY INITIATION

Eva Gharibi | UCL

Caroline Dix | University of Sheffield

10:00-11:00 ORAL PRESENTATIONS **Neptune Hall #2**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Arūnas Germanavičius

EVALUATING QUALITY OF CARE THROUGH PATIENTS’ EXPERIENCES

Irena Makivić | NIJZ

Anja Kragelj | NIJZ

THE ROLE OF GROUP DYNAMICS ON CLIENT RECOVERY AT GGZ NHN'S RECOVERY ACADEMY

Marjolein van Dijk | Research Department GGZ NHN

Marjolein Koementas-de Vos | Research Department GGZ NHN

SEEING SUPPORT: PERSONAL NETWORK VISUALISATION AS INNOVATION FOR EVALUATING MENTAL HEALTH SERVICES

Hélène Garin | UCLouvain

Vincent Lorant | UCLouvain

ARE RECOVERY QUESTIONNAIRES THERAPEUTIC TOOLS OR MENTAL HEALTH SERVICE EVALUATION MEASURES?

Rosa van Mourik | GGZ Noord-Holland-Noord, Research Department

Marjolein van Dijk | GGZ Noord-Holland-Noord, Research Department

Eva Velthorst | GGZ Noord-Holland-Noord, Research Department

11:00-12:00 ORAL PRESENTATIONS **Main Hall - Jupiter**

INNOVATIONS IN THE EVALUATION OF MENTAL HEALTH SERVICES

Moderator: Mike Slade

UPDATE FROM FACTORS: WHAT WE KNOW ABOUT CTOS 3 YEARS ON

Lisa Brophy | La Trobe University

Tessa-May Zirnsak | La Trobe University

Chris Maylea | La Trobe University

Sharon Lawn | Flinders University

Penelope Weller | RMIT

Vrinda Edan | University of Melbourne

Puneet Sansanwal | University of Melbourne

Morgan Gould | La Trobe University

Edwina Light | University of Sydney

Christopher James Ryan | University of New South Wales

Claudia Bull | University of Queensland

TJ Spencer | La Trobe University

Steve Kisely | University of Queensland

SPATIAL EVALUATION OF THE MENTAL HEALTH SYSTEM IN ANDALUSIA AND ITS SOCIODEMOGRAPHIC DETERMINANTS

Jesús Martínez-Calvo | Department of Quantitative Methods. Universidad Loyola Andalucía

María Luisa Rodero-Cosano | Department of Quantitative Methods. Universidad Loyola Andalucía

Diego Díaz-Milanés | 1. Department of Quantitative Methods. Universidad Loyola Andalucía. 2. Health Research Institute. University of Canberra (Canberra, ACT, Australia).

PERFORMANCE OF ADDICTION TREATMENT SERVICES IN ANDALUSIA (SPAIN): A DEA-WINDOW ANALYSIS

Carlos Benjamin Cordova Portillo | Department of Quantitative Methods, Universidad Loyola Andalucía.

Diego Diaz-Milanes | 1. Department of Quantitative Methods, Universidad Loyola Andalucía. 2. Health Research Institute, University of Canberra, Canberra, ACT, Australia

Jose A. Salinas-Perez | 1. Department of Quantitative Methods, Universidad Loyola Andalucía. 2. Health Research Institute, University of Canberra, Canberra, ACT, Australia

Carlos R. Garcia-Alonso | 1. Department of Quantitative Methods, Universidad Loyola Andalucía. 2. Health Research Institute, University of Canberra, Canberra, ACT, Australia

Minimally adequate treatment for anxiety and depression: estimating the effect of increasing access on health outcomes and healthcare system costs in Canada

Helen-Maria Vasiliadis | Faculté de Médecine et Sciences de la santé, Université de Sherbrooke, Canada; Centre de Recherche Charles-Le Moyne, Canada,

Marie-Josée Fleury | Douglas Mental Health University Institute; McGill University

Pasquale Roberge | Faculté de Médecine et Sciences de la santé, Université de Sherbrooke, Canada; Centre de Recherche du Centre hospitalier universitaire de Sherbrooke

JianLi Wang | Department of Community Health and Epidemiology, Dalhousie University

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11:00-12:00 ORAL PRESENTATIONS **Saturn Hall #1**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Rikke Jørgensen

PSYCHIATRIC INSTITUTIONS IN EUROPE THROUGH THE EYES OF THE CPT: ANALYSIS OF REPORTS 2018-2025

Gergana Manolova | London School of Hygiene and Tropical Medicine

Sean Dryer | Independent

MENTALIZATION AND INTERAGENCY COLLABORATION IN THE CONTEXT OF DEINSTITUTIONALIZATION OF CHILDREN’S S

Galina Markova | Know How Centre for Alternative Care for Children, New Bulgarian University

DISCRIMINATION OF FAMILIES IN NEUROPSYCHIATRIC CARE: BARRIERS TO RECOVERY AND HUMAN RIGHTS

anat shalev | Head of the Medical MSW program, Senior Lecturer

REDUCING STIGMA TO IMPROVE MENTAL HEALTH INCLUSION IN HEALTHCARE FOR SOCIALLY EXCLUDED GROUPS

Lucy Cartwright | NIHR PenARC, University of Plymouth
Charley Hobson-Merrett | NIHR PenARC, University of Plymouth
Siobhan Mitchell | NIHR PenARC, University of Exeter
Shahla Bahmanyar | NIHR PenARC, University of Exeter
Charlotte Hewlitt | NIHR PenARC, University of Exeter
Iain Lang | NIHR PenARC, University of Exeter
Rebecca Hardwick | NIHR PenARC, University of Plymouth

11:00-12:00 ORAL PRESENTATIONS **Saturn Hall #2**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Vladimir Nakov

COMPREHENSIVE MODEL OF STIGMATIZATION TOWARD PEOPLE DIAGNOSED WITH MENTAL DISORDERS IN MENTAL HEALTH

Félix Cova | Universidad de Concepción
Pamela Grandón | Universidad de Concepción
Gabriela Nazar | Universidad de Concepción
Claudio Bustos | Universidad de Concepción
Daniela Leyton | Universidad de Concepción
Verónica Monreal | Pontificia Universidad Católica
Camila Pérez | Universidad del Bio Bio
Dany fernández | Universidad del Desarrollo
Gabriela Díaz-Pérez | Universidad de Concepción
Sandra Saldivia | Universidad de Concepción

PROFILES OF PSYCHIATRIC EMERGENCY DEPARTMENT PATIENTS WITH MENTAL HEALTH DISORDERS USING LINKED CANA

Alain Lesage | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Charles-Édouard Giguère | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Marie-Hélène Goulet | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Keith Perry | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Signature Consortium | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Robert-Paul Juster | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada
Stéphane Guay | Institut universitaire en sante mentale de Montreal, Centre integre universitaire de sante et service sociaux Est, Montreal, Canada

IMPROVING TREATMENT OF SURVIVORS OF FEMALE GENITAL MUTILATION / CUTTING (FGM/C) IN GERMANY

Frauke Baller | Hanover Medical School, Germany; Private Practice
Marie-Luise Dierks | Hanover Medical School
Iris-Tatjana Graef-Calliess | ZfP Südwürttemberg

ASSOCIATED FACTORS OF THERAPEUTIC ALLIANCE IN PEOPLE WITH SEVERE MENTAL ILLNESS: A SYSTEMATIC REVIEW

Melina Tetzlaff | Lentis Psychiatric Institute and University of Groningen
Jojanneke Bruins | Lentis Psychiatric Institute
Stynke Castelein | Lentis Psychiatric Institute

11:00-12:00 ORAL PRESENTATIONS **Neptune Hall #1**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Zahari Zarkov

FROM ADVERSITY TO ADAPTATION: EDUCATIONAL ACHIEVEMENT AS A MARKER OF YOUTH MENTAL HEALTH RESILIENCE

Noy Nidam Yavin | Ben Gurion University
Talia Meital Schwartz-Tayri | Ben Gurion University
Noia Kogam Hasid | Ben Gurion University

INTEGRATING PERSONS WITH MENTAL HEALTH PROBLEMS IN NEIGHBORHOODS AND VILLAGES

Rosalie Metze | Associate professor Mental Health & Society
Cindy Boerema | Research group Mental Health & Society

MUTUAL LEARNING ON FAIR SPACE CAN FOSTER SOCIAL PATHWAYS TOWARD THRIVING FOR ALL

Coline Van Everdingen | Independent researcher in VEZC
Irene van de Giessen | HerstelTalent

INTEGRATING MENTAL HEALTH INTERVENTION INTO CLEFT CARE: A PROSPECTIVE COHORT STUDY FROM INDIA

Ajay Aditya Aadhi Mani | Institute of Psychiatry and Human Behaviour
Aksha Gaunekar | Institute of Psychiatry and Human Behaviour

11:00-11:45 ORAL PRESENTATIONS **Neptune Hall #2**

DISCRIMINATION, EQUALITY AND HUMAN RIGHTS

Moderator: Dimitar Germanov

QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA-SPECTRUM DISORDERS: A LONGITUDINAL STUDY WITH 10 YEAR

Alejandra Caqueo-Urízar | Universidad de Tarapacá & Pontificia Universidad Católica de Chile
Felipe Ponce-Correa | Ponce-Correa
J. Francisco Santibáñez-Palma | Santibáñez-Palma
Alfonso Urzúa | Urzúa
Laurent Aix-Marseille University | Aix-Marseille University

EMPLOYEE TURNOVER IN COMMUNITY PSYCHIATRIC REHABILITATION

Banan Khateeb | Bar illan university
Dr. Rena Bina | researcher and lecturer at Bar-Ilan University

ACCESS TO JUSTICE FOR PERSONS WITH PSYCHOSOCIAL AND INTELLECTUAL DISABILITIES IN MENTAL HEALTH PROCE

Dimitar Germanov | Foundation "Global Initiative on Psychiatry"
Kalina Ivanova | Foundation "Global Initiative on Psychiatry"

12:00-12:40 NETWORKING **Networking Area**

REFRESHMENT BREAK

12:10-12:50 POSTER PRESENTATIONS **Poster Screen #1**

POSTER WALK: FROM RIGHTS TO RECOVERY: UNDERSTANDING STIGMA, RELAPSE, AND SUPPORT IN MENTAL HEALTH

Moderator: Rikke Jørgensen (Reviewer: Marcin Siwek)

Increasing Empowerment Through Exploring Disability Rights Theory

Angela Kinn | The McPin Foundation

THE ASSOCIATIONS OF RELIGIOSITY WITH INTERNALIZED STIGMA AND STIGMA RESISTANCE IN PSYCHOSIS

Adam Zabrzygraj | Department of Psychiatry, Masovian Regional Hospital Drewnica

Paweł Grygiel | Institute of Education, Jagiellonian University

Piotr Switaj | Maria Sklodowska-Curie Medical Academy in Warsaw

GAPS IN PSYCHOSOCIAL SUPPORT IN ONCOLOGY - EVIDENCE FROM BULGARIA

Alexander Milanov | Acibadem City Clinic UMBAL Tokuda, Sofia University

CONFIDANT REACTIONS AND SELF-DISCLOSURE: PATHWAYS TO RECOVERY IN MENTAL ILLNESS

Miri Gnainsky | Department of Psychology, Bar-Ilan University, Ramat Gan, Israel

David Roe | Department of Community Mental Health, University of Haifa, Haifa, Israel ; Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers School of Health Professions, New Jersey, USA

Maia Asher | Department of Psychology, Bar-Ilan University, Ramat Gan, Israel

Shay Ohayon | Department of Psychology, Bar-Ilan University, Ramat Gan, Israel

Ilanit Hasson-Ohayon | Department of Psychology, Bar-Ilan University, Ramat Gan, Israel

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12:10-13:00 POSTER PRESENTATIONS **Poster Screen #2**

POSTER WALK: MENTAL HEALTH IN VULNERABLE POPULATIONS: FROM CRISIS TO PREVENTION

Moderator: Rumjana Dinolova (Reviewer: Catherine Briand)

UNDERSTANDING GENDER DIFFERENCES IN TRAUMA RESPONSES

Yael Latzer | University of Haifa

Zohar Spivak-Lavi | Department of Social Work, Yezreel Valley College, Emek Yezreel,

Orna Tzischinsky | Yezreel Valley College, Emek Yezreel,

THERAPISTS' EXPERIENCES TREATING TRAUMA SURVIVORS WORKING IN A WAR ZONE, WHILE MANAGING PERSONAL TRA

Yael Latzer | University of Haifa

Liat Shklarski | Hunter College , school of Social Work

EPIDEMIOLOGICAL PROFILE IN A COMMUNITY SAMPLE OF OLDER ADULTS FROM CHILE

SANDRA SALDIVIA | UNIVERSIDAD DE CONCEPCION- CIADES (ANID CIN250054)

Claudio Bustos | Universidad de Concepción,

JOSEPH ASLAN | UNIVERSIDAD SAN SEBASTIAN - CIADES (ANID CIN250054)

ANABEL CASTILLO-CARRENO | UNIVERSIDAD DE CONCEPCION - CIADES (ANID CIN250054)

PREVENTIVE PSYCHOSOCIAL INTERVENTIONS AGAINST DEPRESSIVE AND ANXIETY SYMPTOMS IN OLDER ADULTS.

Sandra Saldivia | Universidad de Concepcion - CIADES (ANID CIN250054)

Joseph Aslan | Universidad San Sebastián - CIADES (ANID CIN250054)

Anabel Castillo-Carreño | Universidad de Concepcion - CIADES (ANID CIN250054)

Eleni Petkari | Universidad de Malaga

Jakob Pietschnig | University of Vienna

COMBATING HEPATITIS C IN ONE PSYCHIATRIC FACILITY: AN INTEGRATED APPROACH

Yael Delayahu | 1) Abarbanel Mental Health Centre, Bat Yam, Israel 2) Gray Faculty of Medical and Health Sciences, Tel-Aviv University , Israel

Vera Dreizin | 1) Department of Gastroenterology and Liver Diseases, Wolfson Medical Center, Holon, Israel. 2) Gray Faculty of Medical and Health Sciences, Tel-Aviv University , Israel

D. HOVEL | 1) Department of Gastroenterology and Liver Diseases, Wolfson Medical Center, Holon, Israel

Anna GORODETSKY | Abarbanel Mental Health Centre, Bat Yam, Israel

Nil FARIA MAFRA | Abarbanel Mental Health Centre, Bat Yam, Israel

E ISRAELI | Department of Gastroenterology and Liver Diseases, Wolfson Medical Center, Holon, Israel. 2) Gray Faculty of Medical and Health Sciences, Tel-Aviv University , Israel

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12:10-13:00 POSTER PRESENTATIONS **Poster Screen #3**

POSTER WALK: ENHANCING MENTAL HEALTH CARE: INTEGRATION, PLANNING, AND THERAPEUTIC INNOVATION

Moderator: Mike Slade (Reviewer: Valentina Hristakeva)

DEVELOPMENT AND VALIDATION OF A SCALE FOR ADVANCE CARE PLANNING INTENTION IN MENTAL HEALTH

Maite Barrios | University of Barcelona

Chao Zhang | University of Barcelona

Hernán Sampietro | University of Barcelona; Activament Catalunya Associació

Georgina Guilera | University of Barcelona

TRAINING PROGRAMME FOR ADVANCE CARE PLANNING IN MENTAL HEALTH: A MULTI-STAKEHOLDER PILOT EVALUATION

Maite Barrios | University of Barcelona

Hernán Sampietro | University of Barcelona; Activament Catalunya Associació

Meritxell Centeno | Fundació Hospitalàries Sant Boi

Óscar Pino | Fundació Hospitalàries Sant Boi

Anaïs Tosas | Departament de Salut. Generalitat de Catalunya

Mar Samper | Departament de Salut. Generalitat de Catalunya

Georgina Guilera | University of Barcelona

AN MSF-LED PILOT SERVICE FOR SEVERE WAR-RELATED TRAUMA: VINNYTSIA, UKRAINE

Marcos Moyano | Medecins Sans Frontieres - Doctors Without Borders

Annie Slanina | Medecins Sans Frontieres - Doctors Without Borders

TASK SHARING FOR MENTAL HEALTH IN HUMANITARIAN & LOW-RESOURCE SETTINGS: MSF’S EXPERIENCE

Marcos Matías Moyano | Medecins Sans Frontières - Doctors without Borders

Cristina Carreño Glaría | Medecins Sans Frontières - Doctors without Borders

EFFECTIVENESS OF A GROUP MUSIC INTERVENTION IN MENTAL HEALTH: A RANDOMIZED CONTROLLED TRIAL

Georgina Guilera | University of Barcelona

Pau Gimeno | Gran Teatre del Liceu and University of Barcelona

Irene Calvís | Gran Teatre del Liceu

Emilio Rojo | International University of Catalonia

Maite Barrios | University of Barcelona

13:00-13:30

KEYNOTE SESSION #6

Main Hall - Jupiter

MODERATOR: STYNKE CASTELEIN

13:00-13:30

Main Hall - Jupiter

MENTAL HEALTH IN TIMES OF CHANGES - PERSPECTIVES AND CHALLENGES IN GLOBAL AND NATIONAL CONTEXT

Prof. Hristo Hinkov

13:30-14:00

Main Hall - Jupiter

LOOKING AHEAD: KEY TAKEAWAYS AND THE NEXT CONFERENCE

Moderators: Bernd Puschner and Michail Okoliyski