SP034

Cognitive Behavioural Therapy/Motivational Interviewing in Emergency Settings in Child and Adolescent Psychiatry

T. Gargot

Child and Adolescents psychiatry, University Hospital Tours, Tours, France
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Abstract: Worldwide, suicidal ideation in youth varies between 14% and 23 %. Between 5% and 16% have made a suicidal attempt. The prevalence has increased recently. However, we measure a decrease in suicide deaths (Van Meter et al., 2021). Suicide is the second cause of death after accidents. Most psychiatric disorders appear during or before adolescence (Solmi et al., 2022), which makes it a critical period to begin treatment. Development induces peculiarities like more dependence on the environment, insight difficulties, and impulsivity.

Risk factors should be assessed like previous suicidal attempt history, active suicidal ideation, trauma, alcohol misuse, and drug misuse (Pernau et al., 2024).

The management of these situations stresses several challenges. Several interventions were designed but did not show specificities on subsequent suicide prevention. However, they decreased immediate psychiatric hospitalisations, increased mental health service use, and showed mild improvement in subsequent depressive symptoms (Pitt et al., 2024).

Studies in non-specific factors and therapeutic alliance operationalized in motivational interviewing open perspectives like the importance of reflective listening, open questions, semi-directivity and shared objectives (Miller & Moyers, 2021).

Understanding of depression enlightens specific simple approaches like behavioral activation (Richard et al., 2016; Kanter et al., 2010) and problem-solving therapy (Bell & D'Zurilla, 2009).

Specific tools like joint crisis plans (Jong et al., 2016) are useful and ethical on paper or in apps (Stanley et al., 2018)

Organization of care is of paramount importance like phone and letters contact like the program Vigilans (Plancke et al., 2020).

Bibliotherapy and internet CBT tools (Linardon et al, 2024 ; Hedman-Lagerlöf, et al., 2023 ; Lewis et al., 2012) could be useful to improve mental health care accessibility with a small cost.

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SP035

Psychotherapeutic Interventions in Humanitarian Settings

S. Tanyeri Kayahan

Psychiatry, Republic of Türkiye Ministry of Health Yalvaç State Hospital, Isparta, Türkiye
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Abstract: Humanitarian crises result from various events threatening many individuals' health, safety, and well-being. The frequency of public health crises has increased within the last decades, posing significant risks to health, particularly for people in low- and middle-income countries. Social determinants such as discrimination, poverty, and violence are risk factors for mental health conditions. People living through humanitarian crises might experience mental distress, with challenging circumstances that lead to vulnerability to developing mental disorders, including depression, anxiety disorders, and post-traumatic stress disorder.

Psychotherapy in humanitarian settings mainly refers to providing psychological support and treatment to individuals affected by wars and armed conflicts, famine, and natural disasters such as earthquakes, hurricanes, or floods. Humanitarian settings pose unique challenges to the delivery of mental health services due to disrupted infrastructure, cultural differences, and the complex needs of affected individuals. Therefore, psychotherapeutic interventions in humanitarian settings should recognize the psychological and social aspects of mental well-being for prevention and treatment. The psychological components of such interventions are related to the mental and emotional state of the person. Social components include efforts to strengthen social support and interpersonal skills, promoting positive aspects of mental health.

In humanitarian settings, mental health care is often integrated with other services, such as education and social services. This holistic approach ensures that mental health is addressed with basic needs like food, shelter, and safety. Another critical aspect is ensuring the safety and mental well-being of therapists at risk in conflict zones. Although limited evidence shows their effects on better mental health outcomes, several therapeutic modalities are frequently used in humanitarian settings, adapted to unique circumstances. Those include cognitive-behavioral therapy, group therapy, trauma-focused psychotherapy, mindfulness and stress reduction, narrative therapy, and interpersonal psychotherapy.

In conclusion, psychotherapy in humanitarian settings plays a crucial role in addressing the mental health needs of individuals affected by crises. It requires flexibility, cultural sensitivity, and a multidisciplinary approach to overcome the challenges posed by these environments. Digital platforms and web-based services might offer accessible and resourceful therapy options. However, further research is needed to evaluate the effectiveness of psychosocial interventions in such settings. Efforts to expand real-world solutions in mental health services, build local capacities, and integrate psychosocial support into broader humanitarian assistance in low-resourced settings are essential to fostering recovery and resilience in affected populations.

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SP036

Transforming mental health implementation research

E. McGinty

Health Policy & Economics, Weill Cornell Medicine, New York, United States
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Abstract: Slow and inadequate implementation causes greater inequity and reduced quality in emergency psychiatric services. This symposium is based on five recommendations to improve health intervention research and implementation, presented by Professor Emma Mcginty (PhD), the leader of the Lancet Psychiatry Commission to transform implementation in mental health. This presentation will introduce each of these recommendations: I)

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integrate research into clinical practice to ease implementation II) embed equity in mental health intervention research III) use complexity science and bottom-up approaches to improve relevance of science and implementation IV) base implementation less additional methods beyond traditional RCT-based research V) use a transdisciplinary approach in development and implementation of research on new interventions.

Disclosure of Interest: None Declared

SP037

A systematic review of theories, models and frameworks used to guide or evaluate the implementation of coercion reduction programs

T. Lantta[1,2,3]* and COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services)

[1]University of Turku, Turku, Finland; [2]Swinburne University of Technology, Melbourne, Australia and [3]University of Modena and Reggio Emilia, Reggio Emilia, Italy
*Corresponding author.
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Abstract: Coercive practices in mental health care can infringe upon human rights, necessitating urgent global action to eliminate them. However, inconsistencies in clinical practice, fragmented research on effectiveness, and limited understanding of barriers and facilitators hinder the real-world transformation of services. As part of the COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services), Working Group 4 Implementation Science conducted a systematic review to examine the models, theories and frameworks employed by studies in implementing programs aimed at reducing coercion in mental health settings and the reported implementation outcomes. A comprehensive search was conducted across multiple databases, resulting in the inclusion of eight studies (nine papers). The identified coercion reduction programs utilized holistic approaches, risk assessment methods, staff training, and sensory modulation interventions. All of them were conducted in inpatient settings. Eight different implementation tools were identified, but none of the studies reported all sought implementation outcomes. The most frequently reported outcomes were acceptability and adaptation, while no studies provided data on implementation costs. Overall, the quality of the studies assessed was relatively low. The review highlights the underutilization of systematic implementation models, theories and frameworks when embedding coercion reduction interventions in routine mental health care, especially in emergency psychiatry settings. Further research, incorporating the perspectives of service users and carers, is needed to address this gap and determine the costs and resources required for implementing complex interventions with implementation models, theories and frameworks guidance.

Disclosure of Interest: None Declared

SP038

Open-door policy in urban acute wards: results and implementation experiences from a five-year staff co-created in-clinic RCT

N. Kunøe[1,2]

[1]The Lovisenberg Diaconal Hospital and [2]The University of Oslo, Oslo, Norway
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Abstract: Open-door policy is a WHO-recommended framework to maximise safety, prevent coercion, and enhance recovery-based practices during admission to mental health wards. This talk will describe the open-door policy intervention, present results from our 1-year RCT and preliminary 5-year results from the Lovisenberg Open Acute Door Study (LOADS). LOADS is a 5-year in-clinic dual RCT study of open-door policy co-created with user representative and staff in our inner-city acute mental health wards in Oslo, Norway. By combining random allocation, effectiveness outcomes and implementation research, LOADS aims to address the need for faster development of clinically relevant knowledge in mental health.

Disclosure of Interest: None Declared

SP039

Excessive Alcohol Consumption, Alcohol Use Disorder and Women

R. Agabio[1]* and F. Salis

Department of Biomedical Sciences, University of Cagliari, Monserrato (CA), Italy
*Corresponding author.
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Abstract: Alcohol is a major risk factor for mortality and morbidity worldwide (Agabio et al., 2017). Women are affected by specific alcohol-related consequences, including a dose-dependent increased risk of breast cancer from relatively low levels of alcohol consumption, of which many women remain unaware (Agabio et al., 2022), and risk of foetal alcohol syndrome, in their offspring, if alcohol is consumed during pregnancy (Minozzi et al., 2024). Alcohol use disorder (AUD) is a severe and frequent mental disorder with devasting consequences (Agabio et al., 2017). In US, approximately one out of 4 women suffer for this disorder during their lifetime (MacKillop et al. 2022). Although effective treatments are available (Agabio et al., 2024), AUD is undertreated, with stigma being one of the main reasons for not seeking medical treatment (MacKillop et al. 2022) Women usually experience more severe barriers to AUD treatment than men, with pregnant women experiencing more severe barriers than non-pregnant women (Agabio et al., 2017). Another reason of the scarce use of medical treatment is constituted by the widespread belief that available medications are not effective, or rather, are not