WS011

Digital psychiatry in major depression and suicidality: emotion tracking, smart monitoring, and AI-supported care

J. Lopez-Castroman

Psychiatry, University of Santiago de Compostela, Santiago de Compostela, Spain
doi: 10.1192/j.eurpsy.2026.10293

Abstract: Major depressive disorder (MDD) and suicidal behavior are characterized by rapid emotional and behavioral changes that are often missed by standard, episodic clinical assessments. Digital psychiatry offers tools to observe these dynamics over time, supporting earlier detection of clinical worsening and more timely intervention.

This presentation draws on clinical research using ecological momentary assessment (EMA) and passive smartphone monitoring in patients with depression and suicidal behavior. We show how real-time emotion tracking—capturing affective intensity, variability, and reactivity—provides clinically meaningful information that complements routine symptom scales and suicide risk evaluations. Passive behavioral indicators allow ongoing monitoring of vulnerability with minimal patient burden.

We also discuss approaches for integrating longitudinal emotional and behavioral data to identify individual patterns associated with relapse and escalation of suicidal risk, with an emphasis on clinical interpretability and usability. We will address practical considerations for implementation in routine care and future directions toward more personalized, continuous, and proactive management of MDD and suicidality.

Disclosure of Interest: None Declared

WS012

The silent crisis: unveiling the global health burden of psychotherapy delays through the Mental Health Access Burden Index (MHABI)

K. Noor

Foundation of Clinical Research, Harvard Medical School, Boston, United States
doi: 10.1192/j.eurpsy.2026.10292

Introduction: The global landscape of mental health is defined by a profound paradox: while clinical understanding and therapeutic modalities have reached unprecedented levels of sophistication, the actual ability for a person to access care remains obstructed. This crisis has evolved into a rapidly growing epidemic, with mental health conditions now soaring past one billion people worldwide (WHO, 2025).

As a result, mental health is now a leading cause of disability globally (Benefit Representatives of America, 2023). Systemic failures in follow-up care contribute to mortality risk, as worsening symptoms during extensive wait periods increase readmission rates (Pederson et al., 2016). By quantifying these invisible obstacles, the Mental Health Access Burden Index (MHABI) moves focus from clinical symptoms to structural barriers, humanizing data to ensure no patient is "lost in transition."

Objective: The objective outlines the development and implementation of the Mental Health Access Burden Index (MHABI), a composite measurement framework created to quantify the multidimensional burden resulting from delays in accessing mental health care across institutional, individual, and organizational levels.

Methodology: The MHABI (0–100) is an algorithmic framework synthesizing Clinical Burden (Wait Time/DALYs), Economic Impact (Missed Work/School), and Crisis Risk (ER/Suicide history). Results are categorized via a Burden Score Reference Scale: Low (0-39), Moderate (40-69), High Critical (70-85), and Critical (86-100). The provisionally patented methodology introduces a paradigm shift from linear sorting (the "Deli Counter" model) to Burden-Based Stratification across four risk tiers. It employs Diagnostic Sub-Scores to identify why a score is high and Risk Amplification Logic, a conditional multiplier that elevates the composite score when high-risk indicators co-occur, reflecting real-world clinical complexity.

Results: Simulated scenarios show MHABI identifies patients "waiting in line" who require immediate intervention. It addresses the "Deli Counter" blind spot where Patient A (low acuity) and Patient B (high-risk/unemployed) are treated identically due to a "False Equivalence" in wait-time metrics. Prompt, score-prioritized access reduces symptom severity and duration by up to 87%. This targeted approach preserves socioeconomic stability, functional independence, and alleviates clinician cognitive load.

Conclusions: The MHABI bridges the gap between the clinical science of the brain and the social determinants of the community. By quantifying the invisible obstacles to care, this framework ensures that psychiatric treatment is prioritized as a fundamental human right.

Disclosure of Interest: None Declared

WS013

Psychotherapy services: treatment gaps and unmet needs

F. H. Kraxner

Forensic psychiatry, Psychiatric Services of Kanton Aargau (PDAG), Brugg/Windisch, Switzerland
doi: 10.1192/j.eurpsy.2026.10291

Abstract: Despite strong evidence for its effectiveness, psychotherapy remains insufficiently accessible across many European health systems, resulting in substantial treatment gaps and persistent unmet mental health needs. This presentation examines the current landscape of psychotherapy service provision in Europe, with a particular focus on the mismatch between population-level mental health needs and available psychotherapeutic care.

Drawing on comparative data and system-level observations, the talk will outline key structural and organizational factors contributing to treatment gaps, including workforce shortages, uneven geographic distribution of services, long waiting times, limited public reimbursement, and fragmentation between primary care, specialist services, and community-based care. Special attention

https://doi.org/10.1192/j.eurpsy.2026.10291 Published online by Cambridge University Press

will be given to vulnerable populations, for whom barriers to access further exacerbate existing health inequalities.
The presentation will also explore the clinical, public health, and societal consequences of unmet psychotherapeutic needs, including symptom chronicity, increased use of emergency and inpatient services, reduced functional outcomes, and broader economic costs. By situating these findings within a public mental health framework, the talk highlights how insufficient access to psychotherapy undermines both individual recovery and system sustainability.
In conclusion, the presentation emphasizes the need for coordinated policy, workforce development, and service-level strategies to reduce treatment gaps and improve equitable access to psychotherapy across Europe, contributing to higher-quality mental health care and expanded horizons for prevention and early intervention.

Disclosure of Interest: None Declared

WS014

Anywhere anytime: opportunities and limitations of digital psychotherapies

I. G. Yilmaz-Karaman* and EPA Psychotherapy Working Group

Psychiatry, Eskişehir Osmangazi University, Eskişehir, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10290

Abstract: Evidence indicates that therapist-guided digital interventions, particularly internet-delivered cognitive behavioral therapy and videoconferencing-based psychotherapy, can achieve clinical outcomes comparable to in-person treatment for common mental disorders such as depression and anxiety when applied to appropriately selected patients. Key clinical opportunities include improved access to care, flexibility in treatment delivery, support for stepped and blended care models, and enhanced symptom monitoring between sessions. Emerging technologies such as virtual reality and just-in-time adaptive interventions may further augment established therapeutic techniques. Besides, digital psychotherapies have the potential to narrow the treatment gap during disasters.
At the same time, clinically relevant limitations must be acknowledged. Engagement and adherence remain inconsistent, especially in unguided interventions, with high dropout rates reported in routine care. Digital formats may limit clinicians' ability to assess acute risk, comorbidity, and subtle clinical cues, and many digital interventions exclude patients with high clinical complexity. Additional concerns include data privacy, variable evidence quality, unclear liability, and insufficient regulatory oversight. For those with limited internet access and a lack of privacy, digital psychotherapies become unsustainable. That causes a gap between practice and theory.
Digital psychotherapies should therefore be understood as complementary tools rather than replacements for face-to-face care. Their effective clinical use requires careful patient selection, ongoing human oversight, and integration within well-governed mental health care systems.

Disclosure of Interest: None Declared

WS015

Sexuality in autism spectrum disorders– case series

V. Mandic Maravic[1,2]

[1]Institute of Mental Health and [2]Faculty of Medicine, University of Belgrade, Belgrade, Serbia
doi: 10.1192/j.eurpsy.2026.10289

Abstract: Sexuality is a complex aspect of human functioning, including gender identity, roles, sexual orientation, pleasure, intimacy and reproduction. In the past decades, the view of sexuality in persons with ASD has developed from being „asexual" to experiencing intense romantic and sexual needs. During the development of sexuality, persons with ASD are often without adequate education, as parents often feel incompetent to educate their children. Also, specific sensory sensitivity alters the modality of sexual contact in persons with ASD. General self-awareness in ASD is lower, and it is an important aspect of sexuality. There is increasing evidence of specifics in sexuality and sexual orientation in persons with ASD, with non-heterosexual orientation being significantly more prevalent than in the general population, especially in females with autism. Gender dysphoria is present in higher prevalence in persons with ASD than in the general population. Individuals with ASD have higher prevalence of mental health problems, especially if they are a part of sexual and gender minorities. This case-based presentation aims to emphasize the importance of sexuality in ASD, an often disregarded subject in this population.

Disclosure of Interest: None Declared

WS016

Sexuality and gender identity in neurodevelopmental disorders

K. M. Wilczyński

Department of Child and Adolescent Psychiatry, Medical University of Silesia, Sosnowiec, Poland
doi: 10.1192/j.eurpsy.2026.10288

Abstract: Autistic individuals face unique challenges across multiple domains of sexual and gender health that are often overlooked in clinical practice and education. This presentation will address four key areas: the significant gaps in sex education for autistic people, relationship difficulties and social-communication barriers that impact intimate partnerships, patterns of sexual orientation diversity in autism spectrum conditions, and the intersection of autism with transgender and gender-diverse identities.
Research indicates that autistic people receive inadequate or inaccessible sex education, often delivered in formats that don't account for different learning styles or communication needs. Relationship challenges are common, stemming from difficulties with social reciprocity, sensory sensitivities, and navigating unwritten social rules in dating and intimacy. Studies show higher rates of diverse sexual orientations as well as gender dysphoria in autistic populations and due to social barriers and limited access to appropriate medical care and sexual education, this translates into higher rates of mental disorders and an increased risk of suicide.

Disclosure of Interest: None Declared