competence combines an understanding of different belief systems, good communication skills (including highly specialist skills such as the communication of internal emotional states, and the cultural adaptation of treatment models and therapies. Professionals can measure theircompetence on a continuum developed by James Mason. His five progressive steps are: cultural destructiveness, incapacity, blindness, pre-competence, and competence. Next, the mental health needs of refugees will be discussed, especially for those who are at risk to become violent offenders. For example, some types of environmental and psychosocial stressors that refugees may experience day-to-day. Some of the cultural and attitudinal factors should be taken into account when working with refugees and wider communities. Finally, educational needs for trainees in (forensic) psychiatry and (forensic) psychiatrists will be highlighted. Knowledge about culture, ethnicity, race, religion, and identity is hereby crucial. Reflections will be made on the presented case.

Disclosure of Interest: None Declared

CBS024

How to manage sleep in women with ADHD during (peri)menopause?

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Abstract: For women navigating both ADHD and the (peri)menopausal transition, sleep problems are a common and significant hurdle. This presentation explores effective ways to improve sleep for (peri)menopausal women with ADHD, drawing on research into hormonal, non-hormonal, and behavioural approaches. ADHD can make sleep difficult, contributing to issues like delayed sleep phase, insomnia, and restless legs syndrome/periodic limb movement disorder (RLS/PLMD), with roughly 60% of adults with ADHD screening positive for a sleep disorder. Research indicates that adults with ADHD often take longer to fall asleep and experience more sleep-related challenges than those without ADHD. Similarly, (peri)menopausal women often struggle with sleep disturbances, including poor sleep quality and increased restless legs symptoms. Considering that (peri)menopausal symptoms can also impact cognitive function, addressing these symptoms may lead to better sleep. Menopausal Replacement Therapy (MRT) may be beneficial, especially for women with vasomotor symptoms, as it can improve sleep quality and reduce nighttime awakenings. In addition, multiple studies suggest that bioidentical progesterone can improve sleep quality in perimenopausal women. We will also discuss non-hormonal options and behavioural strategies like cognitive behavioural therapy, exercise, and mindfulness techniques. With a significant percentage of women with ADHD diagnosed with a sleep disorder and prescribed sleep medication, and a similar percentage of perimenopausal women experiencing sleep disturbances, a personalised, integrated approach is key. This includes fine-tuning ADHD medication, managing any co-existing mood issues, and customising treatments to fit individual needs.

Disclosure of Interest: None Declared

CBS025

Ethical tensions created by AI in the mental health sector

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Abstract: Artifical Intelligecne is sold as a magic solution, and yet its inscrutability poses a major problem. Who is the source of the knowledge? Who is accountable? Who is responsible? Who can edit or train it? Has it been trained on copyrighted material? If so, have the owners been compensated? If not, is it culturally relevant? Has the 'black box' aspect been addressed? Whether a provider of knowledge, a clinical decison aid or a decsion maker, troubling issues arise that as yet have not been solved by legisaltion or the market. We shall explore potential benefits, solutions, and actual problems with real world cases that shed light on where AI may take us, and where we may need constarints that lie beyond medical ethics.

Disclosure of Interest: None Declared

Workshop

WS001

Attention-Deficit/Hyperactivity Disorder (ADHD)

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doi: 10.1192/j.eurpsy.2025.190

Abstract: Attention-Deficit/Hyperactivity Disorder (ADHD) In my talk, I will present the latest evidence, mainly based on previous meta-analyses, network meta-analyses, dose-response meta-analyses, and umbrella reviews, that can inform clinical decision-making in the field of pharmacological treatment for ADHD, including the choice of initial medication, titration, treatment of stimulant-refractory cases, management of cases with comorbid conditions, and management of adverse event.

Disclosure of Interest: None Declared

WS002

Early Onset Psychosis

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Abstract: Early onset psychosis and, especially, early-onset schizophrenia (EOS), defined as the onset of psychotic symptoms before

the age of 18, represent severe and frequently disabling conditions with adverse long-term functional consequences. Effective pharmacological treatment is critical to mitigating symptom progression, reducing relapse, and improving long-term outcomes. This presentation provides an update on current evidence-based pharmacological strategies for EOS, with a focus on efficacy, safety, and emerging treatments.

Second-generation antipsychotics (SGAs), such as aripiprazole, quetiapine, paliperidone, and risperidone, remain the mainstay of treatment, with lurasidone and brexpiprazole showing positive results in more recent studies. While olanzapine is clearly an effective SGA, its more pronounced cardiometabolic side effects have relegated olanzapine more to a second-line antipsychotic when other SGAs are ineffective. Thus, comparative efficacy, side effect profiles, and long-term metabolic risks are relevant when choosing among individual agents. The role of clozapine for treatment-resistant EOS and considerations regarding polypharmacy are relevant, given that EOS is one of the most reliable risk factors for treatment-resistant schizophrenia .

Long-acting injectable antipsychotics (LAIs) have not been explored in randomized trials so far, but are an important treatment tool, given the widespread non-adherence risk, which is even higher earlier in the illness. Novel mechanisms, including cholinergic muscarinic agonist treatments, recently approved for the first time for adults with schizophrenia, which address presynaptic hyperdopaminergia and in a highly selective fashion, need to be explored in EOS in the future. Additionally, the importance of early intervention strategies and adjunctive nonpharmacological and pharmacological treatments, e.g., mood stabilizers, antidepressants for specific domains of schizophrenia and for comorbid conditions, as well as best practices for transition into the adult psychiatry sector require further study.

In summary, treatment selection for youth with EOS should balance short-term as well as long-term efficacy considerations and safety concerns. While pharmacological advancements in EOS generally lag behind advances in adults, innovations are hoped to also reach EOS. More individualized and measurement-based approaches needed to be explored in both research settings and clinical care aiming at optimizing the pharmacological management for individuals living with EOS.

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WS003

French psychiatrists' concerns about assisted death

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Abstract: A bill on euthanasia and assisted suicide is currently under discussion in France. It proposes that only competent adults suffering from a serious and incurable condition that threatens their life in the medium term, or who are in an advanced or terminal phase, and experiencing unbearable physical or psychological suffering—either refractory to treatment or considered unbearable in the absence of treatment—may request medical assistance in dying (MAiD). However, French psychiatrists have expressed concerns about the bill, as it does not mandate a psychiatric evaluation, despite the high prevalence of mental disorders, including depression, in the general population. These disorders are even more frequent in end-of-life conditions and can significantly impact decision-making capacity and the wish to die. Depression, a common comorbidity in cancer—the leading cause of MAiD requests—affects approximately 15% of cancer patients but is often underdiagnosed and undertreated. The bill also raises concerns regarding its implications for suicide prevention. Some MAiD requests may stem from treatable psychiatric conditions rather than a well-considered end-of-life choice. Furthermore, a proposed obstruction offense could potentially criminalize suicide prevention efforts, complicating the role of mental health professionals. Uniquely, the French bill allows a third party chosen by the patient to administer the lethal substance, a provision not found in any other country. This raises significant ethical and psychological concerns regarding the emotional burden on the designated individual, who may experience distress, guilt, or long-term psychological repercussions from actively participating in assisted dying. Finally, the possibility of future expansion to include psychiatric-only indications, as seen in other countries, remains a critical issue requiring careful ethical and medical scrutiny.

Disclosure of Interest: None Declared

WS004

What forms of framing can be found in the Flemish media in a jury trial about euthanasia for psychological suffering?

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Abstract: The Flemish Association of Psychiatry developed due care guidelines for medical assisted dying in cases of severe and unbearable psychiatric suffering, which were adopted by the Order