The R-LiNK consortium conducted a landmark multinational, multicentre study to identify biomarkers of lithium response and tolerability (Scott et al., 2019). A total of 169 patients initiating lithium were followed for 24 months, with biomarker assessments at baseline and 3 months. Response was evaluated monthly using the Alda scale and expert consensus.

Key highlights include:

- **Study design and challenges:** Overview of R-LiNK's approach, addressing methodological hurdles in defining lithium response and tolerability in real-world settings.
- **Preliminary results** include (i) significant reduction of suicide risk 3 months after Li initiation, (ii) baseline Gray Matter (GM) in hippocampus and amygdala associated with Li response, (iii) global GM volume increase between baseline and Month 3, (iv) GM volume increase between baseline and Month 3 in hippocampus and amygdala, (v) using Li-MRI, lower Li signal in several brain regions associated with good response and (vi) Li-induced molecular signature in blood was different in males and females.
- **Neuroimaging innovations:** Harmonised MRI (structural, diffusion-weighted, proton spectroscopy) and pioneering multinuclear 7Li-MRI—implemented in six centres—to map lithium's brain distribution. Findings from individual modalities and plans for multimodal data fusion will be discussed.

Attendees will leave with:

- A comprehensive update on research efforts aiming at the identification of Li response biomarkers and their clinical implication.
- Practical implications of integrating advanced technologies into psychiatric care in the future.

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Disclosure of Interest: None Declared

CRS009

Real-world effectiveness of lithium

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Introduction: Lithium is considered the first-line treatment for bipolar disorder but its use has been declining worldwide. This is apparently attributable to its side effects and to the fact that lithium is inexpensive, meaning that pharmacological companies have no incentive for marketing.
Objective: To give an overview on the real-world evidence on the effectiveness of lithium of bipolar disorder and unipolar depression.
Methods: Literature review in PubMed.
Results: All large real-world studies indicate that lithium is highly beneficial treatment compared with other options for bipolar disorder, concerning relapses, suicidality, working ability, and somatic well-being of the patients. It was observed also to be useful in the augmentation of treatment for unipolar depression.
Conclusions: The results suggest the use of lithium as the mainstay of treatment in bipolar disorder.

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CRS010

Cardiometabolic risk with use of antipsychotics in children and adolescents

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Abstract: This presentation is based on a recent nationwide Danish cohort study examining cardiometabolic risk following antipsychotic initiation across age groups. We will use the study as a framework to illustrate why age at treatment initiation matters clinically. The presentation will show that although absolute cardiometabolic event rates are higher in adults, the excess risk attributable to antipsychotics is greatest when treatment is initiated in childhood and adolescence, particularly before age 12. We will discuss the implications for prescribing thresholds, treatment duration, and metabolic monitoring in younger patients.

Disclosure of Interest: M. Højlund Consultant of: Lundbeck, Orion, and Otsuka, Paid Instructor of: Lundbeck, Orion, and Otsuka.

Symposium

SP001

Effects of intensive home treatment: a quasi experimental study

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Introduction: Although Intensive Home Treatment (IHT) is intended to prevent hospital admissions, little is known about its effects in a specific population of patients who are already in outpatient treatment (Flexible Assertive Community Treatment; FACT) before the were referred to IHT.
Objectives: To study the effects of psychiatric crisis-care using IHT versus psychiatric crisis-care in Flexible Assertive Treatment (FACT) Teams.
Methods: We used a quasi experimental design to study the effects after 6 months on admissions and Length of Hospital Stay (LOS) of crisis-care in IHT versus FACT. Patients in a crisis situation, who were treated in FACT, were either admitted to IHT or stayed in FACT, based on the treatment availability in IHT.

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Results: 463 patients in a psychiatric crisis situation were referred to IHT, and 59 patients in a psychiatric crisis situation could not be referred to IHT. After 6-month follow-up 27.2% vs. 33.9% patients were voluntary admitted (a difference of 6,7%; 95% CI: -6.6% to 20.0%), 7.1% vs. 8,5% patients were involuntary admitted (a difference of 1.4%; CI: -6.4% - 9.2), and the median LOS (days) was 31.0 vs. 61.5 in patients who were initially referred to IHT versus those who remained in FACT and could not be referred to IHT.
Conclusions: IHT may thus reduce involuntary admissions as well as hospital-bed days for patients in a psychiatric crisis situation, and referred by outpatient mental health services. The effect on voluntary admissions did not reach statistical significance.

Disclosure of Interest: None Declared

SP002

5 years of psychiatric high intensive care in Belgium: lessons learned

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Abstract: Amid ongoing mental healthcare reforms in Belgium, federal authorities initiated a significant transformation of inpatient care for individuals with severe mental illness from 2020 onwards, leading to the transition of 31 psychiatric units across Belgium into high-intensive care (HIC) units (Bruffaerts et al., 2025). In this presentation we discuss (1) clinical and socio-demographic profiles of patients admitted to HIC units in Belgium; (2) findings on the role of HIC units in the provision of appropriate care for patients in severe crisis (including met and unmet needs for treatment and the extent to which HIC patients have been treated in a crisis care pathway); (3) pre-/post comparisons in patients' outcomes. Using a value-based framework, we provide preliminary evidence on the role HIC units may play in the development of a delivery system for people in crisis.

Disclosure of Interest: None Declared

SP003

Confessions at the high and intensive care ward: what drives professionals in their daily practice?

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Introduction: In the Netherlands, the High and Intensive Care model has been developed to enhance the quality of care and reduce coercion on acute psychiatric wards, with staff recognized as a crucial factor in its successful implementation. However, high staff turnover threatens both sustainable implementation of the model and the well-being of patients and healthcare professionals.
Objectives: To inform strategies for staff retention and recruitment, this study explores the motivations of professionals working on High and Intensive Care wards.
Methods: We used an innovative arts-based method known as the "confession booth" to collect data that uncovers deep motivations and encourages individuals to reflect anonymously. The confession booth, a designated room on the ward, invited staff to send voice messages via WhatsApp, in response to three prompts: 1) What impressed them most during their shift 2) What made them most proud, and 3) What frustrated them most. The confession booth operated simultaneously across eight High and Intensive Care wards in the Netherlands over the course of two weeks.
Results: Thematic analysis identified four overarching themes, each comprising multiple subthemes: meaningful engagement, professional agency, collaborative competence, and security. Participants emphasized that High and Intensive Care work is driven by a deep sense of compassion and a strong commitment to supporting patient recovery. The complexity of the work, along with active involvement in clinical decision-making, was described as both meaningful and professionally rewarding. Effective teamwork, particularly within a flexible, skilled, familiar team, was seen as essential to both job satisfaction and safety. Feeling safe emerged as a crucial prerequisite for all aspects of the work in which effective collaboration and adequate support from law enforcement were essential to maintaining this safety.
Conclusions: To safeguard care quality, the persistent vicious cycle of insufficient attention to staff retention must be broken through structural investment in well-being, recognition, and reward. Retention is shaped by meaningful work, opportunities to apply expertise, effective teamwork, and safe working conditions. The confession booth provided a flexible and anonymous space for reflection, offering valuable insights. These findings present a strong foundation for improving retention and recruitment within High and Intensive Care settings.

Disclosure of Interest: None Declared

SP004

Antipsychotics during transition from adolescence to adulthood

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Abstract: The period of transition from adolescence to adulthood is critical for continuity of psychiatric care. Discontinuity of treatment, loss of follow-up, can severely affect outcome of psychiatric conditions. As indicated by a survey among European mental health professionals, fragmented delivery and disruption of care is perceived as one of the barriers in access to mental health services. Currently, we are facing big surge of mental health problem among children and adolescents. This is also evidenced by the sharp increase in consumption of psychotropic drugs. The number of young people (under age of 17 years) in the Czech Republic, who were prescribed antipsychotics, went up between 2015 and 2025 by 25%. The same pattern can be observed in other countries, as well. Antipsychotic treatment of adolescents requires close scrutiny, especially in those who are at risk of transition to psychosis. The data indicate that antipsychotics may not be more effective in