S0092

loneliness, solitude and social desintegration in the elderly and their relationship to health

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Abstract: Loneliness has become a big issue in the time of the COVID pandemic. The attention to the topic also has to do with the increase in people living alone in Europe, although this also has to do with prosperity. Living alone does not yet mean being lonely. In the scientific discussion and especially in the measures, a differentiation must be made between loneliness, solitude and social disintegration. Poor social integration is easily measurable and has a lot to do with the physical health (mobility, vision and hearing) of the people concerned. However, the extent to which participation in social and cultural opportunities is possible, for example through the expansion of public transport, also plays an important role.
Loneliness, on the other hand, is by definition subjective and strongly linked to mental health. It describes the subjective suffering of missing or unsatisfactory social relationships, lack of integration and security. Loneliness is often found in two peaks, among the young and the old. Political and public health campaigns often focus on social integration measures. However, measures to combat loneliness mean first and foremost recognising mental illness in old age, especially depression. But they also mean providing help to people with long-term mental illness in old age.

Disclosure of Interest: None Declared

S0090

Improving the effectiveness of mental health care through the use of PROMs and PREMs; the OECD perspective

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Abstract: Patient-reported measures are a critical tool for improving policy and practice in mental health care. However, to date, the use of patient-reported measures in mental health care is limited to a small number of countries and settings—and there is a pressing need, both within and across countries, to consistently and effectively measure the effects and impact of care for patients who use mental health care services. The PaRIS pilot data collection on mental health included 15 data sources from 12 countries, collected over the course of 2021. While the scope of included data varied, the results demonstrate increased adoption of national and subnational efforts to capture patient-reported information in mental health care systems. Analysis of data collected through the PaRIS mental health pilot documents, in general, positive patient-reported experiences of mental health care. The results also suggest improvement in patient-reported outcomes for those receiving mental health care services.

Disclosure of Interest: None Declared

S0091

The role of stigma as an obstacle for social inclusion for people with severe mental disorders

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Abstract: Stigma continues to be the main obstacle to the improvement of mental health care and to a life of good quality for people with mental disorders or with the experience of a mental disorder. It affects all that is related to mental illness, not only the person who has the disorder but also the institutions in which people with mental disorders receive treatment, treatment means, such as medications, staff working in mental health care and the family of the person with mental disorder.
Recent years have witnessed effective programs against stigma in various countries and it would be logical to expect that work against stigma will be a crucial part of mental health programs. This unfortunately is not the case.
The presentation will focus on interventions that have been successful in reducing stigmatisation or its consequences and propose action to reduce stigma.

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S0092

Virtual reality-based interventions for schizophrenia

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Abstract: Background: Traditional psychotherapeutic interventions show small to moderate effect in treating psychotic symptoms. Virtual reality (VR) assisted treatments has the potential of advancing current psychotherapies for psychotic symptoms by creating virtual environments that can elicit responses (e.g., thoughts, feelings, behaviours) mirroring real-world settings. This presentation will highlight the current research initiatives using virtual reality-based interventions targeting positive and negative symptoms in patients with psychosis.
Results: Main findings from the pilot-studies and randomized clinical trials on computer-based and immersive VR-interventions demonstrate preliminary evidence of VR-based psychotherapy for treating auditory hallucinations and paranoia with large effect sizes (Cohens d= 0.75-0.80). Additionally, pilot data has provided indications as to VR-psychotherapy being feasible and acceptable in treating negative symptoms and may have a large effect on participants achieving their goals and potentially in reducing negative symptoms. No adverse effect has been found related to the VR-interventions.
Discussion: The promising findings on VR-based interventions for psychosis calls for large-scale randomized clinical trials consolidating the evidence for the effect in treating positive and negative symptoms in psychotic disorders. Cost-effectiveness of these short-term VR-based interventions are essential to inform scalability and implementation. Finally, most of the studies target patients in more

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chronic/treatment resistant phases of psychosis highlighting the need to investigating the effect in earlier phases of psychosis, that is, first-episode and potentially clinical high-risk states.

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S0093

Illicit drug use and co-morbidities: a gender perspective

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Abstract: At the global level, women are more likely than men to misuse pharmaceutical drugs, particularly pharmaceutical opioids and tranquillizers. By contrast women are three times less likely than men to use cannabis, cocaine or amphetamines and one in five people who inject drugs are women.This mainly reflects differences in opportunities to use drugs owing to the influence of social or cultural environments, rather than intrinsic gender vulnerability. The scientific literature shows that processes of drug use initiation, social factors and characteristics affecting people who use drugs, biological factors and progression to the development of drug use disorders vary considerably between men and women. In this presentation we will present the main characteristics at bio-psycho-social level, including mental (i.e, Depression, Post- Traumatic Stress disorder) and physical comorbidities (i.e. HIV, HCV) of women with illicit drug use disorders. Finally, there will be a reflection on the different difficulties that women who use drugs have in accessing treatment.

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S0094

Social inclusion: a fundamental PROM for evaluating recovery-oriented global mental health programmes

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Abstract: Social inclusion is a multidimensional concept, referring to ample participation in key social, cultural, economic and political activities. Since the turn of the century, social inclusion has become a guiding principle in policy recommendations of many international (United Nations, WHO, EU) and national bodies, aiming to improve the lives of people with mental ill-health. More recently, social inclusion has been increasingly used as an outcome measure, to test the effectiveness of complex interventions, especially in the field of global mental health.
This presentation will focus on: (1) current definitions and controversies in research on social inclusion for and with people with mental ill-health; (2) measuring social inclusion; and (3) the evidence-base of interventions to improve social inclusion. Special attention will be given to recovery-oriented interventions in global mental health such as peer support.
In summary, over the last years, impressive conceptual and methodological advances have been made to transform policy rhetoric into meaningful and effective interventions. However, challenges remain, including consensus on culturally appropriate measurement of social inclusion, and balancing the roles and responsibilities of all stakeholders (service users, mental health service providers, wider society) across the entire exclusion-inclusion continuum to promoting social inclusion and mental health.

Disclosure of Interest: None Declared

S0095

Clinical, physiological and cerebral effects of a remote adapted physical activity program in patients with schizophrenia

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Abstract: Background: Physical activity (PA) has emerged as an interesting adjuvant non-pharmacological intervention in patients with schizophrenia (SZPs). The vast majority of programs are face-to-face without considering the patients' physiological capacities and their difficulty to achieve the programs. The aim of this study was to demonstrate the efficacy of PA on clinical variables and brain plasticity. Its originality was to adapt PA on the cardiorespiratory and physical capacities (APA) and to deliver PA remotely by a videoconference coach (e-APA).
Methods: This longitudinal study included 35 SZPs (DSM-5) randomized either in an e-APA group or in a control group (health education training (e-HE)). Both programs were delivered in the same conditions, remotely via the web with a professional, for two 60-minute sessions per week during 16 weeks. Cardiorespiratory capacity measured by VO_2max, clinical symptoms assessed with PANSS, BNSS and SNS, total hippocampus (HCP) volumes and their subfields, were evaluated in pre- (session 1) and post- interventions (session 2). High-resolution T_1-weighted and two high-resolution T_2w brain volumes were proceeded at session 1 and 2 (MRI 3-T, Philips). ANCOVAs were performed to determine intervention and/or diagnostic effects on relative variation (RV) of cardiorespiratory capacity, clinical symptoms and HCP volumes.
Results: The retention rate of SZPs in the study was 88.6%. SZPs of e-APA group presented a greater RV of VO_2max (+7.3%) compared to SPZs-HE (-3.9%) ($p = 0.024$). No significant effect of the e-APA compared to the e-HE was demonstrated regarding the RV of the clinical symptoms. However, between 1 and 2 sessions, total PANSS scores, positive and general PANSS sub-scores significantly decreased in both groups while total SNS and BNSS scores only decreased in e-APA group. Finally, a positive and greater RV of the left subiculum volume was observed in e-APA (+3.4%) compared to e-HE (-2.5%) ($p = 0.0005$).
Conclusion: This study is the first one demonstrating the feasibility and acceptability of a remote APA program in SZPs with high participation rates. Our results show that e-APA induces brain plasticity reflected by an increase of HCP subfield volume and