SP036

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

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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.

Disclosure of Interest: None Declared

SP035

Psychotherapeutic Interventions in Humanitarian Settings

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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

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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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