lower mortality rates, including suicides in young people with schizophrenia.[4]
Higher doses of antipsychotics are associated with poorer outcomes and with potential structural brain changes, while adequate (lower) doses of antipsychotics are associated with lower side effect burden and better overall outcomes[5]. A significant proportion of patient may benefit from polypharmacy (combination of 2 antipsychotics)[6]. Antipsychotic treatment discontinuation strategies are associated with the development of treatment resistance.[7]
Conclusions: Adequate (low dose) antipsychotic treatment is part of the complex early intervention programs and long term treatment of schizophrenia, which are associated with higher rates of recovery and good outcomes. The role of polypharmacy (combination of 2 antipsychotics) may need a reconsideration in the treatment guidelines of schizophrenia.

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SP0018

Recovery in Schizophrenia: The Role of Psychosocial interventions

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Abstract: Recovery in Schizophrenia: The Role of Psychosocial interventions Recovery is individual and so needs individual responses from the mental health services. Different interventions are useful at different stages and of course they only "work" for some people. The paper will describe some psychosocial interventions and the role they might pay in the patient's journey to their expected recovery. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. The process of considering which one to start with is a choice and this paper will describe some decision making to ensure that patients have the best options.

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SP0019

Does war increases the risk for psychoses?

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Abstract: The World Health Organization (WHO) has stated that in situations of armed conflict, "Around 10 percent of the people who experience traumatic events will have serious mental health problems, and another 10 percent will develop behavior that will hinder their ability to function effectively." Problems include post-traumatic stress disorder, anxiety, depression, substance misuse, and possibly precipitation of psychosis. War has a catastrophic effect on the health and well being of nations. Studies have shown that conflict situations cause more mortality and disability than any major disease. Only through a greater understanding of conflicts and the myriad of mental health problems that arise from them, coherent and effective strategies for dealing with such problems can be developed.

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SP0020

Mental Health Policy Name: War and mental health (Croatian experience)

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Abstract: War represents one of the major traumatic events for humans and comes with enormous consequences for individuals and society over a long period of time. War causes acute psychological trauma, but also results in subacute, chronic psychiatric disorders for all those experiencing or witnessing direct war trauma and to those experiencing indirect war trauma resulting from losing the safety of home and financial income, to losing family members and close ones. Therefore, acute reaction to trauma may result in maladaptive disorders and PTSD within days of experiencing trauma and with chronic posttraumatic stress conditions even years after the traumatic experience. Chronic PTSD is associated with higher morbidity of somatic conditions, including hypertension, hyperlipidemia, metabolic syndrome, all resulting in cardiovascular and cerebrovascular disorders. Additionally, according to reports from World Health Organisation (WHO), it has been projected that in emergencies, on average, the percentage of people with a severe mental disorder increases by 1 per cent over and above an estimated baseline of 2–3 per cent. In addition, the percentage of people with mild or moderate mental disorders, including mood and anxiety disorders (including PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent. Furthermore,

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