various sectors and fields of support, the goal of mental health promotion is spread across many environments, which mental health professionals themselves cannot cope with in these new, difficult conditions.

Disclosure of Interest: None Declared

WS008

Workshop of the Task Force on Migration and Mental Health

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Abstract: Introduction: Sweden has a long history as a host country for refugees. In recent years there has been a shift from being one of the most generous host countries in Europe to one of the most restrictive. In Sweden, refugees with a residence permit have a full right to care, but asylum seekers and undocumented migrants only have a right to care that cannot be deferred. Despite relatively good formal access to mental health care, and so far, the availability of free language interpreters, refugees face barriers to and within mental health care.
Aims: To give a brief overview of the current challenges for mental health care in Sweden and the work on solutions for people on the move.
Research methods: Ongoing research and clinical development are summarised in parallel with the identification of challenges.
Findings: A complex picture of the development and challenges of mental health care for people on the move in a situation of increasing social pressure on refugees is described.
Conclusions: There is a need for equal treatment of people on the move without discrimination and exclusion.

Disclosure of Interest: None Declared

WS009

Current situation in Europe – different perspectives

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Abstract: Germany is one of the countries that has taken in a large number of refugees. Around 2.25 million now have recognised protection status in Germany. In addition, Germany has taken in over 1,215,048 refugees from Ukraine. All of these people are very vulnerable refugees who are exposed to many risk and stress factors before, during and after their migration. As a result, they have a high prevalence of mental disorders such as post-traumatic stress disorder (PTSD), depression, anxiety, substance use and persistent grief disorder. At the same time, refugees face numerous barriers to accessing medical care, such as language and cultural barriers, administrative barriers, structural, institutional and interpersonal discrimination and racism. There is also unequal treatment in Germany between refugees from Ukraine and other regions of the world. In addition, healthcare provision has recently been tightened due to changes in the Asylum Seekers' Benefits Act. This presentation will focus on the sitaution in Germany and discuss üossible solutions.

Disclosure of Interest: None Declared

WS010

Seeing Affective and Psychotic Disorders through Addictions: Case Studies to Review the Challenges for the Survival of both "the Patient on the Edge" and "Therapeutic Alliance"

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Abstract: Comorbidities in addiction: It is a rule rather than an exception. The story starts in childhood; even before, in infancy, and may be in prenatal life. The dimensional traits have already been there, existing obviously far before any DSM-5 diagnosis. Among these traits, the developmental features named as stress sensitivity, impulsivity and emotion dysregulation are the leading ones. Comorbidity research addressed childhood abuse, neglect or other childhood adverse experiences as a definite risk factor for adolescence and adult mental disorders, particularly substance use disorders. Developmental and environmental adversities in a mutually amplifying pattern make a vicious cycle in which the individual finally finds an illusionary exit, a pathway to addiction. This presentation aims to discuss the complexities and challenges for the diagnosis and treatment of cases presenting with ASUD (alcohol and substance use disorders) and comorbid neurodevelopmental and affective or psychotic disorders . The history as well as the life and the management charts of the patients are reviewed in the light of information collected during the follow-up years revealing significant alterations with regard to diagnoses and therapeutic approaches. A specific focus of the case studies will be the missed or mis-diagnoses, and the impact of them on the treatment courses and the outcomes. One of the case studies with an eight year follow-up period, shows ADHD traits, alcohol use disorder, affective disorder and a later emerging severe stimulant use disorder. The second case with a similar ADHD history, presents with a stimulant use disorder, co-occuring with a severe psychotic disorder, that has been mis-diagnosed as schizophrenia. The life and management charts of the studied cases convey the drawbacks of the diagnostic difficulties, the treatment failures and the implication of efficient therapeutic strategies.
The challenges faced by clinicians due to co-occuring disorders that have become a common practice for addiction professionals. should be managed by transdiagnostic and integrative modalities. While big data or empirical large datasets can have their own limitations to help the practitioner for overcoming such complexities of real world situations, as stated in Stein's article (2022, Psychiatric diagnosis and treatment in the 21st century: paradigm