psychiatric approach or a prison sanction. Sometimes a previous feigned symptom does not mean to have new episode with psychiatric symptomatology that should be treated. In this paper we ´ll focus in the prison psychiatry (that probably include all the situations that has been describe above.) and to give some clinical tips to deal with this kind of situation in the everyday work and casualty job.

Disclosure: No significant relationships.
Keywords: Faking symptoms; malingering; feigned symptoms and prison

Challenging stigma attached to mental disorders in different european countries: Understanding and doing something

S0070

Stigma towards patients with schizophrenia and other mental disorders: Challenges and interventions in Italy

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Stigma toward mental illness is considered a major public health problem, being a significant obstacle for the access to care by people with psychiatric disorders, not only the severe ones but also those improperly called "minor" disorders, as recent research demonstrates. Moreover, stigma per se causes further sufference, undermining the quality of life of those who suffer from mental disorders due to discrimination, social isolation and lack of opportunities. Thus, combating stigma is one of the main goal of mental health policies worldwide. After the 1978 Reform Act, substantial ideological and practical changes were introduced in Italy, such as, among others, the abandonement of custodial care and of the dangerousness criterion for involuntary treatments, along with the development of a nationwide system in mental health care. Notwithstanding there relevant changes and more than forty years of experience in community treatment of mental disorders and the widespread implementation of interventions oriented to social inclusion, no data about significant changes in public stigma toward mentally ill people could be registered in our country. Moreover, a quite limited number of specific anti-stigma programmes and campaigns at a national or local level were developed with a correspondently paucity of research regarding the evaluation of these interventions with specific reference to their quality and effectiveness

Disclosure: No significant relationships.

S0072

Challenging stigma attached to mental disorders: A psychosocial perspective

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Stigma attached to mental disorders represent one of the main obstacles to patients' full recovery and empowerment. In the last decades, many anti-stigma programmes have been implemented worldwide, but stigma still represents a major obstacle for people with severe mental disorders, their family members, friends and also healthcare professionals. Stigma is a complex social phenomenon, which entails a lack of knowledge, discriminating attitudes and excluding behaviours in the general population, which deserves a multi-level approach. In particular, anti-stigma strategies combining the three most common approaches, including contact, education, and organization of protest activity, are the most effective. Interventions should contain age-appropriate information and should be provided at an early age (e.g., in schools). Interdisciplinary approaches are recommended. In particular, contact strategies are important to reduce prejudice and change attitudes towards people with mental disorders and may be implemented either by video (interviews/personal testimonies), but ideally in person with affected individuals, reporting their real life experiences. In this workshop, the role of advocacy associations together with all stakeholders of mental health will be discussed in the process of fighting stigma according to a psychosocial perspective.

Disclosure: No significant relationships.
Keywords: discrimination; social inclusion; Stigma; Mental disorders

Behavioral addictions during social-distancing for the COVID-19 pandemic

S0078

The impact of physical distancing on body-image and social media use

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The current coronavirus pandemic (Covid-19) is posing new critical challenges on mental health due to widespread social alarm as well as long lasting "physical distancing" as a result of public health protection measures or voluntary conduct. In a period of uncertainty, certain rewarding behaviors, such as the use of the Internet, exercise among other coping strategies might have increased considerably. We will share the results of an international cross-sectional investigation on the impact of physical-distancing on such potentially addictive behaviours to mitigate the pandemic effects, while identifying the most risky patterns and vulnerable populations. The studied sample consists of 3161 participants from Italy (41%), Spain (16%), the UK (12%), Lithuania (12%), Portugal (11%), Japan (6%), and Hungary (4%). Results are currently being analysied.

Disclosure: No significant relationships.
Keywords: Problematic use of the internet; self-distancing; Covid-19; self-image

S0079

Changes in pornography use and sexual behaviour during lockdown

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COVID-19 pandemic and the related restrictions had a significant impact on the living and working conditions as well as the everyday behavior and mental health condition. Aim of the current analysis was to examine the impact of the input-deprived circumstances on the sexual life characteristics. An online survey carried out after a few weeks of the first nation-wide lockdown was enacted in Hungary. 1,755 persons participated in the first wave (50.4% males). Relationship and sexual life satisfaction, sexual intercourse and masturbation frequency were assessed with additional single-item questions about the subjective change (5-pont Likert scale; 1="decreased significantly"; 5="increased significantly) in these characetristics since the epidemiological restrictions had been introduced. Furthermore, several potential protective and risk factors were measured (depressive symptoms, perceived stress, loneliness, general well being, intolerance of uncertainty, sensation seeking, and COVID-19 related health anxiety). Linear regression models were calculated to assess which of the former variables predict the subjective changes of one's sexual life. The analyses resulted in weak standardized coefficients. The subjective change in relationship satisfaction (mean 3.20, SD 0.94) and sexual satisfaction (mean 2.82, SD 0.73) were predicted positively by general well-being (β=.11–0.25, p<.01), and negatively by loneliness (β=-.14-0.19, p<0.01). Loneliness predicted negatively the subjective change in sexual intercourses (mean 2.75, SD 0.89) and masturbation frequency (mean 2.89, SD 0.84) (β=- .10–.12, p<.01), while sensation seeking had no effect (β=-.09, p<.01). The COVID-19 related health anxiety predicted negatively only the change in sexual life frequency (β=-.07, p<.05). The explained variances were rather small (1.7%-11.8%).

Disclosure: No significant relationships.
Keywords: Sexual Behavior; sexual life satisfaction; quarantine; sexual life frequency

S0080

Internet addiction and mental disorders: Clinical effects by self-distancing

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We face today the huge and very rapid worldwide growth of behavioural issues related to the use of Internet. The definition of Problematic Internet Use (PIU) refers to new behavioural patterns that can potentially affect in variable degree, from mild to extremely severe, both individual and social wellbeing. PIU is strongly increasing in people affected by different forms of mental disorders and personality disorders, often inducing substantial changes in their clinical phenomenology, with consequent emergence of new symptom and course profiles. On the other side, PIU represents itself with growing frequency as a factor with high potential of inducing progressive psychological and behavioural impairment, with possible negative outcome on personal and psychosocial well-being and adjustment, also potentially leading to the development of new specific forms of psychopathology. Among PIU patterns, Internet Addiction (IA) plays a central role, due to its wide diffusion and behavioural as well as interpersonal and social consequences. The worldwide COVID 19 epidemics induced limitations in direct social relationships, such as social distancing, appear to lead to changes of patterns of IA, for an increase of time spent in addictive behaviour and a further reduction of research of interpersonal contacts. Obsessive-compulsive and autistic-like behaviour are differently reinforced by the combined effect of compulsory self distancing and general health concern, but also possibly induced in previously not affected subjects. Anxiety and mood reactivity also contributes to maladjustment profiles. Further evidences and new guide-lines are requested to face this novel and multifactorial social and clinical phenomenon.

Disclosure: No significant relationships.
Keywords: Internet addiction; covid 19; psychopathology

Implementing alternatives to coercion in mental health care

S0081

The WPA programme on implementing alternatives to coercion

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Abstract Body: The call for alternatives to coercion in mental health care is growing both within the profession and among people with lived experience of coercion in mental healthcare. There is widespread agreement that coercive practices are over-used. Considerable work is warranted across the mental health sector and in communities and governments to ensure that people living with mental disorders and psychosocial disabilities uniformly have access to high-quality care and support that meet their needs and respect their personhood and human rights. The question of whether coercive interventions can ever be justified as part of mental health treatment, to protect rights holders' own interests or on other grounds, is highly contested. WPA issued a Position Statement and Call to Action in 2020: Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care after extensive consultation and review. The purpose is (1) to recognize the substantive role of psychiatry in implementing alternatives to coercion in mental health care and (2) to support action in this regard, essential to improving mental health treatment and care in all countries. The Statement recognises the diversity of views and experiences among mental health professionals, people with lived experience and their families and carers. This initial step is the beginning of a longer-term process, which requires continued engagement with WPA member societies, people with lived experience, families and other partners to encourage and support the

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