Objectives:
1. To assess the clinical impact of urban alienation on mental health based on multi-disciplinary literature.
2. To particularly examine urban mental health concepts from outside psychiatry that may be relevant to clinical practice.
3. To identify possible strategies for integrating these interdisciplinary insights into daily practice and public mental health policy.

Methods: We performed a multi-disciplinary literature review, analyzing studies from psychiatry, sociology urban studies, critical theory, and public health to evaluate the impact of social alienation on mental health. Special attention was paid to identifying both gaps and overlaps between disciplines.
Results: We grouped findings into three major disciplinary areas: psychiatry, sociology, and urbanist theory. While each of these fields has unique histories and contributions, the literature lacks consistent integration among them. For clinicians in particular, there is significant conceptual language that has not yet entered the psychiatric lexicon. Across fields, it is noted that city-dwellers face alienation due to resource limitations, systemic issues, ideological pressures, and cultural barriers. Proposed solutions vary significantly based on discipline, including community-building activities, mental health support services, and inclusive urban planning.
Conclusions: There is a breadth of research on cities, alienation, and mental health, and yet little integration of the disciplines. Addressing social alienation in urban environments requires psychiatric thought to move beyond isolated clinical interventions and toward collaborations with community organizations, policymakers, and urban planners. By aligning mental health expertise with the broader social and physical context, psychiatry can contribute to more meaningful, holistic interventions. Consequently, there is a pressing need for academic research bridging these fields, enabling more effective solutions that enhance community well-being in urban settings.

Disclosure of Interest: None Declared

EPV1404

One more grammar for causality - understanding interventionism

N. Ramalho[1]*, T. Rocha[1], J. F. Cunha[1], J. C. Moura[1], J. Leal[1], D. Seabra[1], I. Lopes[1], G. Santos[1], M. Rosa[1] and A. Garcia[1]
[1]Psychiatric and Mental Health Department, ULSAR, Barreiro, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1940

Introduction: The role of causality in reality has sparked a long and ongoing debate that began with Aristotle, but in its modern form, having reverberated to this day, found its origin in Hume. In psychiatry, causality gains additional layers since the domain of intelligibility does not extend as broadly as it does to the natural sciences, due to the nature of both its object and its method.
Objectives: To explore proposals for understanding causality in psychiatry and mental illnesses.
Methods: A non-systematic literature review was conducted using the PubMed/MEDLINE and PhilPapers databases with the search terms "causality," "psychiatry," "interventionism," and "causal grammar." Reference bibliography was also consulted.
Results: Causal interventionism is a way of understanding causality, where performing an intervention in groups allows the distinction between causality and mere correlation, utilizing counterfactuals that are verified in light of that intervention. The idea of causal grammar allows causal explanation to be thought of as a matter of finding a family of interventions in variables that make a difference to the outcome variable, governed by the causal grammar of that domain.
Conclusions: While each of the positions addresses certain issues —interventionism tackling various levels of explanation of causality in psychiatry, whether biological or psychodynamic, and causal grammar seemingly overcoming mechanismism—neither is fully satisfactory: in interventionism, the unfolding of causes, and in causal grammar, the pre-theoretical intuition seems challenged.

Disclosure of Interest: None Declared

EPV1406

A different perspective on post-traumatic emotional disorders from the perspective of quantum philosophy

H. Yildiz[1,1,1]
[1]dr.huseyin yildiz office, kocaeli, Türkiye
doi: 10.1192/j.eurpsy.2025.1941

Introduction: In the past, traumas have always occurred and continue on a social and individual level in humanity's journey to this day. While there were world wars, atomic bombs dropped on Hiroshima and Nagasaki, Nazi concentration camps, the events of September 11, the events in Bosnia and Herzegovina, and the Iraq wars, today the Ukraine war, the Israeli-Palestinian conflict and many more continue on a national and regional level, and are increasing day by day on an individual level.
Objectives: The aim of this study is to offer a different perspective on mood changes in individual and social life after trauma.
Methods: In this study, qualitative and quantitative research methods were used.
Results: From the perspective of quantum thought, matter is energy and this is expressed with Einstein's famous formula e=mc2. From the perspective of quantum thought, an external effect on a system in equilibrium causes a temporal displacement, a new form of existence in that system. For example, when an external effect is applied to a system A, the new energetic position of the system A will be A', and its temporal dimension will be t at the beginning, but will become t' as a result of the interaction. This t' can be called temporal displacement. Just as the disruption of the voodoo biological clock on an individual level causes psychological and emotional changes, it is possible that post-traumatic temporal displacement - this can be any kind of trauma - will cause mood changes and disorders in mood states on a social and individual level.
Conclusions: The aim of this discussion is to perceive how the breaks in the temporal and energy processes of societies and individuals can create changes in their emotional states in the context of quantum philosophy. In terms of quantum thought, every intervention made to the system from outside or inside causes a temporal shift and energetic changes in the system. This temporal shift should not be understood as a disruption of the biological clock, but should also be perceived as a new energy and a new form of existence in the time cycle of the system after the trauma.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2025.1940 Published online by Cambridge University Press