Results: 463 patients in a psychiatric crisis situation were referred to IHT, and 59 patients in a psychiatric crisis situation could not be referred to IHT. After 6-month follow-up 27.2% vs. 33.9% patients were voluntary admitted (a difference of 6,7%; 95% CI: -6.6% to 20.0%), 7.1% vs. 8,5% patients were involuntary admitted (a difference of 1.4%; CI: -6.4% - 9.2), and the median LOS (days) was 31.0 vs. 61.5 in patients who were initially referred to IHT versus those who remained in FACT and could not be referred to IHT.
Conclusions: IHT may thus reduce involuntary admissions as well as hospital-bed days for patients in a psychiatric crisis situation, and referred by outpatient mental health services. The effect on voluntary admissions did not reach statistical significance.

Disclosure of Interest: None Declared

SP002

5 years of psychiatric high intensive care in Belgium: lessons learned

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Abstract: Amid ongoing mental healthcare reforms in Belgium, federal authorities initiated a significant transformation of inpatient care for individuals with severe mental illness from 2020 onwards, leading to the transition of 31 psychiatric units across Belgium into high-intensive care (HIC) units (Bruffaerts et al., 2025). In this presentation we discuss (1) clinical and socio-demographic profiles of patients admitted to HIC units in Belgium; (2) findings on the role of HIC units in the provision of appropriate care for patients in severe crisis (including met and unmet needs for treatment and the extent to which HIC patients have been treated in a crisis care pathway); (3) pre-/post comparisons in patients' outcomes. Using a value-based framework, we provide preliminary evidence on the role HIC units may play in the development of a delivery system for people in crisis.

Disclosure of Interest: None Declared

SP003

Confessions at the high and intensive care ward: what drives professionals in their daily practice?

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Introduction: In the Netherlands, the High and Intensive Care model has been developed to enhance the quality of care and reduce coercion on acute psychiatric wards, with staff recognized as a crucial factor in its successful implementation. However, high staff turnover threatens both sustainable implementation of the model and the well-being of patients and healthcare professionals.
Objectives: To inform strategies for staff retention and recruitment, this study explores the motivations of professionals working on High and Intensive Care wards.
Methods: We used an innovative arts-based method known as the "confession booth" to collect data that uncovers deep motivations and encourages individuals to reflect anonymously. The confession booth, a designated room on the ward, invited staff to send voice messages via WhatsApp, in response to three prompts: 1) What impressed them most during their shift 2) What made them most proud, and 3) What frustrated them most. The confession booth operated simultaneously across eight High and Intensive Care wards in the Netherlands over the course of two weeks.
Results: Thematic analysis identified four overarching themes, each comprising multiple subthemes: meaningful engagement, professional agency, collaborative competence, and security. Participants emphasized that High and Intensive Care work is driven by a deep sense of compassion and a strong commitment to supporting patient recovery. The complexity of the work, along with active involvement in clinical decision-making, was described as both meaningful and professionally rewarding. Effective teamwork, particularly within a flexible, skilled, familiar team, was seen as essential to both job satisfaction and safety. Feeling safe emerged as a crucial prerequisite for all aspects of the work in which effective collaboration and adequate support from law enforcement were essential to maintaining this safety.
Conclusions: To safeguard care quality, the persistent vicious cycle of insufficient attention to staff retention must be broken through structural investment in well-being, recognition, and reward. Retention is shaped by meaningful work, opportunities to apply expertise, effective teamwork, and safe working conditions. The confession booth provided a flexible and anonymous space for reflection, offering valuable insights. These findings present a strong foundation for improving retention and recruitment within High and Intensive Care settings.

Disclosure of Interest: None Declared

SP004

Antipsychotics during transition from adolescence to adulthood

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Abstract: The period of transition from adolescence to adulthood is critical for continuity of psychiatric care. Discontinuity of treatment, loss of follow-up, can severely affect outcome of psychiatric conditions. As indicated by a survey among European mental health professionals, fragmented delivery and disruption of care is perceived as one of the barriers in access to mental health services. Currently, we are facing big surge of mental health problem among children and adolescents. This is also evidenced by the sharp increase in consumption of psychotropic drugs. The number of young people (under age of 17 years) in the Czech Republic, who were prescribed antipsychotics, went up between 2015 and 2025 by 25%. The same pattern can be observed in other countries, as well. Antipsychotic treatment of adolescents requires close scrutiny, especially in those who are at risk of transition to psychosis. The data indicate that antipsychotics may not be more effective in

psychosis prevention than other interventions, both pharmacological and non-pharmacological. Moreover, antipsychotics, typically off-label, have much broader variety of indications in children adolescents than just psychotic disorders (e.g., mood disorders, disruptive behavioral disorders, autism spectrum disorders, etc.). Although the spectrum of side effects induced by antipsychotics in youngsters and adults is similar, young patients may be more sensitive, especially to metabolic and endocrine adverse events. Another controversial issue is the use of long-acting formulas in this population. Antipsychotic treatment between adolescence and adulthood thus requires both continuity and careful deliberation of right indication, as well as taking into consideration its different tolerability and safety.

Disclosure of Interest: None Declared

SP005

Pharmacotherapy of eating disorders during transition from adolescence to adulthood

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Background: The transition from adolescence to adulthood represents a critical developmental period associated with increased vulnerability to the persistence or worsening of eating disorders (EDs). Pharmacotherapy, though not first-line for most EDs, plays a complementary role in addressing core symptoms, psychiatric comorbidities, and medical complications.
Objectives: To summarize current evidence on the efficacy, safety, and clinical considerations of pharmacological treatments for anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BED) during the transition age (approximately 16–25 years).
Methods: A narrative synthesis of clinical trials, recent systematic reviews and guideline recommendations with established or emerging evidence..
Results: Evidence for pharmacotherapy in transitional-age patients remains limited. For AN, no medication has robust efficacy in weight restoration; however, atypical antipsychotics—particularly olanzapine—may support weight gain and reduce cognitive rigidity, though metabolic risks require close monitoring. In BN, selective serotonin reuptake inhibitors (SSRIs), especially fluoxetine at higher doses reduce binge–purge frequency and mood symptoms. BED pharmacotherapy is better supported: lisdexamfetamine demonstrates significant reductions in binge frequency, while topiramate reduce binge episodes and weight but with cognitive side-effect risks. Comorbid anxiety, depression, and obsessive–compulsive symptoms often guide adjunctive medication. Developmental considerations are essential in treatment.
Conclusions:: Pharmacotherapy can play a valuable adjunctive role in treating ED during the transition from adolescence to adulthood. Evidence remains insufficient for AN. Careful monitoring for metabolic, cardiovascular, and neuropsychiatric adverse effects is crucial. Integrated, developmentally informed models of care. Supporting continuity between child/adolescent and adult services are needed to optimize medication. Further controlled trials are required.

Literature: HIMMERICH, H. et al.:The WFSBP Task Force on Eating Disorders. WFSBP guidelines update 2023 on the pharmacological treatment of eating disorders. The World Journal of Biological Psychiatry. 2023. DOI: 10.1080/15622975.2023.2179663.
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SP006

Are sleep disturbances involved in suicidal risk? Current insight and therapeutical considerations

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Abstract: Psychiatrists have limited ability to predict near-term risk of suicidal behavior, and the positive predictive value of algorithms is not much better than chance. Insomnia is now a recognized risk factor for suicidal phenomena in persons with mood disorders or psychotic disorders. Hyperarousal is one explanation for the link between insomnia and suicide risk, and laboratory evidence of physiological hyperarousal can be shown with assays of the autonomic nervous system, including measurement of the pupillary light reflex or heart rate variability. We hypothesize that elevated levels of physiological arousal impair executive decision making and put a person at risk of suicidal behavior. These observations lead to the premise that treating insomnia may reduce suicidal ideation or behavior. Published studies show that improving insomnia in people with mood disorders or psychotic disorders is associated with reduced suicidal ideation. Both psychotherapy and medications that improve insomnia may have a role in reducing suicidal ideation. More research is needed to examine the impact of reducing insomnia on suicidal behavior.

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SP007

Chronic benzodiazepine prescriptions: for the better or for the worse?

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Abstract: Chronic benzodiazepine (BZD) prescribing remains a debated issues in psychiatry, balancing clear short-term benefits against substantial long-term risks. This presentation reviews historical developments, current epidemiology, pharmacology, risks, and potential clinical roles for long-term BZD therapy, with a particular focus on emerging evidence and ongoing controversies. Benzodiazepines replaced barbiturates in the mid-20th century because of their wider therapeutic window, rapid onset, dependable effects, and usefulness across anxiety, insomnia, and seizures. They

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