considerable limitations. The unequal distribution of professionals, such as psychiatrists and psychologists, exacerbates these inequalities. Stigma surrounding mental illness and a lack of awareness further hinder help-seeking behavior. Vulnerable populations, including Indigenous peoples and residents of favelas, face additional barriers such as discrimination and a lack of culturally adapted services.
The Unified Health System (SUS) provides a model of universal access but faces challenges related to funding, infrastructure, and capacity to meet the growing demand. Despite the efforts of RAPS, many services are overwhelmed, resulting in long waiting times and insufficient care. Strategies like integrating mental health into primary care have shown effectiveness but require more support and expansion.
Conclusions: Equitable access to mental health care in Brazil is impacted by various barriers, including regional disparities and stigma. To promote equity, it is crucial to invest in expanding the mental health care network, focusing on underserved areas and vulnerable populations. Effective policies should include professional training, stigma reduction, and culturally sensitive services. Integrating mental health services with primary care, strengthened by the SUS, is essential to ensure more accessible and comprehensive care.

Disclosure of Interest: None Declared

EPV1033

Equitable Access to Mental Health Services in Europe

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Introduction: Equitable access to mental health services is essential for the well-being of European citizens. Despite advancements in health policies, significant disparities in access to care persist. Socioeconomic, geographical, cultural, and institutional factors contribute to these inequalities, disproportionately affecting vulnerable groups.
Objectives: To analyze the inequalities in access to mental health services in Europe and identify effective strategies to promote equity in these services.
Methods: This study conducted a systematic literature review using PubMed, Scopus, and PsycINFO databases to identify studies published between 2015 and 2023. The keywords used were "mental health access," "health equity," "Europe," and "mental health inequalities." Inclusion criteria focused on studies addressing access to mental health services in Europe and strategies to promote equity. Extracted data were qualitatively synthesized, highlighting trends, barriers, and facilitators to equitable access to mental health services.
Results: The review revealed significant inequalities in access to mental health services in Europe, primarily due to socioeconomic and geographical factors. Low-income individuals face major barriers, such as high costs and lack of coverage by health systems. Rural areas suffer from a shortage of specialized professionals and inadequate infrastructure, making continuous quality care challenging.
Cultural and linguistic factors add further complexity, particularly for migrants and ethnic minorities. The lack of culturally adapted services and sensitivity in therapeutic approaches often leads to inadequate care. Stigma surrounding mental health remains a significant barrier, preventing many from seeking help.
Variations in mental health policies and investments across European countries further exacerbate these inequalities, creating a fragmented landscape of care access. While some countries have robust strategies, others lack consistent policies and adequate funding. Addressing these disparities requires integrated policies, culturally sensitive professional training, and effective stigma-reduction programs.
Conclusions: There is an urgent need to address inequalities in access to mental health services in Europe. Integrated strategies are essential, including policies that promote equity, improvements in rural infrastructure, and culturally sensitive professional training. Reducing stigma through awareness programs is crucial to encourage help-seeking behavior. Harmonizing policies and investments among European countries can contribute to more equitable and effective access, ensuring equal opportunities for mental health treatment and support.

Disclosure of Interest: None Declared

EPV1034

Legal Issues and ADHD: Risk Factors and Temperamental Characteristics

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Introduction: Adult Attention Deficit Hyperactivity Disorder (ADHD) has been recognized as a condition with profound psychosocial implications, including a higher likelihood of encountering legal problems.
Objectives: To characterize temperamental characteristics and risk factor for legal problems in a group of ADHD patients.
Methods: The study involved patients (>18 years) from the adult ADHD outpatient service of the Psychiatric Clinic of Ancona. ADHD was diagnosed using the Diagnostic Interview for ADHD in adults (DIVA5.0). The following rating scale were administered: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI), Temperament and Character Inventory-Revised (TCI-R).
Results: 76% (n=170) of screened patients were diagnosed with ADHD in adulthood. Among them, 10.2% (n=17) reported legal problems. Men with ADHD were more likely to have legal issues (χ^2=7.851; p=0.005). These patients often reported school failures (χ^2=3.033; p=0.082) and being tutored by a support teacher (χ^2=15.165; p<0.001). Legal issues were more common in those with a childhood diagnosis of ADHD (χ^2=4.880; p=0.027) and in those who were admitted to a psychiatric ward (χ^2=7.205; p=0.007). Additionally, those who smoked (χ^2=6.695; p=0.035) or used substances (χ^2=16.399; p<0.001) had more legal issues. Higher use of cannabinoids (χ^2=14.311; p<0.001) and stimulants (χ^2=12.445; p<0.001) in those who had legal problems are also reported. Generally, those with legal problems have lower schooling (p=0.005), more high school failures (p=0.047), smoke more cigarettes per day (p=0.008) and have higher scores in the problem-solving subscale of the COPE-NVI (p=0.024), the ambitious subscale of the TCI-R (p=0.058), and the self-transcendence subscale of the TCI-R (p=0.078) and lower mean score in the self-acceptance subscale

of the TCI-R (p=0.054). Logistic regression analysis showed to ascertain the effects of all TCI-R subscales, on the likelihood of developing legal problems. The logistic regression model was statistically significant, ▫▫ 2(1)=4.020, p=0.045. The model explained 14.6% (Nagelkerke R2) of the variance in patients with ADHD who have legal problems and correctly classified 91.9% of cases.Having legal problems was significantly predicted by TCI-R spiritual acceptance subscale (exp(B)=1.150, p=0.045).
Conclusions: The study highlight the significant psychosocial burden of ADHD in adulthood, particularly the increased likelihood of legal problems.Key risk factors include lower educational attainment, substance use, and specific temperamental traits, such as elevated problem-solving and self-transcendence tendencies, alongside lower self-acceptance.

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EPV1035

Integration of mental healthcare into primary healthcare: a European perspective

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Introduction: The 2009 WHO and WONCA report (Integrating Mental Health in Primary Care: A Global Perspective) outlined best policies and practices for the integration of mental health into primary care. The arguments in favor are reduced stigma, improved access to care, holistic management of comorbidities, improved prevention and early detection of mental disorders, reduced losses to follow-up, lower costs, easier communication, improved social integration, protection of human rights, and improved uptake of the healthcare system (Greenhalgh T, 2009; Petersen et al, 2016). Nevertheless, mental health care in many countries remains separate from primary care, limiting access and equitable distribution. However, since the COVID-19 pandemic, the global need for mental health services have surged, causing a 25 to 27 per cent increase in the prevalence of depression and anxiety around the world, accelerating the demand for integrated care (Bower et al, 2023). So, the process of integration outlined in the 2009 WHO and WONCA report warrants an updated discussion.
Objectives: International experts from Hungary, Greece, and Cyprus and of WHO, WONCA and WPA present different models of integration of mental health into primary care with special respect to public health crises.
Methods: Challenges, opportunities and best practices of each country will be presented, including policy recommendations, capacity building and advocacy strategies for mental health integration and public health crises, and monitoring, evaluation, and research for integrated services.
Results: In all three countries, stigma, insufficient training of primary care providers, and inadequate policy frameworks present problems. In Greece, the dominance of a medically oriented health policy has hindered interdisciplinary integration (Lionis et al., 2019). Cyprus grapples with stigma surrounding mental health issues, which affects service utilization (Nikolaou & Petkari, 2021). Opportunities are leveraging community resources and enhancing collaboration among stakeholders to foster inclusive health services (Pinaka et al., 2022). Best practices involve training programs for primary care providers, promoting awareness, and developing evidence-based policies that prioritize mental health (Ashcroft et al., 2021). Advocacy strategies should focus on engaging policymakers and the community to address mental health needs, particularly in light of public health crises like COVID-19, which have exacerbated mental health issues (Galanis et al., 2020; Maulik et al., 2020). Monitoring and evaluation are crucial for assessing the effectiveness, ensuring accountability, and adapting strategies based on research findings (Glover-Wright et al., 2023; Saxena & Kline, 2021).
Conclusions: The need of updating the 2009 WHO and WONCA report is considered to include the latest evidence, experiences, and recommendations on mental health integration into primary care.

Disclosure of Interest: None Declared

EPV1036

Barriers to Effective Implementation of Mental Health Policies in India: A Comprehensive Analysis of Challenges and Solutions

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Introduction: India is facing a growing mental health burden, with significant disparities in access to services despite the introduction of the National Mental Health Program (NMHP) and the Mental Healthcare Act (MHA). While these policies aim to improve mental health care, their implementation remains inconsistent due to a range of challenges. Understanding these barriers is crucial to enhancing mental health services across the country.
Objectives: This study aims to identify the key challenges impeding the effective implementation of existing mental health policies in India, with a focus on rural-urban disparities, resource constraints, and sociocultural factors.
Methods: A comprehensive literature review was conducted, examining peer-reviewed articles from databases such as PubMed, Scopus, and WHO policy documents, and reports from government and non-governmental organizations. Data was analysed to assess the primary obstacles related to funding, workforce shortages, stigma, policy integration, and infrastructure issues. Qualitative insights from key stakeholders in mental health services were also included.
Results: The review revealed five primary challenges. Firstly, the insufficient financial allocation for mental health programs, leading to limited-service availability; secondly, a shortage of trained mental health professionals, particularly in rural areas; thirdly, a pervasive stigma surrounding mental health, hindering service uptake; fourthly, the poor integration of mental health care into primary health systems; and lastly, the bureaucratic inefficiencies and lack of infrastructure. These challenges disproportionately affect rural