

Educational

The impact of the COVID-19 pandemic on women's mental health and service delivery: What have we learnt?

W0034

The impact of gender in the COVID-19 pandemic

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Data worldwide is pointing towards an increased mortality of men a from COVID-19, while infection rates are equal or higher in women. Immunological differences might play a role in this as well as differences in risk factors and co-morbidities. In addition, differences in exposure, testing, case definitions and access to healthcare might play a role. Differences in symptoms have been reported, as well as potential differences in therapeutic choices. Also, the phenomenon of "long COVID" with all its psychophysical consequences appears to be more common in women. In addition to the consequences of the acute infection, COVID-19 is significantly impacting economies, social systems and political priorities. I will try to give a general overview of the current situation, starting from a medical standpoint and moving into the wider social consequences of this pandemic. I will highlight how the lack of attention to sex and gender can impact statistics, potential therapies and vaccines, livelihoods and the healthcare sector as a whole.

Disclosure: No significant relationships.

Keywords: sex; COVID-19; Gender

W0036

Domestic violence against women during COVID-19 pandemic restrictions

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Introduction: In the United Kingdom(1) and internationally(2), help-seeking for domestic violence (DV) and domestic homicides have increased(3) during COVID-19 lockdown periods. Suspension and remote delivery of face-to-face clinical services, continuing healthcare and other support services limits opportunities for DV detection and disclosure.

Methods: This presentation will summarise changes in DV incidence and help-seeking during COVID-19, their impacts on health and wellbeing, and present guidance for clinicians assessing and supporting survivors.

Results: World Health Organisation recommendations to Listen, Inquire, Validate, Enhance safety and Support ('LIVES') survivors of DV remain the cornerstone of first-line support (4). Urgently-issued guidelines on safeguarding(5) and responding to DV during

COVID-19(6) make a range of recommendations for clinicians supporting people experiencing DV.

Conclusions: DV is an important social determinant of physical and mental health, with a range of potential fatal and non-fatal consequences. Despite the constraints of healthcare during a pandemic, attention to patients' risk of DV and its consequences is a crucial part of bio-psycho-social assessment and management planning. References: (1) Kelly, Morgan. Coronavirus: Domestic abuse calls up 25% since lockdown, charity says. 2020. <https://www.bbc.co.uk/news/uk-52157620> (2) Graham-Harrison, et al. Lockdowns around the world bring rise in domestic violence. 2020. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> (3) Roesch, et al. Violence against women during covid-19 pandemic restrictions. *BMJ* 2020;369. (4) WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. 2013. https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf;jsessionid=E19DCC3CDAB9BE390EE6F8360C6F1D7E?sequence=1 (5) RCGP. COVID-19 and Safeguarding. 2020. https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safe-guarding%20%286%29.pdf (6) IRISI. Guidance for General Practice teams responding to domestic abuse during telephone and video consultations. 2020. <https://irisi.org/wp-content/uploads/2020/04/Guidance-for-General-Practice-Covid-19-FINAL.pdf>

Disclosure: No significant relationships.

Keywords: Intimate partner violence; Gender-based violence; domestic violence; COVID-19

W0037

Treating pregnant and postnatal women with severe mental illness and their infants on a specialised inpatient unit during a pandemic: What are the challenges and lessons learnt?

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From the beginning of the pandemic, pregnant or postpartum women were considered particularly vulnerable. In France, the vast majority of joint care for parents and infants facilities have seen their services closed or the number of people cared for greatly reduced to allow for social distancing to be respected. This notion of social distancing is the antithesis of joint care work, the main objective of which is to support and care for the parent-infant bond by favoring social links. Services have had to take ownership of this new situation within a few days and develop new approaches, inventing ways of supporting and linking up at a distance. This presentation will deal in detail with these changes and the solutions proposed, especially kind of home hospitalisations based on discussion groups, the development of programmes to support remote interactions, and also the development of work with fathers, who have been much more present than they usually are, due to the generalisation of teleworking.

Disclosure: No significant relationships.

Keywords: pandemic; joint cares of mothers and babies; Perinatal Psychiatry; Support

European

The european brain research area: A catalysing initiative for brain research stakeholders to streamline brain research across europe

W0039

European brain research area: The operational level

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Brain research in Europe is a rapidly evolving field, and increasingly at the forefront of science. Although considerable amounts of knowledge and innovative approaches have been generated, the translation into new health interventions is hindered by excessive fragmentation. Effective and efficient collaboration and cooperation among the various initiatives are often identified as a key success factor to achieve brain research full impact. EBRA fully responds to these needs by bringing together the various stakeholders and major brain research initiatives, at European level and beyond. EBRA creates the conditions for real and effective cross fertilisation, dialogue, building consensus and exploiting research potential. On the operational level, EBRA facilitates the emergence of research projects in specific areas in active clusters. A cluster is understood as a research community that can be directed towards basic research, clinical research and/or methodological approaches under a common topic and disease area within brain research. EBRA support clusters to: 1. Consolidate or expand further the research community expand their community, 2. Engage with policy makers and other relevant stakeholders, 3. Build consensus on various issues (research priorities, research roadmap, data sharing, etc.), 4. Promote links with existing research infrastructures, 5. Increase the visibility of the research community through communication and dissemination activities, 6. Coordinate the development of position/consensus papers, white papers, guidelines, meeting reports and/or other cluster outcomes. EBRA currently has 6 existing clusters: EPICLUSTER, Prevention of Severe Mental Disorders (PSMD)-cluster, TRISOMY21-cluster, BRAINFOOD-cluster., PREMOS-cluster and ECIB-cluster.

Disclosure: No significant relationships.

Keywords: Europe; Brain research; Coordination; Research community

W0041

Brainfood cluster

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Brainfood cluster The mission of EBRA brainfood is to increase awareness of the importance of research exploring the bidirectional links between brain health and nutrition, including the mediating systems, and to use this knowledge to identify novel nutritional, neuropsychological and neuropharmacological intervention strategies. The BRAINFOOD cluster builds new bridges across research disciplines and strengthens links to relevant stakeholders across Europe, including those involved in health and food policy. It gathers experts on brain health and nutrition that by combining and integrating strengths and complimentary expertise has the volume and capacity to develop novel intervention strategies that improve brain health of European citizens, working together with public health and the food industry. BRAINFOOD is built upon an existing network that includes: 1 Discovery, with expertise in human genetics, metabolomics, nutrition, the microbiome and brain health that utilizes existing data from a variety of population and disease cohorts across the lifespan and aims to propose testable hypotheses; 2 Mechanism, with expertise in animal models, metabolomics, the microbiome and neuroscience that tests hypothesis of how the microbiome and nutrients impact on performance in different behavioral domains; 3 Experimental medicine, with expertise in psychiatry, neurology and nutrition with capacity to run randomized controlled trials; 4 Implementation, with expertise in dissemination and policy making and behavior change, to ensure that EU citizens benefit from novel insights gained in the project.

Disclosure: No significant relationships.

Keyword: nutrition; brain health; psychiatry; neurology

W0042

European brain research area: The strategic level

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Brain research in Europe is a rapidly evolving field, and increasingly at the forefront of science. Although considerable amounts of knowledge and innovative approaches have been generated, the translation into new health interventions is hindered by excessive fragmentation. Effective and efficient collaboration and cooperation among the various initiatives are often identified as a key success factor to achieve brain research full impact. EBRA fully responds to these needs by bringing together the various stakeholders and major brain research initiatives, at European level and beyond. EBRA creates the conditions for real and effective cross fertilisation, dialogue, building consensus and exploiting research potential. At the strategic level, EBRA acts by fostering alignment and better coordination of research strategies across European and global brain initiatives. Therefore, an overview of the scale and scope of brain research activities funded in the EU framework programme and the funding initiatives of JPND, NEURON and HBP has been created. The results of the mapping exercise then underpinned the development of a Shared European Brain Research Agenda (SEBRA). The SEBRA focuses on research opportunities and research gaps to be addressed in the field, and priorities for action in the short- and long-term. It integrates pre-existing documents as well as expert (i.e., researchers,