Suicide Prevention Program that started with the EAAD project in 2008 in a 0,5 M people catchment area, later generalized to 7,5 M people through the Catalonia Suicide Risk Code (SRC-Cat). The SRC-cat is a real-time registry of suicide attempts (65% women) that allows immediate attention and telephone follow-up and ensures continuity of care for 12 months. To evaluate the effectiveness of our telephone management plan, we conducted two types of analysis; a) 12-month short-term analysis: non-randomised controlled analysis of suicide reattempts comparing two cities (2007-2008); b) 8-year long-term analysis with the evolution of suicide rates (men and women) between our area, and two other cities (territorial differences and over time from 2010 to 2017). Results: a) the SRC-Cat in our catchment area reduced significantly the proportion of people who re-attempt suicide by 57% over 12 months (from 14% to 6 %); b) we found lower standardized suicide death rate among women in our catchment area (both territorially and over time). Conclusions: a) Short-term telephone management (12-month), ensuring chain of care after hospital discharge, reduces more than 50% the proportion of patients who re-attempt; b) Long-term telephone management (8-year) of suicide attempt survivors over 12 months, significantly reduces suicide deaths in women only (64% of patients in telephone follow-up are women).

Disclosure: No significant relationships.
Keywords: telephone; attempts; Suicide; prevention

How to Prevent and Combat Violence against Women: An Urging Topic

S0076

Mental Health and Human Rights of Women

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Gender equality leads to better health and mental health for women and girls as well as to better public health and mental health for all. Inequality, discrimination and social exclusion are both cause and consequence of mental health problems for all and affecting women and girls in specific and substantial ways. Equality through the realization of non-discrimination, respect and enablement of autonomy as well as full inclusion in all spheres of life are demands of gender equality legislation as well as human rights obligations for persons with mental health problems. Essentials of non-discrimination laws concern key areas, including health, family planning, marriage and parenthood, employment, housing, education, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Gender-specific attention to the risks, rights and needs of women and girls and their families are legal obligations as well as clinical and scientific responsibilities. Because of the cumulative and interacting gender-based and other forms of discrimination, regulations such as those following the adoption of the UN-Convention on the Rights of Persons with Disabilities include specific provisions for women with psychosocial disabilities. Other examples for the urgent necessity of a gender-sensitive approach are – among many others - safety and gender-responsiveness of community and hospital settings, humanitarian crisis response, working with family carers, and of course, mental health teaching and research, including efforts towards gender parity in academic psychiatry.

Disclosure: No significant relationships.
Keywords: women's mental health; women's rights; Human Rights

S0077

The Impact of Violence and Abuse on Mental Health of Women – Current Data

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Violence against women is widely recognised as a violation of human rights and a public health problem. The most common forms of violence against women are domestic abuse and sexual violence, and victimisation is associated with an increased risk of mental disorders. It is reported that a three times increase in the likelihood of depressive disorders, a four times increase in the likelihood of anxiety disorders, and a seven times increase in the likelihood of post-traumatic disorder (PTSD) for women who have experienced domestic violence and abuse. Significant associations between intimate partner violence and symptoms of psychosis, substance misuse, and eating disorders have also been reported. Furthermore, systematic reviews of predominantly cross-sectional studies report consistent relationships between being a victim of domestic violence and abuse and having mental disorders across the diagnostic spectrum for men and women, but since women are more likely to be victims, the population attributable fractions are higher for women. In this presentation, the focus will also be on clinical guidance on the role of mental health professionals in identifying violence against women and responding appropriately, poor identification persists and can lead to non-engagement with services and poor response to treatment. After a literature review, we will present and discuss current data from parental consultation and a survey on violence during the Covid-19 pandemic in Berlin.

Disclosure: No significant relationships.
Keywords: violence against women; mental health; current data; role of mental health professionals

Compulsory Admissions of Patients with Mental Disorders

S0078

Involuntary Treatments in Italy: a Debated Issue

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Involuntary treatments probably are the most critical issue for psychiatric practice all over the world, including Italy, where the public debate about involuntary admissions and related coercive

measures has been constantly alive. In Italy involuntary treatments are justified on the basis of three criteria: the presence of a mental illness; the need for urgent hospital-based treatment, the patient refusal of treatment. Although only 10% of all hospitalizations in Italy occur on a involuntary basis, actually the lowest rate in Europe, proposals of modification of the current Law have been repeatedly presented, in terms of further restrictions of the conditions allowing involuntary hospitalization or even in terms of its abolition. The practice of physical restraint in particular, which has been reported as applied in approx. 85% of Psychiatric Wards, has been strongly criticized, although the effective dimension of its use in Italy is unknown due the lack of official data. In 2015 The National Council of Bioethics expressed a series of doubts and criticisms as well as the Special Commission for Human Rights of the Italian Senate in 2016. Moreover, the death of some patients submitted to physical restraint in the last years, gave repeteadly rise to a media hype, leading again very recently to claims for the abolition of any form of physical restraint during a National Conference on Mental Health, a proposal that the Minister of Health welcomed, committing himself to implement it through a agreement between the State and the Regions, officially devoted to health assistance in Italy.

Disclosure: No significant relationships.
Keywords: involuntaty treatments add restraint add Italy

S0079

Involuntary Admissions and Patient Autonomy - How do they Fit Together

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The United Nations Convention on the Rights of Persons with Disabilities Article 12 General Commentary, explicitly states that persons with mental illnesses must always have full exercise of their legal rights in all their aspects. Assistants or support persons must not substitute or have undue influence on the decisions of persons with disabilities, including the expression of their consent. Rationales behind the concept include increased patient autonomy, promotion of coping skills, early help-seeking, avoidance of power struggles, establishment of an asylum function, reduced time spent in inpatient care and prevention of coercive measures. Quantitative data points toward a dramatic reduction of total time spent in inpatient care and of involuntary admissions in patients with previously high inpatient care consumption, whereas qualitative data indicates that the concept increases patient autonomy, responsibility and confidence in daily life. Patient-controlled admission is a promising novel approach to inpatient care in psychiatry. However, available studies are small and quality of evidence is generally low. In this talk an overview of literature review on involuntary admissions and patient autonomy as well as ethical aspects will be given and discussed.

Disclosure: No significant relationships.
Keywords: patient autonomy; patient-controlled admission; ethical aspects; Involuntary admission

S0080

Past, Present, and Future of Involuntary Admission in Georgia

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Since gaining independence in 1991, Georgia has struggled to transform the old-Soviet mental health care structure into a humane system to meet basic human rights standards.
The current version of the mental health law was introduced in 2007, which instituted the new practice that required court decisions for involuntary hospitalization and several practical procedures.
The Public Defender's Office (Special reports, 2019-2021) revealed gaps and contradictions within the law that lead to human rights violations and malpractices in involuntary hospitalization.
Currently, the group of Georgian experts with international support from Expertise France- French Development Agency, at the request of the Ministry, are working on the new version of the mental health law, which will be in line with international requirements and standards.

Disclosure: No significant relationships.
Keywords: Involuntary admission; mental health law; human rights; mental health legislation

Research

Emotion Development and its Relevance in Psychiatric Disorders

S0081

The Developing Brain and Emotion Regulation - Implications for Psychopathology.

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In this talk I will describe a series of studies conducted at the Centre for the Developing Brain, King's College London, that seek to increase our understanding of why infants who are born very early (before 32 weeks' gestation) are more likely to develop socio-emotional problems when they grow up compared to infants who are born at term. As part of the Evaluation of Preterm Imaging study we carried out multimodal MRI at term in over 200 newborns and studied whether we could identify specific patterns of brain development in those infants who might develop problems with emotion regulation and general mental health as they grow-up. At the behavioural level, we found that very preterm children compared to term-born controls had more mental health problems, including anxiety and autism-spectrum behaviours. Preterm children had lower IQ, were less able to regulate their emotions and