S16 Symposium

accumulated considerable knowledge and experience on understanding and overcoming some of the consequences of racial discrimination, especially via anti-stigma studies. The unfair and avoidable influences of racial discrimination on mental health are neither fated nor inevitable. As Gramsci had said, we have the pessimism of the intellect and optimism of the will.

Disclosure: No significant relationships.

S0012

Multiple Discrimination and Its Consequences for the Mental Health of Ethnic Minorities.

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Discrimination is a violation of human rights. The Universal Declaration of Human Rights proclaims in Art. 1 the equality of all human beings without distinction as to race, colour, sex, sexual orientation, religion, age or health. International law assigns three main characteristics to discrimination: disadvantageous treatment, based on unlawful grounds, and lack of reasonable and objective justification. Thus, it must be based on an unlawful characteristic: Ethnicity, religion, national or social origin, language, physical appearance, descent, gender, sexual orientation, age or disability. A growing body of literature has recognized health disparities and has investigated the relationship between discrimination and poor health outcomes. Ethnic minority groups across the world face social and psychological challenges linked to their minority status, often involving discrimination. Furthermore, cumulative exposure to racial discrimination has incremental negative long-term effects on the mental health of ethnic minority people. Studies that examine exposure to discrimination only at one point in time may underestimate the contribution of racism to poor health. Lower patient-centered care was associated with higher perceptions of discrimination, despite experiences of continuous discrimination or discrimination experienced as different types. Further, dissatisfaction with care was associated with discrimination, particularly when experienced in various forms. These findings reinforce a need for patient-provider communication that is inclusive and eliminates perceptions of discrimination and bias, increases patientcenteredness, and improves overall clinical care. Additionally, these results stress the need for more research investigating the relationship between discrimination and outcomes in patients, as perceived discrimination manifests as a significant barrier to effective disease management.

Disclosure: No significant relationships.

Clinical/Therapeutic

Comorbidity of Mental and Physical Disorders: Focus on Cardiovascular Disease

S0013

The Complexity of Comorbidity in Patients with Severe Mental Disorders

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Comorbidity of severe mental disorders and physical illness: issues arising Comorbidity of mental and physical illness is a major, perhaps main problem facing medicine in the years before us. In addition to shortening the life expectancy of people with mental illness comorbidity with physical illness comorbidity significantly and negatively affects the quality of life of the people who experience the mental and physical illnesses and their carers and increases the cost of health care. What makes the problem even more and challenging is that medicine is currently in the process of fragmentation into ever more narrow specialties which adds difficulty in the provision of care, Most of the solutions which have been proposed collaborative care, in-service education of general practitioners and others did not turn out to be effective solutions in dealing with the problems of comorbidity. A significant revision of undergraduate and postgraduate training in medicine is most probably an essential component of the answer to the challenge of this type of comorbidity which will also require a reorganization of health services and their financing.

Disclosure: No significant relationships. **Keywords:** psychiatry; Physical disorders; Management of Comorbidity; comorbidity

S0014

How to Improve the Physical Health in Patients with Severe Mental Disorders

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Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be regarded as a disorder of impaired neural plasticity. This lecture focusses on the beneficial role of exercise in schizophrenia and its underlying mechanisms. Apart from the established pharmacological treat-