

## S0092

**Loneliness, solitude and social desintegration in the elderly and their relationship to health**

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**Abstract:** Loneliness has become a big issue in the time of the COVID pandemic. The attention to the topic also has to do with the increase in people living alone in Europe, although this also has to do with prosperity. Living alone does not yet mean being lonely. In the scientific discussion and especially in the measures, a differentiation must be made between loneliness, solitude and social disintegration. Poor social integration is easily measurable and has a lot to do with the physical health (mobility, vision and hearing) of the people concerned. However, the extent to which participation in social and cultural opportunities is possible, for example through the expansion of public transport, also plays an important role. Loneliness, on the other hand, is by definition subjective and strongly linked to mental health. It describes the subjective suffering of missing or unsatisfactory social relationships, lack of integration and security. Loneliness is often found in two peaks, among the young and the old. Political and public health campaigns often focus on social integration measures. However, measures to combat loneliness mean first and foremost recognising mental illness in old age, especially depression. But they also mean providing help to people with long-term mental illness in old age.

**Disclosure of Interest:** None Declared

## S0090

**Improving the effectiveness of mental health care through the use of PROMs and PREMs; the OECD perspective**

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**Abstract:** Patient-reported measures are a critical tool for improving policy and practice in mental health care. However, to date, the use of patient-reported measures in mental health care is limited to a small number of countries and settings—and there is a pressing need, both within and across countries, to consistently and effectively measure the effects and impact of care for patients who use mental health care services. The PaRIS pilot data collection on mental health included 15 data sources from 12 countries, collected over the course of 2021. While the scope of included data varied, the results demonstrate increased adoption of national and subnational efforts to capture patient-reported information in mental health care systems. Analysis of data collected through the PaRIS mental health pilot documents, in general, positive patient-reported experiences of mental health care. The results also suggest improvement in patient-reported outcomes for those receiving mental health care services.

**Disclosure of Interest:** None Declared

## S0091

**The role of stigma as an obstacle for social inclusion for people with severe mental disorders**

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**Abstract:** Stigma continues to be the main obstacle to the improvement of mental health care and to a life of good quality for people with mental disorders or with the experience of a mental disorder. It affects all that is related to mental illness, not only the person who has the disorder but also the institutions in which people with mental disorders receive treatment, treatment means, such as medications, staff working in mental health care and the family of the person with mental disorder.

Recent years have witnessed effective programs against stigma in various countries and it would be logical to expect that work against stigma will be a crucial part of mental health programs. This unfortunately is not the case.

The presentation will focus on interventions that have been successful in reducing stigmatisation or its consequences and propose action to reduce stigma.

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## S0092

**Virtual reality-based interventions for schizophrenia**

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**Abstract: Background:** Traditional psychotherapeutic interventions show small to moderate effect in treating psychotic symptoms. Virtual reality (VR) assisted treatments has the potential of advancing current psychotherapies for psychotic symptoms by creating virtual environments that can elicit responses (e.g., thoughts, feelings, behaviours) mirroring real-world settings. This presentation will highlight the current research initiatives using virtual reality-based interventions targeting positive and negative symptoms in patients with psychosis.

**Results:** Main findings from the pilot-studies and randomized clinical trials on computer-based and immersive VR-interventions demonstrate preliminary evidence of VR-based psychotherapy for treating auditory hallucinations and paranoia with large effect sizes (Cohens  $d=0.75-0.80$ ). Additionally, pilot data has provided indications as to VR-psychotherapy being feasible and acceptable in treating negative symptoms and may have a large effect on participants achieving their goals and potentially in reducing negative symptoms. No adverse effect has been found related to the VR-interventions.

**Discussion:** The promising findings on VR-based interventions for psychosis calls for large-scale randomized clinical trials consolidating the evidence for the effect in treating positive and negative symptoms in psychotic disorders. Cost-effectiveness of these short-term VR-based interventions are essential to inform scalability and implementation. Finally, most of the studies target patients in more