

showed higher levels of TNF $\alpha$  compared to non-TR (adjusted  $p=0.034$ ) and C (adjusted  $p=0.025$ ), suggesting that treatment resistance might be associated with increased inflammation compared to non-TR.

**Disclosure:** No significant relationships.

**Keywords:** aging; inflammation; telomere length; mood disorders

## Recent progress in women's mental health

### S0009

#### Women's mental health: What progress have we made?

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Significant progress is being made in strengthening perinatal mental health support systems and in several related areas of women's mental health. Mental health support for women and families during pregnancy and the first year after birth – the perinatal period – remains a priority in most parts of the world. Mental disorders are among the most common perinatal health problems, with over 25% of women in many scarce resource countries and 10% in wealthy countries experiencing a disorder. There is growing recognition of feasible and effective ways to reduce the harm to women and children and their families through societal as well as health system initiatives. Successful initiatives including training and support for health workers and cross-sectoral work to prevent violence in families are operating in a number of countries. The presentation will consider how psychiatrists and other mental health professionals can contribute to the spread, scope and sustainability of this work, and other related contributions to women's mental health including the prevention of violence in the family.

**Disclosure:** No significant relationships.

**Keywords:** perinatal health; women's mental health; violence

### S0011

#### Suicidality in women

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Every year, around 800,000 people die by suicide globally. Whilst suicide mortality rates are higher among men, women typically have higher rates of suicidal ideation and behaviours. Despite this fact, suicidality in women is still of grave concern as 71% of women's violent deaths is accounted for by suicide – a greater percentage than men's. Suicide patterns among women differ between countries and regions. For example, there is a greater

difference in suicide rates between men and women in high-income countries in comparison to low- and middle-income countries. Furthermore, many theories exist to explain women's suicidality. Yet many of the dominant theories have been challenged from studies in both low- to middle-income and high-income countries. Further research that focuses on the context and culture, rather than the individual, is warranted and will be important for preventative efforts of women's suicidal behaviours.

**Disclosure:** No significant relationships.

**Keywords:** Theories of women's suicidality; Global suicide patterns; Suicide prevention; Suicidal ideation and behaviours

### S0012

#### Responding to the mental health needs of trafficked women

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**Background:** Studies suggest a high prevalence of depression and PTSD among survivors of human trafficking in contact with shelter services. However, evidence for interventions to support the recovery of survivors of trafficking is lacking. The broader literature on PTSD and depression indicates that ongoing social stressors can exacerbate and perpetuate symptoms. Advocacy-based, or "casework", interventions, which address current stressors and social support, may represent a promising avenue of enquiry. Objectives (1) Describe risk and protective factors for mental distress among trafficked people; (2) Present a preliminary theory of change describing how advocacy-based interventions may contribute to an improvement in mental health and wellbeing among survivors of human trafficking.

**Methods:** (1) Survey of adult male and female survivors of trafficking in contact with shelter services in England; symptoms of depression, anxiety, and post-traumatic stress disorder were measured using the PHQ-9, GAD-7, and PCL-C. (2) Theory of change workshop and review of intervention studies that assessed the effectiveness of casework, client support, or advocacy interventions delivered in health or community settings to survivors of trafficking or vulnerable migrants.

**Results:** 150 survivors of trafficking participated in the survey, 98 women and 52 men. In multivariate analyses, psychological distress was associated with higher number of unmet needs and lacking a confidante, suggesting that practical and social support is important in facilitating mental health recovery. The theory of change identifies common components in advocacy interventions delivered to survivors of trafficking, and proposes pathways by which these components contribute to improved mental health.

**Disclosure:** No significant relationships.

**Keywords:** Human trafficking; advocacy; Theory of change

## Improving care for patients with co-occurring addictive disorders through personalised and integrated addiction psychiatry

S0014

### Suicidal behaviour and addiction: An inseparable couple? Mechanisms underlying the association and targets for interventions

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Suicidal behaviour is common in people with substance use disorder or behavioural addictions, and vice versa. Suicidal behaviour and addiction share many risk factors, such as increased allostatic load, and are associated with dysregulations of reward processing and impaired prefrontal cortex functioning, resulting in decision-making problems, loss of cognitive control, and impulsivity. Trait impulsivity predisposes the individual to increased sensitization to stressors or addictive stimuli. Addiction emerges when the motive for a pleasurable substance or activity transitions from positive to negative reinforcement. At this point, the stress response system is activated, and the main motivator shifts from pleasure to the escape from an aversive stimulus –withdrawal and craving. In parallel, insufferable psychological pain is the core component of the suicidal process, and a suicide attempt has been conceptualized as a way to reduce or escape it. Both states are associated with increased pain perception, stress system activation, inflammation, and anhedonia. However, while addiction generally reflects a shift from pleasure to the avoidance of negative stimuli, the pleasure is less identifiable in the suicidal process. Furthermore, not all individuals that engage in suicidal behaviours are impulsive or have an addiction, and not all individuals with addiction engage in suicidal behaviours. Yet, the understanding of the shared neurobiological component of addiction and suicidal behaviours may inform possible interventions in some individuals. Reward, pain, and stress systems are possible targets. Promising substances related to these systems that could reduce suicide risk include buprenorphine, lithium, ketamine, and psychological interventions aimed at psychological pain reduction and resilience.

**Disclosure:** No significant relationships.

**Keywords:** Suicide; Addiction; Substance Use Disorder

S0015

### Temperament, bipolar disorder and addictive disorders: Which personalized and integrated approach?

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Affective Disorders are on a clinical continuum in which temperaments and other coexisting or emerging mental conditions may cover the role of risk factors or determinants of specific dimensional aspects of Bipolar Disorder. Overall, it is important to better characterize the psychopathological conditions associated to the clinical picture of an affective disorder in order to perform more personalized and integrated approach for the assessment, diagnosis and treatment of individuals with dual disorder.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; temperament; Affective disorders; Substance Use Disorder

## Implementing digital mental health across europe

S0017

### Managing the challenges in implementing digital mental health in europe

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**Abstract Body:** The demand for mental health care is increasing globally as a result of societal challenges such as automation, increased economic competition, unemployment and the growing impact of climate change. The direct and indirect economic costs of mental health problems are substantial, totalling over € 600 billion yearly across the EU (OECD 2018). The COVID-19 crisis has led to an additional increase in demand and has changed the way care is delivered. Since March 2020 there has been a significant increase in the use of e-mental health (eMH), telemental health in particular. eMH can contribute to keeping services, accessible, affordable and patient focused. The eMEN project (funded by the EU Interreg North-West-Europe programme) is promoting the latter through a European cooperation platform for eMH development, research and implementation. This platform focuses on high quality and professional ‘blended care’, which combines face-to-face and online treatment. The implementation of eMH has been slow and varies considerably between EU countries, even though this technology has been on the market for over 20 years. The reasons for this are related to quality problems (e.g. validation, usability), resistance from clinicians, lack of blended care treatment protocols, digital skills, reimbursement systems and policies and other barriers. Many service providers and public health authorities are increasing their efforts to overcome these barriers. This presentation will give a short overview of how the eMEN project is trying to overcome these barriers and accelerate the eMH implementation process.

**Disclosure:** No significant relationships.