

approach such as the one designed by Iván Pavlov besides the Volga and improved by some followers.-highlight the differences between researching in psychopathology, a true science, or doing it in clinical psychiatry, its practical application. This distinction is essential.

Methods: The works of some authors who have approached this conflict with dedication and rigor will be reviewed. Research lines followed during last hundred years in psychiatry will be contrasted with the results obtained.

Results: New points of view and new tools need to be incorporated to solve this conflict that confuses experts so much are proposed. Ways of working are indicated that should avoid confusion between psychopathology and clinical psychiatry

Conclusions: A psychiatric diagnosis must be established on solid conceptual basis that we currently lack.-Both Kraepelin and Kurt Schneider are two key figures to recover and keep current in our daily practice.-The importance of patient's subjectivity when taking an anamnesis of their problems seems very important. The question is how to manage that subjectivity in order to analyze it from a classical scientific model, Pavlov's great desire.-A revisiting of Husserlian phenomenology is essential in the training plans of young psychiatrists and in daily psychiatric care. But this is not enough. We need new tools and new conceptual frameworks so that the phenomenological perspective can contribute to put light in problems as important as those generated by the constant change of diagnosis that is carried out with many patients. If we want a scientific psychiatry we cannot handle with tools that have failed since their creation.

Disclosure of Interest: None Declared

Climate change

EPV0231

Definitions and scope of the mental health burden of global climate change

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doi: 10.1192/j.eurpsy.2023.1581

Introduction: Climate change is increasing the frequency of extreme weather events – such as heatwaves, droughts, floods, and wildfires – and undermining the mental health and wellbeing of global populations, but the dimensions and scope of this burden remain under-studied.

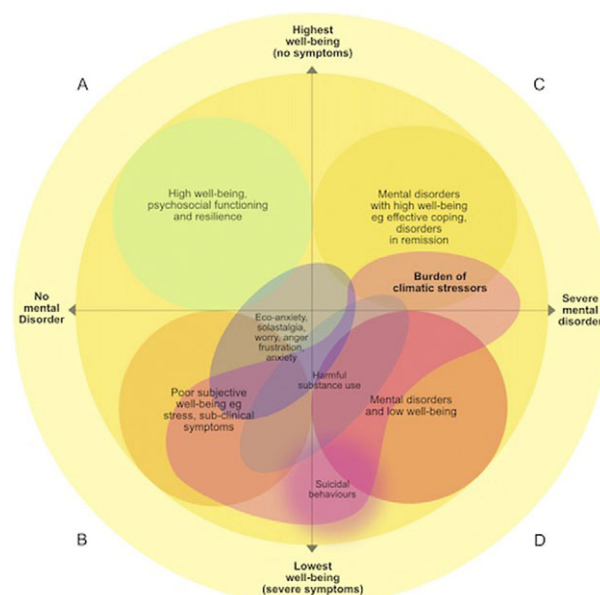
Objectives: To identify the distinct but overlapping mental health domains that are being impacted by climate change-related stressors and how these domains relate to and interact with one another.

Methods: A narrative synthesis of conceptual and empirical studies of climate change and mental health.

Results: We find strong empirical evidence that climate change is already harming mental health across multiple mental health domains, including through increased rates of psychiatric disorders

(e.g., PTSD, depression, anxiety), sub-clinical psychological distress, harmful substance use, self-harm/suicidal behaviors, and worry about the observed and anticipated impacts of climate change. Most of the mental health burden is likely to occur in the form of sub-clinical symptoms, including lowered resilience and subjective well-being, while negative psychological states (e.g., eco-anxiety) are likely to constitute a smaller proportion of the overall burden. We argue that the mental health burden can be helpfully conceptualised within a dual-continuum model that considers the presence/absence of psychiatric diagnosis on the one hand, and high/low psychosocial wellbeing on the other.

Image:



Conclusions: Climate change is already harming the mental health of global populations across multiple functional domains. Defining and tracking the scope of this growing burden is essential so that effective preventive and adaptive action can be taken.

Disclosure of Interest: None Declared

EPV0232

Psychotropic drugs and the environment: a comprehensive analysis of surface water concentrations and associated risks

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doi: 10.1192/j.eurpsy.2023.1582

Introduction: For most countries it is currently unknown to what degree concentrations of psychotropic drugs in surface water exceed environmental threshold concentrations (ETCs) [MOU1] for ecosystems and what risk mitigation could be applied. ETCs are

defined as per-compound threshold concentrations above which detrimental effects on reproduction, growth, and mortality of aquatic organisms cannot be excluded.

Objectives: To quantify levels of antidepressants, antipsychotics, mood stabilizers, and benzodiazepines in surface water, investigate their sources and assess whether these levels exceed ETCs.

Methods: Design: Cross-sectional analysis of measured and modeled data. Environmental levels were compared to ETCs to evaluate their risks for the aquatic environment. Finally, sources of psychotropic drugs were investigated.

Setting: All available Dutch water monitoring data from all regional and national monitoring campaigns of 2019, the last year before the COVID-19 pandemic.

Exposures: Concentrations of aripiprazole, carbamazepine and its metabolites, clozapine, diazepam, (es)citalopram, fluoxetine, haloperidol, nortriptyline, olanzapine, oxazepam, temazepam, quetiapine, sertraline, valproic acid, and venlafaxine.

Main outcomes and measures: The main outcomes were measured and modeled concentrations of the aforementioned agents in surface water. As a secondary outcome, where possible, average risk quotients (RQs) were calculated by dividing the measured or modeled concentrations by the ETC. An RQ > 1 was interpreted as a risk to the environment.

Results: Psychotropic drug samples (n=1201; 14-520 measurements per drug) showed the highest average concentrations for oxazepam (0.91 µg/L; RQ = 1.89) and carbamazepine (0.74 µg/L; RQ = 1.48), with individual measurements exceeding ETCs. For other drugs, measured concentrations did not reach the detection limit (amisulpride, (es)citalopram, quetiapine, and venlafaxine) or did not exceed the ETC (fluoxetine). Furthermore, households contributed most to psychotropics in surface water. Finally, psychotropics were cleared less efficiently from a wastewater treatment plant than other medications.

Conclusions: Psychotropic drugs are present in surface water, are primarily emitted by households, and may put organisms at risk. We signal a need to reduce concentrations of several psychotropic agents in the environment. Our findings set the stage for policies and research aimed at curtailing emissions of psychotropic drugs into the environment and highlight a need for responsible prescribing and waste measures.

Disclosure of Interest: None Declared

EPV0233

Sustainability in Dutch and Flemish mental healthcare: A descriptive and comparative study

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doi: 10.1192/j.eurpsy.2023.1583

Introduction: There is an urgent need for sustainable thinking and practices in healthcare systems to meet the challenge of climate change (Charlesworth & Jamieson, 2019; Corvalan et al., 2020; Luykx & Voetterl, 2022; Madden et al., 2020). This need is accelerated by the recent energy crisis. According to an international NGO policy paper (Karliner et al., 2019) healthcare institutions are large energy consumers and major emitters. The (mental) health sectors of the Netherlands and Flanders, the northern part of Belgium, also greatly contribute to the global climate crisis. Both regions have per capita emissions (between the 0.50t and 1t) that fall just below the world's healthcare top emitters.

Objectives: To evaluate the state of sustainability in Dutch and Flemish mental health institutions (including psychiatric hospitals, rehabilitation centers, and community mental health centers) and assess whether certain differences can be found in the climate policies of these institutions between both regions.

Methods: Board members of mental health institutions were asked to complete a 20-item online survey in which concrete actions, objectives and ambitions in the field of sustainability were questioned. Frequencies and percentages were calculated for each question. For certain topics chi-squared tests were performed to test differences in sustainability issues addressed in the questionnaire between Dutch and Flemish mental healthcare institutions.

Results: Survey response rates for Dutch and Flemish mental health institutions were 38% and 20%, respectively. Ninety-five percent and 38% of respectively the Dutch and Flemish institutions fully agreed that sustainability is a very important theme ($\chi^2(1)=2,25$, $p=0,13$). Key focus areas in both regions included sustainable energy transition (with half of the mental health institutions sourcing at least half of their energy via renewable energy resources and technologies) and recycling (almost 80% of the institutions). Statistically significant differences were found between both regions with regard to monitoring the environmental impact (Flanders 24% vs. The Netherlands 60%, $\chi^2(1)=6,41$, $p=0,01$) and fostering more sustainable commutes (Flanders 72% vs. The Netherlands 15%, $\chi^2(1)=17,35$, $p<0,0001$). The climate impact of medicines and food, as well as investments in sustainable projects, received little attention.

Conclusions: Although a substantial part of Dutch and Flemish mental health institutions consider sustainability (very) important, a systemic 'transformation' will be necessary to make them climate neutral, as tenets of practicing mental healthcare sustainably include more than sustainable energy transition and recycling (Monsell et al., 2021). Moreover, a lack of sufficient investment opportunities, partly due to a lack of financial resources, seems to be the main barrier for many mental healthcare institutions for quickly reaching sustainability goals.

Disclosure of Interest: None Declared