

JS0004**The problem of treatment gap in alcohol use disorder (AUD)**J. G. Bramness^{1,2*}¹Dep. of drug research, Oslo University Hospital, Oslo and ²Psychiatry, UiT The Arctic University of Norway, Tromsø, Norway

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.37

Abstract: Alcohol use and alcohol use disorder (AUD) is related to numerous somatic and psychiatric disorders resulting in a high contribution to global burden of disease and premature death. The need to identify and treat alcohol use disorder is high. Yet there is a large treatment gap. Too few people with AUD are recognized and are being offered treatment. In some countries well under 10 percent of those with a treatable AUD are ever offered treatment. Furthermore, there is a dearth of effective treatments and relapse rates remain high. This symposium will address some topics that may change this situation.

Disclosure of Interest: None Declared**JS0005****Sodium oxybate – new views on an old candidate This presentation will outline the outcome of a clinical development program, including a Phase 3 study, on sodium oxybate in the treatment of alcohol dependence**J. Guiraud^{1,2*}¹Department of Psychiatry, Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands and ²Vergio, Paris, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.38

Abstract: Sodium oxybate (SMO) has shown efficacy in the treatment of alcohol withdrawal syndrome (AWS) and in the maintenance of abstinence in alcohol dependent (AD) patients in a series of pilot randomized controlled trials. SMO is marketed in these indications in Italy and Austria since 1991 and 1999, respectively. To expand access to SMO for the treatment of AD in other EU countries and since regulatory standards have evolved, a clinical development and research project in accordance with regulatory guidelines has been initiated in the maintenance of abstinence to further support the already available data. Phase 2 and 3 studies in AD patients were conducted. Results of this development program showed efficacy of SMO in the maintenance of abstinence in AD patients. Since heterogeneity of SMO treatment effect between studies was identified, various analyses explored the potential moderators of SMO efficacy. SMO efficacy was larger in high-severity AD population and with longer treatment duration. SMO was well tolerated both in regular clinical use and in clinical trials.

Disclosure of Interest: J. Guiraud Shareholder of: Vergio, Employee of: Vergio**JS0006****Training curriculum psychiatry: an European perspective**

A. Szulc

Department of Psychiatry, Medical University of Warsaw, Warsaw, Poland

doi: 10.1192/j.eurpsy.2024.39

Abstract: Training in psychiatry varies greatly from country to country in Europe - there are differences in the duration of training, the content of training, etc. Different perspectives on training will be presented, especially as far as common features are concerned. We will also present proposals and directions leading to a common European curriculum in psychiatry. Further work is needed in the direction of developing a European curriculum and organizing a European exam in psychiatry.

Disclosure of Interest: None Declared**JS0007****The perspective of psychiatric nurses by the European Psychiatric Nurses (Horatio)**

N. Kilkku*

European Psychiatric Nurses (Horatio) and European Psychiatric Nurses (Horatio)

Faculty of Health Sciences, VID Specialized University, Oslo, Norway

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.40

Abstract: In the health care system, nurses are often the biggest professional group and therefore their role is important in the development of service system to meet the current needs of support and help in mental health. Novel solutions are needed, solutions which are not only developed between the professionals, but in collaboration with the people seeking for help, family members, other social networks, and different service providers, like NGOs. Human rights and community-based approaches are guiding this development together with the principles of recovery approach. At the same time there are challenges to overcome, like the shortage of professionals, which also demand new kind of collaboration and solutions to make the field of mental health attractive for future professionals and to support the retention of those who are working in practice at the moment. In the joint symposium the viewpoint of mental health/psychiatric nurses on these issues will be presented.

Disclosure of Interest: None Declared**JS0008****Mental health in challenging times: Psychological perspectives for practitioners and society**

C. Steinebach

EFPA, Brussels, Belgium

doi: 10.1192/j.eurpsy.2024.41

Abstract: In general, resilience is a process in which the interplay of risk and protective factors of the system itself and its environment is balanced in such a way that positive development opportunities open up. The resilience of a person, a system and a profession is therefore reflected in the ability to shape conditions in such a way that positive coping with challenges and crises is possible as a basis for positive further development. The time of the pandemic and the war in Ukraine has led to a large number of adjustments to psychology as a science, as a profession and as a perspective on life. This is associated with opportunities for positive further development of the discipline. European psychology has so far mastered the challenge of the pandemic and the war in Ukraine very well. The task now is to harness its successes as a multifunctional hub for other sciences, professions and society as a whole. The aim is to develop an identity that strengthens the unity of psychology in its diversity. With wisdom and resilience, psychology is also increasingly facing up to the challenges expressed in the United Nations Sustainable Development Goals (UN SDGs). In the discussion of social and professional change, the possibilities for a joint positive development of all professions in these stressful times become clear.

Disclosure of Interest: None Declared

Core Symposium

CRS0001

Community mental health services in Europe: the state of art

M. Rojnic Kuzman

Zagreb University Hospital Centre and the Zagreb School of Medicine, Zagreb, Croatia

doi: 10.1192/j.eurpsy.2024.42

Abstract: In Europe there is significant variability of attitudes, procedure and strategies in clinical care between psychiatrists and settings across different regions and countries. However, there is a significant overrepresentation of data from mental health services from Western and Northern European countries, due a lack of data from Eastern and Central European countries as it has been suggested the Eastern and Central European regions are a “blind spot on the global mental health map”. In respect to community mental health services, Northern and Western countries introduced a large array of multidisciplinary community-based services for people with mental health problems and reorganized the mental health care services towards the community mental health care, replacing largely large hospitals and hospital-based care following recovery-oriented care models with introduction of numerous services which supported full recovery, including supported employment and housing. This process is only in the beginning in the majority of countries in the South and East of Europe. Here we present the data from these countries including the results of the RECOVER-E study (Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe), which incorporated the implementation of community mental health services in five South-eastern European countries.

Disclosure of Interest: None Declared

CRS0002

Opportunities and challenges of community mental health centers in Türkiye

E. Mutlu

Hacettepe University, Ankara, Türkiye

doi: 10.1192/j.eurpsy.2024.43

Abstract: In 2011, Türkiye restructured the mental health care system in community-based settings following the announcement of the National Mental Health Action Plan. Community mental health centers (CMHCs) are the major element of this approach. As of now, the total number of CMHC have reached 186, and the service users have almost reached 100.000.

Mental health care system gained significant advantages through CMHCs, such as 1) improvement in the conditions of mental health services, 2) better follow-up of patients with chronic severe mental disorders, 3) capability of in-home services, 4) decrease in the number of hospitalizations, 5) increased social involvement of patients with severe mental disorder. CMHCs also played a significant role in promoting social rehabilitation, including employment status, development of social relationships, and redress of stigmatization. All these advantages were put into practice by community mental health teams comprising a psychiatrist, psychologists, nurses, social workers and ergotherapists, if available.

Community mental health centers come with severe challenges and shortcomings despite their ameliorations. First, CMHCs need trained mental health professionals. However, only 52% of the CMHC teams completed the CMHC trainings currently. Second, standardized work flow algorithms should be developed for CMHCs. Third, there should be a strong relationship between CMHCs, primary health care system and inpatient units as a complementary part of essential mental health care. In addition, hospital administration should be trained in terms of CMHC policy since every CMHC is affiliated with a state hospital. For instance, the ongoing issue of defining quality standards for CMHCs contributes to a misconception, portraying these centers as profit-making units rather than dedicated rehabilitation facilities.

In conclusion, community-based settings and CMHCs significantly advance mental health services despite the challenges confronted in practice. To optimize the effectiveness of community mental health care facilitated by CMHCs, it is imperative to review the implementation process with the active involvement and support of non-governmental organizations, including patient-driven organizations and national psychiatric associations.

Disclosure of Interest: None Declared

CRS0003

Microdosing psychedelics in the treatment of ADHD and comorbid disorders

K. P. Kuypers

Neuropsychology and Psychopharmacology, Maastricht University, Maastricht, Netherlands

doi: 10.1192/j.eurpsy.2024.44