

**Method** Non-systematic review of concepts and data regarding the needs of women users of mental health services and their families.

**Results** inequity and inefficiency of mental health resources affect men and women all around the globe. Some important mental health needs as well as barriers to care are gender-specific. Women have specific needs in specific phases of life, e.g. the perinatal period, as well as specific risk factors, e.g. interpersonal violence and sexual abuse. Developments of women only services as well as the implementation of gender-specific approaches in routine care are underway and need to be evaluated, amended and expanded. Training as well as research requirements are numerous and urgent. Family carers are an essential mental health resource. A majority is female with significant unmet needs. Family advocacy in mental health is prominently supported by female activists as is the psychiatric user movement. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as those following the UN-Convention on the rights of persons with disabilities include specific provisions for women and girls with psychosocial disabilities.

**Conclusions** Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment. Clinical and scientific responsibilities in mental health essentially include gender-specific attention to the needs of women and girls and their families.

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#### S004

### Women mental health and trafficking

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“Trafficking in persons,” “human trafficking,” and “modern slavery” have been used as umbrella terms for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion. Trafficking in persons is an insult to human dignity and an assault on freedom, and robbing basic human rights (US Report, 2015). Reliable data on trafficking are difficult to obtain owing to its illegal nature; the range and severity of trafficking activities; and variations in how trafficking is defined. It is supposed that 49 per cent of the victims are women, 21 per cent girls, 18 per cent men and 12 per cent boys. 53 per cent were involved in sexual exploitation and 40 per cent in forced labor (UN, 2014).

Research findings show that the limitations of current methodologies affect what is known about human trafficking and health. Moreover, findings demonstrate an urgent need for representative and non-purposive recruitment strategies in future investigations of trafficking and health as well as research on risk and protective factors related to human trafficking and health, intervention effectiveness, long-term health outcomes. The psychological impact of victimization may be more severe than the physical violence. Victims who have been rescued from sexual slavery, typically present with various psychological symptoms and mental illnesses, including the following: Post-Traumatic Stress Disorder (PTSD), depression, anxiety, panic disorder, suicidal ideation, Stockholm syndrome, and substance abuse. In this talk current findings will be presented and discussed.

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## Symposium: Improving physical health in patients with severe mental disorders

#### S005

### Comorbidity of mental and physical disorders: A major challenge for medicine in the 21<sup>st</sup> century

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Demographic changes and successes of medicine in preserving and prolonging life are among the main reasons for the significant increase of comorbidity of mental and physical illness. The simultaneous presence of these disorders leads to a worse prognosis of both types of disorder, significant increases of cost of treatment and heightened mortality.

Although these facts are becoming known among members of the profession and among decision makers in the field of health little is done to provide adequate and timely treatment and care for all the diseases from which a person suffers. The fragmentation of medicine into ever finer and more narrow specialties contributes to the decreasing quality of care for people who have the misfortune of having comorbid mental and physical illnesses as does the stigma of mental illness which decreases the probability of timely help and leads to well documented discrimination of those who have mental illness in health services.

The paper will present some information about comorbidity of mental and physical disorders and suggest reforms of health care that might help to resolve the problems which comorbidity produces.

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#### S006

### Exercise Interventions for Improving Mental and Physical Health in Schizophrenia

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Schizophrenia is a severe mental disorder that carries a high personal and socio-economic burden. Especially negative symptoms and cognitive impairments affect the long-term outcome and are the main contributors to disability. An often underestimated aspect of the disease are somatic comorbidities and the very high mortality rates of those with the disorder. The life expectancy is approximately 20 years below that of the general population and there is evidence that persons with schizophrenia may not have seen the same improvement in life expectancy as the general population during the past decades. Among others, lifestyle factors like sedentary behaviour, unhealthy diet, body weight and tobacco smoking are considered modifiable risk factors contributing to this excess mortality. Exercise interventions may be useful not only in attenuating symptoms of the disease but as well in help reducing risk factors for somatic comorbidities.

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