



NICOLAE TESTEMITANU STATE UNIVERSITY OF MEDICINE
AND PHARMACY OF THE REPUBLIC OF MOLDOVA



MINISTERUL SĂNĂTĂȚII
AL REPUBLICII MOLDOVA



Elveția.



MENSANA

PROIECTUL MOLDO-ELVEȚIAN
SUBIECTE PENTRU REFORMA SERVICIILOR
DE SĂNĂTATE MENTALĂ ÎN MOLDOVA

ALL TOGETHER FOR MENTAL HEALTH: TRAUMA AND ITS PRICES FOR HUMANITY

International Joint Event:

7th Eastern European Conference of Mental Health
In and Out of Your Mind

4th International Public Mental Health Conference

3rd International Congress of the SPNPPC

12 – 15 October 2023
Chisinau, Republic of Moldova

ABSTRACT BOOK

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12 – 15 October 2023, Chisinau, Republic of Moldova

Presidents of Conference

Howard Goldman (USA) Jutta Lindert (Germany) Jana Chihai (Moldova)

President of Scientific Committee
Emil Ceban (Moldova)

President of Organizing Committee:
Mihail Cristian Pirlog (Romania)

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Olga Cernetchi (Moldova)	Daciana Elena Pintilie (Romania)

PARTNERS



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**CONFERENCE
PROGRAM**

Thursday, 12 October, 2023 – “A” Hall (HYBRID)

08.30-09.30 - **Registration of the participants**

09.30 **Welcome and Introduction**

- 10.15
- Opening speech by the representative Ministry of Health of Republic of Moldova (MH)
 - Opening speech by the representative of the Parliamentary commission in the social and medical field
 - Opening speech by the representative of the Nicolae Testemitanu State University of Medicine and Pharmacy (SUMP)
 - Opening speech by the representative of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists of the Republic of Moldova (SPNPPC)
 - Opening speech by the representative of the Mental Health Association of South-Eastern Europe (MHASEE)
 - Opening speech by representative of the Swiss Cooperation Office in the Republic of Moldova - Victoria Condrat, local manager of the Moldovan-Swiss project MENSANA - "Support for the reform of mental health services in Moldova".

10.15 **Keynote lecture: Problem Management Plus (PM+): Psychological help for adults in communities exposed to**
11.00 **adversity - Marit Sijbrandij (Netherlands)**

11.00 - 11.15 *Coffee Break (E-posters view session)*

11.15 **Thematic Session: Opportunities and challenges in the recovery of patients with schizophrenia**

- 12.30
- The balance between efficacy and safety of therapy in patients with schizophrenia - **Ion Cosciug (Moldova), Mirela Manea (Romania)**

Chair: Ion Cosciug (Moldova)

12.30 **Keynote lecture: Transgenerational effects of the traumatic events - Jutta Lindert (Germany)**

13.15

13.15 - 14.00 *Lunch Break (E-posters view session)*

14.00 **Thematic Session: Interdisciplinary approach to neurocognitive disorders**

- 15.00
- Management of cognitive and non-cognitive impairments in dementia - **Ion Cosciug (Moldova), Inga Deliv (Moldova)**

Chair: Jana Chihai (Moldova)

15.00 **Thematic Session: Mood and psychotic disorders – current approaches**

- 16.45
- New trends and modern approach in schizophrenia – **Valentin Oprea (Moldova)**
 - Anxiety – a progressive condition of humanitarian crises - **Jana Chihai, Alina Bologan (Moldova)**

Chair: Jana Chihai (Moldova)

16.45 - 17.00 *Coffee Break (E-posters view session)*

Keynote lectures - Chairs: Howard Goldman (USA), Mihail Cristian Pirlog (Romania)

17.00 **Reflections on the Importance of Services for Families of Adults with Serious Mental Illness - Lisa Dixon (USA)**

18.00

18.00

19.00

Social determinants of Health and Sequelae of Trauma - Robert Drake (USA)

Thursday, 12 October, 2023 – “B” Hall (HYBRID)

11.15 **Thematic Session: Recovery intervention in mental health**

- 12.30
- Recovery: The seven Cs: requirements for care of people with severe mental illness outside psychiatric facilities – **Anastasia Ceban, Victoria Levinschi, Rodica Lupu, Cristina Russu, Xenia Stupac (Moldova)**
 - What does community care for people with severe mental illness require? - **Eugenia Staver, Ivan Vasilo (Moldova)**
 - FACT and ACT Models – differences and opportunities – **Radislav Cosulean, Victoria Garstea (Moldova)**
 - Case management in mental health – **Corina Babii, Angela Zaiat (Moldova)**

Chair: Alina Bologan (Moldova)

14.00 **Workshop:**

16.45 **Healing and transformation of trauma - from catastrophizing to happiness**

Moderator: Cornelia Adeola (Moldova)

Friday, 13 October, 2023 – "A" Hall (HYBRID)

- 09.00 **Plenary Session: Mental health system in reform – needs, challenges and opportunities.**
10.00
- Eight years of mental health reform in Moldova - **Laura Shields** (Netherlands) **Jana Chihai** (Moldova)
 - Managing a Mental Health development project in times of war - **Heiko Konigstein** (Germany)

Chair: Jana Chihai (Moldova)

- 10.00 **Symposium: Mental Health Reform for Child and adolescent in Belgium**
11.00
- The new mental health policy for children and adolescents in Belgium - **Bernard Jacob** (Belgium), **Karolien Weemaes** (Belgium)

Chair: Jana Chihai (Moldova)

11.00 - 11.30 Coffee Break (E-posters view session)

- 11.30 **Thematic Session: Current challenges in the therapy of mental health conditions**
13.30
- Neurobiological and Treatment Advances of Obsessive-Compulsive Disorder - **Mohamed ElWasify** (Egypt)
 - Development of a mixed mystical-paranoid delusion - **Daciana Elena Pintilie** (Romania)
 - Clinical case series of patients with drug resistant paranoid schizophrenia showing improvement in positive and negative symptoms after rTMS treatment - **Dancho Dilkov, Galina Dimitrova, Teodora Nikolova** (Bulgaria)
 - The incidence of psychiatric pathologies in hospitals without psychiatric wards - **Dragos Ovidiu Alexandru** (Romania)
 - Courage, humbleness, forgiveness and dedication - Four fundamental psycho-noetic functions in the psychopathological approach to mental disorders - **Petre Radescu** (Romania)
 - Trauma and Mind Control - **Mihai Mutica** (Romania)

Chair: Mihail Cristian Pirlog (Romania)

13.30 - 14.30 Lunch Break (E-posters view session)

- 14.30 **Thematic Session: Current challenges in the mental health services and research**
16.00
- WPA Global Guidelines for Telepsychiatry - **Davor Mucic** (Denmark)
 - Is it possible to do innovative research in mental health? The story of the DIAPASON project in Italy – **Giovanni di Girolamo** (Italy)
 - Barriers and motivators for accessing psychological support services in Romanian companies – **Mihai Bran** (Romania)
 - Treating anxiety - from old to new approaches – **Pedro Morgado** (Portugal)

Chair: Andrei Eșanu (Moldova)

- 16.00 **Keynote lectures - Chairs: Howard Goldman** (USA), **Mihail Cristian Pirlog** (Romania)
16:45
- Aspects of interactions between Post-Traumatic Stress Disorder and medical illness - **Delia Hendrick** (USA)

16.45 - 17.00 Coffee Break (E-posters view session)

- 17.00 **Advice from a Journal Editor on Publishing in Scholarly Journals - Howard Goldman** (USA)
18.00
18.00 **Biological models for psychosis and clinical course in schizophrenia - Donald Goff** (USA)
19.00

Friday, 13 October, 2023 – "B" Hall (HYBRID)

- 09.00 **Thematic Session: Alcohol and substances abuse and trauma**
10.00
- Differences in level of affiliation to Alcoholics Anonymous (AA) Organization in individuals who attend AA meetings in Romania - a mixed methods research - **Adriana Lavinia Bulumac** (Romania)
 - Drug use between deviant behavior and rational choice models - **Sonila Tivari Bitri, Entela Puca, Esmeralda Thoma, Nereida Xhabija** (Albania)
 - From *Anorexia mirabilis* to ideal, media - conforming self-image - **GN Ciobanu-Haşovschi, G Ștefănescu, C Ștefănescu** (Romania)
 - Is controlled drinking a goal for substance use disorder? - **Silvia Stănescu, Lavinia Duica** (Romania)
 - Psychological and clinical-evolutionary aspects of alcohol addiction in women - **Valentin Oprea, Dorin Jelaga, Ghenadie Zaporojan, Stela Oprea** (Moldova)

Chair: Mihail Cristian Pirlog (Romania)

- 10.00 **Thematic Session: Mental health services in Eastern Europe**
11.00
- Joint Action Implemental - What needs to be changed to improve the Mental Health system in Bulgaria? **Vladimir Nakov, Romyana Dinolova, Zahari Zarkov, Dafinka Stoilova** (Bulgaria)
 - Towards a balanced model of mental health care - an example from Croatia – **Roberto Muzic, Ana Istvanovic, Danijela Stimac-Grbic, Ivana Pavic-Simetin** (Croatia)
 - Italy syndrome in Romania - **Laura Constantin-Malinoiu** (Romania)
 - Self-esteem and vulnerabilities of Romanians - **Lavinia Duica** (Romania)

Chair: Vladimir Nakov (Bulgaria)

- 11.30 **Thematic Session: Quality assessment of mental health services**
- 12.30
- Assessing and improving the quality of services in psychiatric institutions - **Raluca Nica** (Romania)
 - From traditional institutions to assertive community services. Modern shifts in mental health - **Tiberiu Rotaru** (Romania)
 - Implementation of Article 110 of the Criminal Code in the Romanian psychiatric system - **Ciprian Bacila, Mihaela Tanase** (Romania)

Chair: Cristina Nestor (Moldova)

- 12.30 **Thematic Session: New trends in the treatment of mental disorders**
- 13.30
- Problem Management Plus (PM+) Intervention - Implementation in Moldova – **Lilia Damaschin** (Moldova)
 - Biological mechanisms of avolition and anhedonia in schizophrenia: the reward circuit - **Ina Buga, Cornelia Zincenco, Lidia Sanduleac, Inga Deliv** (Moldova)
 - Therapeutic interventions in hypochondria - **Tudor Titorog, Anatol Nacu** (Moldova)
 - Stress and trauma: catalysts of mood disorder development - **Dorin Jelaga, Valentin Oprea, Mihaela Belous, Lidia Sanduleac** (Moldova)

Chair: Valentin Oprea (Moldova)

- 14.30 **Thematic Session: Advancing mental health: from psychedelics to psychotherapy, and beyond**
- 16.00
- Psychedelics and the future therapies for anxiety disorders and PTSD - **Alexandra Bolos, Cristina Nedelcu, Corina Alexinschi, Nicoleta Bobutanu, Ovidiu Alexinschi** (Romania)
 - The mirage of new psychoactive substances and the dream factory - **Ovidiu Alexinschi, Cristina Nedelcu, Corina Alexinschi, Nicoleta Bobutanu, Alexandra Bolos** (Romania)
 - The value of some affective parameters in the additional treatment with estradiol in schizophrenia - **Igor Nastas** (Moldova)
 - BPD - The impact on carers, friends, and communication - **Cornelia Adeola, Radislav Cosulean, Jana Chihai** (Moldova)
 - The role of psychotherapy in the treatment of psychosomatic disorders - **Mariana Cernitanu** (Moldova)

Chair: Mariana Cernitanu (Moldova)

- 16:00 **Thematic Session: Psychological intervention in traumatic events**
- 16:45
- Emotional regulation in Cognitive-Behavioral Therapy - **Raluca Nica** (Romania)
 - Cognitive-Behavioral Therapy tools to work with body-image in (pre)adolescent girls - **Diana Stanculeanu** (Romania)

Chair: Jana Chihai (Moldova)

Saturday, 14 October, 2023 – “A” Hall (HYBRID)

- 09.00
-
09.45
- MHASEE Symposium: A glimpse over the mental health in Eastern Europe**
- Challenges in Service Provision for Adolescents - **Ariel Como** (Albania)
 - Burnout, depression and suicide - self-care as a professional imperative **Vladimir Nakov** (Bulgaria)
 - Cognitive-behavioral interventions to enhance help-seeking behavior to reduce suicide in teenagers – a pilot project in Yamagata, Japan - **Hiroaki Ambo** (Japan)

Chair: Mihail Cristian Pirlog (Romania)

- 09.45
-
11:00
- Symposium: Mental health services during wartime**
- Mental health services for the population affected by Russian aggression - **Krystyna Vysotska** (Ukraine)
 - Training interventions for Ukrainian MH professionals for better treatment of people with PTSD - **Jonathan Rolfe** (UK)
 - Setting up youth-friendly spaces and supporting families of Internally Displaced people near the front line - **Denis Vasiluk** (Ukraine)

Chair: Cornelia Ciofu (Germany)

11.00 - 11.30 Coffee Break (E-posters view session)

- 11.30
-
12.15
- Keynote lecture: Psychiatry's contribution to the stigma of schizophrenia** - **Heinz Katschnig** (Austria)

- 12.15
-
13.30
- Symposium: The Main Challenges in Mental Health Reform – Poland, Georgia, Serbia**
- Mental Health in Poland: Challenges, Reform, and Access to Care - **Katarzyna Kinga Kowalczyk** (Poland)
 - Mental Health in Georgia - **Eka Chkonia** (Georgia)
 - Mental Health in Serbia: Challenges in addiction prevention, treatment and research - **Igor Pantic** (Serbia)

Chair: Grigore Garaz (Moldova)

13.30 - 14.00 Coffee Break (E-posters view session)

- 14.00
-
14.45
- Keynote lecture: How predictable is suicide risk?** - **Michael Davidson** (Israel)

- 14.45
-
16.00
- EPA Symposium: Mental health and well-being for all: building a world in which mental health is valued, promoted and protected**
- Harmonizing practices and strengthening the collaboration of psychiatrists from different European regions - **Martina Rojnic Kuzman** (Croatia)
 - Ethical dilemma in Psychiatry - **Eka Chkonia** (Georgia)

Chair: Jana Chihai (Moldova)

16.00 - 16.30 Coffee Break (E-posters view session)

- 16.30
-
17.30
- Thematic Session: Mental health conditions and gender-related issues**
- Electroconvulsive therapy – necessity in the therapeutic management of treatment-resistant psychiatric pathology - **Claudia Anghel** (Romania)
 - Counselling, accompaniment and psychotherapeutic interventions before, during and after pregnancy - Highlights from six case studies - **Petre Radescu** (Romania)
 - Moringa Oleifera as adjuvant therapy during pregnancy and breastfeeding - **Larisa Boronin, Igor Nastas** (Moldova)
 - Possible risks of using medicinal plants as adjuvant therapy during pregnancy and lactation in mental patients - **Larisa Boronin, Igor Nastas** (Moldova)

Chair: Igor Nastas (Moldova)

Sunday, 15 October, 2023 – “A” Hall (HYBRID)

09.00 **Workshop:**
The Trilogos Method in practice – A Workshop on Personality Training and Consciousness Development
10.45 **Moderator: Michael Noah Weiss (Norway)**

10.45 - 11.15 Coffee Break (E-posters view session)

11.15 **Keynote lecture: Innovation by Intuition – How the Trilogos Method can inspire scholars in their R&D**
12.00 **processes - Michael Noah Weiss (Norway)**

12.00 **Thematic Session: Mental health issues during childhood and adolescence**

- 13.30 • Stress and diabetes in young adulthood. Risk factors, prevention and quality of life - **Svetlana Dimitrova (Bulgaria)**
- Psychological trauma and suicide in children and adolescents - **Cornelia Zincenco, Ina Buga, Lidia Sanduleac, Victoria Țapeș, Inga Deliv (Moldova)**
- Genetics of attention deficit hyperactivity disorder - **Victoria Țapeș, Cornelia Zincenco, Inga Deliv (Moldova)**
- Effects of therapeutic interventions in the socio-emotional profile of adolescents coming from single-parent families - **Alina State Pătrașcu (Moldova)**
- Therapeutic strategies for reducing aggression and self-mutilation in children with autism - **Mihaela Belous, Anatolie Nacu, Dorin Jelaga, Lidia Sanduleac (Moldova)**

Chair: Grigore Garaz (Moldova)

13.30 - 14.30 Lunch Break (E-posters view session)

14.30 **Thematic Session: Unraveling the Complex Interplay in Mental Health: Insights from Diverse**
15.30 **Perspectives**

- Pathologic role of SARS-COV2 infection in mood disorders - **Maria Filimon, Anatol Nacu (Moldova)**
- Sexual trauma impact on gynecologic oncology cases - **Lidia Sanduleac, Mihaela Belous, Dorin Jelaga, Inga Deliv (Moldova)**
- Depression and related sleep disorders. comorbidity analysis - **Mihaela Belous, Anatolie Nacu, Dorin Jelaga, Lidia Sanduleac (Moldova)**

Chair: Igor Nastas (Moldova)

15.30 **Thematic Session: Exploring Diverse Perspectives on Mental Health**

- 16.30 • Psychological hindrances after ramp lesion injuries caused in sportive activities - **Ersi Dobi, Neritan Borici (Albania)**
- Relationship between child trauma and criminality of penitentiary detainees – **E. Scaletchii, A. Nacu (Moldova)**
- Heterogeneity of Burnout Syndrome among young psychiatrists from Moldova - **Lidia Sanduleac, Mihaela Belous, Dorin Jelaga (Moldova)**

Chair: Larisa Boronin (Moldova)

16.30 - 17.00 Closing Ceremony

The image features three stylized human figures in purple, yellow, and red, standing in a row. They are positioned in front of a large, grey, stylized outline of a human brain. The word "SPEAKERS" is written in bold, red, uppercase letters across the center of the figures.

SPEAKERS

Cornelia Adeola (Moldova)

Psychologist, psychotherapist, expert and national trainer in mental health, within the MENSANA project; Master in Psychology, Re-master at the Nicholas C. Petris Center, University of California, Berkeley (USA). Clinical experience of over 20 years in the field of mental health (anxiety, depression, personality disorders, PTSD, complex traumas, addictions), outpatient and inpatient services, including with NATO military, in the Republic of Moldova and Netherlands. Professional skills: mentalization-based therapy, schema-based therapy, narrative therapy and narrative exposure therapy for trauma (NET), positive psychology, CBT, and positive CBT, human rights.



Dragos Alexandru (Romania)

Graduate degree (Sep 2004) in both Medicine (followed by MSc in Management of Health Care Units) and Informatics (followed by MSc in Artificial Intelligence and Communications Technologies), PhD in Medicine (Sep 2012, Physiology). Specialist M.D. in Public Health and Management (Dec 2009). Professor in the Department of Medical Informatics and Biostatistics of the University of Pharmacy and Medicine of Craiova. Contributions to many scientific papers from various fields of medical practice and research, published in international and national peer-reviewed journals, due to his involvement in Biostatistics.

Ovidiu Alexinschi (Romania)

MD, PhD, Senior psychiatrist at Socola Institute of Psychiatry Iasi, Romania. Associate professor at University of Medicine and Pharmacy Gr.T Popa Iasi. Competencies in Palliative Care and Health Management, certified psychotherapist by the Associazione Italiana di Terapia del comportamento, mentor in palliative care and certified trainer by the Institute of Training and Occupational Learning UK. Expert of the National Institute of Magistracy, member of the Committee for Psycho-Psychological Expertise. Certified training in toxic dependencies (addictions) - Udine and Bucharest. President of the Bridging Eastern and Western Psychiatry Romania. Member of the editorial board of the journals Bridging Eastern and Western Psychiatry, Psichiatria e territorio and American journal of psychiatry and neurosciences. Associate Editor of the Integrative Psychiatry Bulletin. Member of the European School of Alcoholology (Italy), World Psychiatric Association, International Society of Addiction Medicine, founder member of the World Association of Clubs for Alcoholics in Treatment (WACAT). Honorary member of the Associazione Italiana di Terapia del Comportamento.





Hiroaki Ambo (Japan)

Professor Hiroaki Ambo from Yamagata Prefectural University of Health Sciences, Japan is PhD (2005) and Master of Health Sciences (2002) Bachelor of Health Science in Nursing (1999) of University of Tokyo. He is also Japan Registered Nurse License (RN), Certified Public Health Nurse (PHN), and Certified Psychiatric Social Worker (PSW) and Certified Clinical Psychologist. Member of Japan Academy of Psychiatric Mental Health Nursing, Japan Academy of Public Mental Health, Japan Academy of rehabilitation for mental disorders, Japan Psychiatric Nurses Association (JPNA), Japan Nurses Association (JNA), and reviewer for Japan Journal of Nursing Sciences and Japan Journal of Psychiatric Mental Health Nursing. Member of the Yamagata Committee of Suicide Prevention Board, of the Coalition for Higher Education for social work and care management, and Mental Health Education Instructor.

Ciprian Bacila (Romania)

MD, PHD, he currently works as Lecturer at the Faculty of Medicine, Lucian Blaga University of Sibiu and as medical director of the Psychiatric Hospital Dr. Gheorghe Preda, Sibiu. He graduated Iuliu Hatieganu University of Medicine and Pharmacy of Cluj Napoca and has a Master's degree in Health Management. He participated in several training courses and graduated as psychotherapist in positive psychotherapy, specializing in the psychotherapy field of autogenic training. He has basic training in good clinical practice for clinical research professionals and also a competence in the field of emergency medicine. He is member of the Romanian Association of Psychiatry and Psychotherapy, Romanian Suicide Prevention Alliance, vice-president of the Social Psychiatry Association of Romania and honorary president of the NGO of the Psychiatric Hospital Dr. Gheorghe Preda from Sibiu.

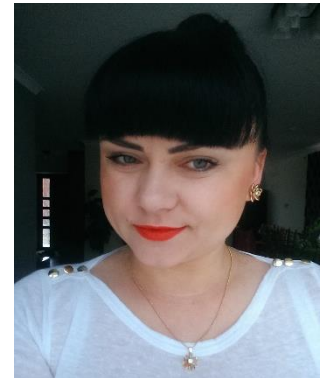


Sonila Bitri Tivari (Albania)

Clinical Toxicologist, Addiction Medicine Toxicologist at American Hospital, Tirana, Albania since 2011. Lecturer at the University of medicine, Tirana, Albania. Consultant Expert in Health Care Services - World Health Organization. In 2021 she finished her master studies on the cultural and social aspects of drug use disorder, department of Sociology and Philosophy University of Turin, Italy. Her field of expertise is Alcohol and Drug use disorder Diagnosis and Treatment, Prevention treatment programs, Dual Diagnosis, Motivational Enhancement therapy for Addiction. Member of EUROTOX, European Psychiatric Association and European Society of Biomedical Research on Alcoholism.

Alina Bologan (Moldova)

Assistant professor at the Department of Psychiatry, Narcology and Medical Psychology, State University of Medicine and Pharmacy Nicolae Testemitanu, Chisinau, Moldova. PhD student at the Doctoral School in the field of Medical Science of Moldova. Coordinator of the department of young professionals and residents of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists. Psychotherapist with training in the School of Cognitive Behavioral Psychotherapy in Bucharest. National trainer – Trimboș Institute Moldova, project MENSANA – Support to the reform of mental health services in Moldova.



Larisa Boronin (Moldova)

MD, PhD, Associate Professor at the Department of Mental Health, Psychotherapy and Medical Psychology. Graduate of the State Medical University of Medicine and Pharmacy Nicolae Testemitanu. Author of 65 publications (<https://orcid.org/0000-0001-8180-8711>). Professional guidance in the field of treatment of severe mental disorders and during pregnancy and lactation. Participation in "Reform of Mental Health Services in Moldova" project with the support of the Trimboș Institute, Netherlands. Participant in six international clinical trials.

Mihai Bran (Romania)

Psychiatrist and digital health enthusiast. Co-founder of Inomedica, an NGO that promotes online information and education for both patients and medical specialists and co-founder of Hilio (hilio.com), the first platform for online video psychotherapy sessions.





Jana Chihai (Moldova)

Psychiatrist and psychotherapist, Associate Professor in Psychiatry Department of State Medical and Pharmaceutical University Nicolae Testemitanu in Chisinau, and senior Mental Health Advisor in Trimbos Institute Moldova, project MENSANA. President of National Society of Psychiatrists, Narcologists, Psychotherapist and Clinical Psychologists. She studied medicine and psychiatry, received psychotherapeutic specialization in European School of Psychotherapy, Socio- and Somatoanalysis in Strasbourg, France and Association of Integrative Psychotherapy and Clinical Psychology, Iasi, Romania. Since 2000 she promoted a new approach in mental health – Community-based services and is very implicated in mental health reform in Republic of Moldova.

Eka Chkonia (Georgia)

Professor and Program Director in Psychiatry at Tbilisi State Medical University. Clinical director at the Central Psychiatric Hospital (Tbilisi Mental Health Center). Member of the International Advisory Board for Psychiatry and Clinical Neurosciences Reports, the official journal of the Japanese Society of Psychiatry and Neurology. Honorary member of the World Psychiatric Association, Vice-chair of the Steering Committee of the EPA (European Psychiatric Association) Council of NPAs, member of the EPA Ethics committee, head of the WPA Expert Committee on the Ukrainian mental health crisis and of the alliance of the professional organizations “Alliance for Better Mental Health”.



Ariel Como (Albania)

Professor of Psychiatry at the Tirana Medical University, is currently clinical Head of Psychiatry Division, Department of Neuroscience, Tirana University Hospital Center Mother Tereza, Deputy Dean for Continuing Medical Education at the Faculty of Medicine, Tirana Medical University. Member of the Directors' Council of postgraduate schools in Neurosciences (including General Psychiatry and, Child and Adolescent Psychiatry), member of the National Steering Committee on Reforming the Mental Health Sector, and member of working group on developing inter-sectorial strategy on Child and Adolescent Mental Health. Since 2010 is National Coordinator at the South East European Autism Network, and Scientific Director of the Tirana Regional Center on Autism.



Ion Cosciug (Moldova)

MD, PhD, Associate professor at Psychiatry Department of the State University of Medicine and Pharmacy *Nicolae Testemitanu*, Chisinau, Republic of Moldova. Member of committees of Ministry of Health and Labor Social Protection of the Republic of Moldova. Trainer in projects related with mental health promotion and disease prevention in Republic of Moldova. Author of over 190 scientific papers published in Moldova and abroad, involved in the development of 6 national clinical protocols. Member of European Psychiatric Association. Member of Editorial Board of the Romanian journal: "Bulletin of Integrative Psychiatry". 30 years of didactical activities in medical school and Medical State University.



Lilia Damaschin (Moldova)

Medical Doctor with over 18 years of experience, including Medical Management. She spent seven years in Sub-Saharan African countries as a general practitioner and pediatrician. Project Manager of the projects in relation to the promotion of programs linked to nutrition, maternal, child and mental health. Master's degree in Public Health. Certified ToT in PM+ intervention at the Danish Institute Against Torture, Copenhagen.

Michael Davidson (Israel)

MD Licensed to practice medicine in Israel and New York State (not-active). Board-certified in Psychiatry in Israel and US. President of The Israeli Medical Centre for Alzheimer, Associate Editor European Neuropsychopharmacology, Chief Medical Officer Minerva Neurosciences Inc. Mass. USA. Professor of Psychiatry Tel Aviv University (emeritus), Professor of Psychiatry Mount Sinai School of Medicine NY (adjunct), Chairman of the Psychiatry Department Nicosia University. Awards - ECNP Psychopharmacology Award 1997; CINP Neuroscience Award 2006. ECNP Fellow Board. Member of the International Psychogeriatric Association. Reviewer or board member: Archives of General Psychiatry; American Journal of Psychiatry; Biological Psychiatry; Schizophrenia Bulletin; Schizophrenia Research; Psychiatry, Dialogues in Neurosciences; Alzheimer's disease and Related Disorders Journal.





Inga Deliv (Moldova)

PhD, Associate Professor, Psychiatry, Narcology and Medical Psychology Department, Nicolae Testemițanu State University of Medicine and Pharmacy, Chișinău, Republic of Moldova. Author of over 70 scientific papers published in Moldova and abroad, involved in the development of 6 national clinical protocols.

Giovanni de Girolamo (Italy)

Head of the Unit of Psychiatric Epidemiology and Evaluation, IRCCS St. John of God Clinical Research Centre, Brescia, Professor, Faculty of Psychology, Lab on Psychology and Psychiatry, Catholic University, Milan, Professor, Post-Graduate School in Psychiatry, Medical School, University of Milan Bicocca. He graduated with first class honors in Medicine the 2nd Medical School, University of Naples (1977), with a Doctoral Thesis in Psychiatry. Former Scientific Director of the St. John of God Clinical Research Centre, he was involved as Principal Investigator in several international and national research projects, nowadays being the coordinator of a research team. Dr. De Girolamo is editor referee and member of editorial board of numerous international scientific journals. In 2016, he received the Award of the Physician Association of Salerno (Ordine dei Medici), and in 2019 he was nominated among the 80 Italian researchers most cited from all disciplines.



Svetlana Dimitrova (Bulgaria)

She is PhD in psychology, graduate psychotherapist, certified member of the World Association of Positive Psychotherapy - Wiesbaden, Germany. She graduated Sofia University *St. Kliment Ohridski* in 2003 and has a professional experience in a therapy field of counseling and clinical psychology with children and adults, works with crisis and anxiety disorders, addictions and eating disorders. She has practices in the family system and individual psychotherapy of children and adults and has specialized in the family and child psychology. She has published articles and reports in scientific journals and she has participated to international conferences, seminars and other scientific forums.

Rumiana Dinolova (Bulgaria)

Psychiatrist, Chief Expert at the Mental Health Department of National Center of Public Health and Analyses, Sofia, Bulgaria. In 1995, she graduated in Medicine at the Medical University – Pleven, in 2004, she acquired Specialty in Psychiatry at Sofia Medical University, and in 2018, she defended her doctoral thesis on Adverse childhood experiences and risky health behavior among students in helping professions and medicine. She has held additional specializations in Kinki University, Osaka, Japan, Trimbos Institute, GGZ, Nederland, King`s College, London, UK. Member of Bulgarian Psychiatric Association, IERA and Bulgarian Medical Association. Secretary of the Sofia Psychiatric Society (2006 – 2008), Associate lecturer at Sofia University *St. Kliment Ohridski* and Southwestern University *St. Neofit Rilski* Blagoevgrad. Focal point for Bulgaria on the violence for the WHO.



Lisa Dixon (USA)

Edna L. Edison Professor of Psychiatry at the Columbia University Medical Center where she directs the Division of Behavioral Health Services and Policy Research and the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute. Dr. Dixon is an internationally recognized health services researcher with over 25 years of continuous research funding from the National Institute of Mental Health, the VA and foundations. As CPI director, she oversees activities for the New York State Office of Mental Health in implementing evidence-based practices in behavioral health programs throughout the state. She leads the innovative program, OnTrackNY, a statewide initiative designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis. Dr. Dixon assumed the role of editor in chief of the journal, *Psychiatric Services* in January, 2017.

Robert Drake (USA)

MD, PhD, is a Westat Vice President with more than 40 years of experience in psychiatric rehabilitation research. He is recognized internationally for his many contributions to transforming services toward greater alignment with client goals and the recovery process. He is co-developer of the IPS model of supported employment, one of the most successful and influential evidence-based practices in psychiatric rehabilitation.





Lavinia Duica (Romania)

Associate Professor at Lucian Blaga University of Sibiu, Chief of the Clinic Department of the Dr. Gh. Preda Psychiatric Hospital Sibiu and residency coordinator. She has graduated University of Medicine and Pharmacy Craiova and Faculty of Psychology, Lucian Blaga University of Sibiu; she has been trained in Psychiatry in Craiova and Sibiu and in Existential Analysis and Logotherapy Counselling and Psychotherapy School in Bucharest. She obtained her PhD at the Gr. T. Popa University of Medicine and Pharmacy Iasi. Dr. Lavinia Duica participated at numerous national and international scientific manifestations and is the author of many scientific works. Her areas of interest are suicidal behavior, schizophrenia, affective disorders, mental health services and existential analysis psychotherapy.

Mohamed El Wasify (Egypt)

Associate professor of Psychiatry, Mansoura University, Egypt. He is graduated from Mansoura university in 2004 and started working in the field of Psychiatry in 2006. He got training in multiple universities and private centers in USA, while his PHD was on Phenomenological and Genetic Aspects of ADHD. He awarded Mini Fellowship of Sleep through American Academy of Sleep. He is the Director of Transcranial magnetic Stimulation in Mansoura University, Egypt and his area of interest consist of ADHD, Sleep, addiction and TMS. He published about 30 publications in local and international journals all over the world and attended and presented in local and international Conferences of Psychiatry, Addiction and Sleep.



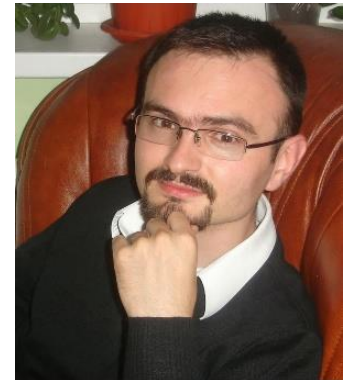
Andrei Esanu (Moldova)

Assistant professor at the Department of Psychiatry, Narcology and Medical Psychology, State University of Medicine and Pharmacy Nicolae Testemitanu, Chisinau, Moldova. PhD student of the Doctoral School in the field of Medical Science in Moldova. Secretary of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists. Master's degree in Health Education from the University of Porto, Portugal. Psychotherapist with training at the School of Cognitive Behavioral Psychotherapy in Bucharest. President of the Family Federation for World Peace and Unification in Moldova.



Grigore Garaz (Moldova)

Psychiatrist-psychotherapist, assistant professor at the Department of psychiatry, narcology and medical psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova. He is a member of the Society of Psychiatrists, Narcologists, Psychotherapist and Clinical Psychologists from Republic of Moldova and of the Moldavian Society of Psychoanalytical Psychotherapy. He participated as investigator in several clinical trials and conducted 3 clinical studies as principal investigator. He actively participates in promoting the reform in the field of mental health, being a national trainer in the training of medical staff.



Donald C. Goff (USA)

Dr. Goff is a translational clinical researcher who studies and treats schizophrenia, former Director of the Schizophrenia Clinical and Research Program at the Massachusetts General Hospital and Professor of Psychiatry at Harvard Medical School prior to moving to New York in 2012 to become the Marvin Stern Professor and Vice Chair for Research in Psychiatry at New York University Langone Medical Center and Director of the Nathan Kline Institute for Psychiatric Research. He earned his medical degree at UCLA and completed his internship in Internal Medicine at Cedars-Sinai Medical Center in Los Angeles and his residency in Psychiatry at MGH in Boston. His research fellowship in Psychopharmacology was completed at Tufts-New England Medical Center in Boston. He is the recipient of the Kempf Award for Mentorship in Biological Psychiatry from the APA; the Wayne Fenton, MD, Award for Exceptional Clinical Care; the Stanley Dean Award for Research in Schizophrenia from the American College of Psychiatrists and the Research Award from the APA. He is also a member of the American College of Neuropsychopharmacology and Associate Editor for Psychiatry at JAMA.

Howard H. Goldman (USA)

MD PhD, Professor of Psychiatry, Director of the Behavioral Health Systems Improvement Collaborative, University of Maryland School of Medicine. Howard H. Goldman received joint M.D. – M.P.H. degrees from Harvard University and a Ph.D. in social policy from Brandeis University in 1978. He is the author or co-author of more than 375 publications in the professional literature. Dr. Goldman was the editor of the journal *Psychiatric Services* from 2004 – 2016, and he served as the Senior Scientific Editor of the Surgeon General's Report on Mental Health from 1997-1999 for which he was awarded the Surgeon General's Medallion. In 1996 he was elected to membership in the National Academy of Social Insurance, and in 2002 he was elected to the Institute of Medicine.





Viktoria Gorbunova (Ukraine)

Dr Viktoria Gorbunova is a chair of the EuroPsy National Awarding Committee of Ukraine, ScD, psychotherapist, RTM lead trainer, and a Marie Skłodowska-Curie (MSCA) Postdoctoral Fellow at the University of Luxembourg. She is the leading developer for the current projects “Mental Health Sensitive School” (Concept note with implementational strategy) and “Universal Mental Health Curriculum” (Educational program for frontline professionals). Both projects are developed with the support of the Mental Health for Ukraine Project.

Delia Hendrick (USA)

Board-certified and practicing internist and psychiatrist who specializes in co-occurring disorders. Dr. Hendrick has more than 15 years of clinical experience with serious mental illness, substance use disorders, and medical conditions associated with psychiatric disorders. She serves as senior member of the implementation team for the SED.



Bernard Jacob (Belgium)

Project manager and national coordinator of the mental health care reform based on the application of the article 107 of the law on hospitals. Project manager and national coordinator of the mental health care new policy for children and adolescents. Bernard Jacob is active in the field of Mental Health and Social Welfare for 40 years. Actually, he is project manager and national coordinator of the mental health care and psychiatry reform for adults and of the new mental health policy for children and adolescents. He ensures the coordination of the global elaboration plan in connection with the various levels of decision and organization, the competences of the Regions, Communities and the National Insurance Institute of Disease and Disability. He is graduated from the third edition of International Masters on mental health policy and services. He has also an important experience in the management and monitoring of European issues.

Heinz Katschnig (Austria)

Professor Emeritus of Psychiatry of the Medical University of Vienna, where he was Chairman of the Department of Psychiatry and Psychotherapy from 1991 to 2007. From 1978 to 2014 he was Director of the Ludwig Boltzmann Institute for Social Psychiatry in Vienna. He has a longstanding research record, on, among others, the topics of health services research, epidemiology, public health, quality of life and life change events with a focus on mental health and physical comorbidity. He was work package leader of several EU-funded projects and of the Austrian COMET project DEXHELPP. His list of publications comprises more than 400 items. He was and is member of national (e.g. Advisory Board for Mental Health of the Austrian Ministry of Health), and international committees (WHO, European Commission, World Psychiatric Association) related to mental health policy and planning.



Heiko Fabian Königstein (Germany)

The project leader of the Mental Health for Ukraine (MH4U) project. He is a psychologist with additional training in international development studies, global mental health and conflict studies. He works for ten years for the German company GFA Consulting Group GmbH, which implements international development projects for donors such as the European Commission, German Development Agencies and Swiss Development Cooperation. At GFA, Heiko has managed international health reform projects in various countries in Europe, Asia and Africa. Since 2018 he leads the MH4U project from Ukraine and from abroad. The project adapted to various external challenges (COVID, Russia full-scale invasion) and has grown in geographic area and technical scope under his leadership.

Katarzyna Kinga Kowalczyk (Poland)

Psychologist who holds M.A. in Psychology (SWPS University) and History (University of Wrocław). Additionally, she obtained her Ph.D. in Management Sciences from the University of Warsaw. For years, she has been actively involved in harm reduction and health promotion leading the City Health Conference and Global Public Health Network. Her involvement includes participation in various projects with a special focus on Eastern Europe and Central Asia (for example SOLID-EXCEED program on exploring the impact of social work in preventing and treating drug addiction, run by Frankfurt University of Applied Sciences or Central Asia Drug - Action Programme CADAP). She's a member of Center for Research on Biological Basis of Social Behavior at the SWPS University.





Jutta Lindert (Germany)

PhD, full professor of Public Health at the University of Applied Sciences Emden – Leer, Germany and also affiliated as Visiting Professor at the Women`s Research Center at Brandeis University, United States. She has a long experience in Public Mental Health research, especially in the effects of social and physical environment and (relationships, violence, genocide and war) and its impact on mental health over the life course. Recently, she is working on COVID-19 pandemic and mental health outcomes. Additionally, she is Vice President of the Section on Public Mental Health of the European Association of Mental Health (EUPHA) and WHO-advisor for Mental Health and COVID-19. Currently, she is involved in several multicenter research-projects investigating mental health and resilience of vulnerable population groups.

Mirela Manea (Romania)

MD, PhD, Professor at Carol Davila University of Medicine and Pharmacy of Bucharest, Romania. Psychiatrist with a rich professional experience and a teaching activity of 40 years, she is the head of the 4th Section of the Clinical Hospital of Psychiatry Prof. Dr. Alexandru Obregia, but also of the Discipline of Psychiatry and Psychology within the Faculty of Dental Medicine, Carol Davila University of Medicine and Pharmacy. She is a member of the Faculty Council and of the Senate of the University. Together with the team of teaching staff that she leads, she is responsible for the training of students, the coordination and guidance of resident doctors, but also the guidance of doctoral students within the Doctoral School. She is the author, co-author or coordinator of 15 textbooks and monographs, has more than 115 articles published in various magazines and has given more than 150 presentations at national and international congresses.



Pedro Morgado (Portugal)

MD, PhD is Associate Professor of Psychiatry and Clinical Communication at the School of Medicine and Principal Investigator at ICVS Research Institute, University of Minho, in Braga, Portugal. He is the Regional Coordinator for Mental Health in the North Region of Portugal. He is also head of the Obsessive-Compulsive Spectrum Disorders Unit at Hospital de Braga. His research is focused on obsessive-compulsive spectrum disorders, addictive behaviors, and schizophrenia. He is also interested in clinical communication and the doctor-patient relationship. He has been a member of the Board of the Psychiatry College of the Portuguese Medical Council since 2021 and the board of Portuguese Communication in Health Society since 2016. He served as Vice-President of the School of Medicine, University of Minho between 2017-2022. In 2021, he won the FLAD Science Award Mental Health. He is author of more than 100 peer-reviewed papers and book chapters, with more than 2.000 citations and an h-index of 20.



Davor Mucic (Denmark)

He graduated from the Medical Faculty in Rijeka and specialized in psychiatry in Denmark. DM founded the Little Prince Psychiatric Center in Copenhagen, where he has been developing telepsychiatry since 2000. In 2011 he launched the Telemental Health Section of EPA and currently he is chair of WPA's Digital Mental Health Section. DM has published a number of academic papers related to the development of telepsychiatry in Denmark and to the world's first international telepsychiatric service and the world's first "transcultural" telepsychiatric service established in 2004. He described a number of e-Mental Health applications and services in edited book "e-Mental Health" (Springer, 2016). In 2020, DM launched and coordinated a WPA-E-Health Expert Group to help the WPA and member societies address the mental health consequences of the COVID-19 pandemic. DM is the lead author of the WPA "Telepsychiatry Global Guidelines", published in 2021. DM defended the first PhD on telepsychiatry in the EU at the University of Silesia in Katowice, in May 2022., entitled "Telepsychiatry in assessment and /or treatment of refugees and migrants".



Mihai Mutica (Romania)

He has graduated *Grigore T. Popa* University of Medicine and Pharmacy from Iasi. He has completed his PhD from University of Medicine and Pharmacy Craiova in 2016 and in present he is certified physician practicing psychiatry at *Elisabeta Doamna* Psychiatry Hospital, Galati, Romania. He is involved in numerous research and advocacy projects in mental health.

Vladimir Nakov (Bulgaria)

Psychiatrist, head of the Mental Health Department in the National Centre of Public Health and Analyses, Sofia, Bulgaria. He studied medicine at the Medical University – Pleven. Since 1998 he worked at several psychiatric hospitals as a psychiatrist. In 2002, he became a specialist in psychiatry. Since January 2015 he is defending PhD study in the field of social medicine. Since 2007 he has been working in the field of mental health promotion and prevention of mental disorders, especially of prevention of suicide in Bulgaria. He wrote over 40 publications for academic journals and book for suicides in Bulgaria. Dr. Nakov is a Governmental expert on dementia since 2018, member of the Section of Suicidology and Suicide Prevention on EPA and representative for Bulgaria. One of the founders of the Mental Health Association of South-Eastern Europe.





Igor Nastas (Moldova)

MD PhD, Associate Professor at the Department of Mental Health, Psychotherapy and Medical Psychology. Graduate of the State Medical University of Medicine and Pharmacy *Nicolae Testemitanu*, PhD at the University of Medicine and Pharmacy *Gr. T. Popa*, Iasi, Romania. Author of 75 publications (<https://orcid.org/0000-0001-8751-9101>). UNODC training in treatment of addiction, CBT training certified by the association of psychologists from Romania. Participation in "Reform of Mental Health Services in Moldova" project with the support of the Trimbos Institute, Holland; participant and PI in 11 international clinical trials. Reviewer at

Spandidos publications 2021-2022.

Raluca Nica (Romania)

She has been active in the field of mental health since 1995 and is a clinical psychologist and cognitive-behavioral psychotherapist by profession. He is a doctor of medical sciences. As the executive director of the Romanian League for Mental Health, throughout his career he elaborated, developed and implemented from the position of project coordinator over 30 projects in the field. He also actively participated in the development of legislation and strategies in the field of mental health in Romania and the Republic of Moldova. He is a member of the Board and Vice-president of the pan-European organization GAMIAN Europe.



Valentin Oprea (Moldova)

PhD, lecturer at the Department of Mental health, clinical psychology and psychotherapy of the *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova. Member of the European Psychiatric Association. Author of 150 scientific publications, co-author of four manuals of psychiatry and medical psychology and four national clinical protocols. Author of three methodological guidelines and a specialized dictionary. Member of the advisory board of the *Bulletin of Integrative Psychiatry*.



Igor Pantic (Serbia)

Medical doctor, psychiatry specialist and a principal research fellow in the field of Molecular Medicine. Earned both MD and PhD degrees from the University of Belgrade, Faculty of Medicine. Holds the title of Affiliated Professor at the University of Haifa, Israel, and serves as a Visiting Associate Professor at Ben-Gurion University of the Negev, Israel. He is also Associate Professor of Medical Physiology at the University of Belgrade, Faculty of Medicine, Serbia. Author of numerous research articles published in prestigious international scientific journals within the fields of Physiology, Psychiatry, and Neurosciences. A member of the European Psychiatric Association (EPA), the primary association representing psychiatry in Europe.



Mihail Cristian Pirlog (Romania)

President of Mental Health Association of South-Eastern Europe (MHASEE). Associate Professor in Medical Sociology at the School of Medicine – University of Medicine and Pharmacy of Craiova; Sociologist and Coordinator of the National Mental Health Program developed by Romanian Ministry of Health and Clinical Hospital of Neuropsychiatry of Craiova. He has been involved in many national and international research projects and clinical trials in the field of mental health. His research interests are in social and economic factors involved in psychiatric pathology and mental illness stigma.

Petre Radescu (Romania)

Counselor, psychotherapist, psychiatrist in Bucharest, since 2012; psychotherapy training since 2014. He has graduated Faculty of Medicine, University of Medicine and Pharmacy Craiova (2003) and he have become Psychiatric specialist – University of Medicine and Pharmacy “Carol Davila”, Bucharest (2011). Specialized training in logotherapy, existential analytical support and counseling, SAEL Romania (2009), existential analytical psychotherapy, SAEL Romania (2013), existential analytical psychotherapy, GLE International (2013). Master in Sports Performance, National University of Physical Education and Sport, Bucharest (2016), Doctoral studies – Performance in Sport, National University of Physical Education and Sport, Bucharest, 2015-2018.





Martina Rojnic Kuzman (Croatia)

Assistant professor, MD, PhD, at the Zagreb School of medicine, University of Zagreb and Zagreb University Hospital centre, Dept. of psychiatry; clinical psychiatrist working with patients with psychosis; psychotherapist with training in systemic and family therapy; clinical researcher - leader of several international projects in the field of mental health, co-author of about 100 scientific papers, and associate editor of two psychiatric journals; teacher for undergraduate and postgraduate students. Member of the Executive Committee of the European Psychiatric Association (EPA) (2017 -) in the role of treasurer and board member of Croatian Psychiatric Association; former president of the European Federation of Psychiatry Trainees (2008-2011); president and founder of the Croatian Section of Young Psychiatrists and Trainees, CPA (2005-2009); board member of the Early Career Psychiatrists Committee – EPA (2009 - 2013) and chair of the ECPC - EPA (2013-2015).

Jonathan Rolfe (UK)

Experienced senior manager with over twenty-three years of international business experience in strategic roles within both the public and private sectors, having delivered large scale complex projects across Europe, the Middle East and Africa. Jonathan is the Managing Director of Implemental Worldwide CIC (Implemental), a social enterprise established as a joint venture between South London and Maudsley NHS Foundation Trust and King's College London University. Implemental is an expert organisation that helps its clients develop and improve services and support for people who have mental health problems. This includes promoting good mental health and mental wellbeing. Implemental works with governments, providers of health services and employers in the public, private and voluntary sectors in many different countries. Since 2018 Jonathan has been supporting the MH4U project and working with a number of Implemental Associates to support specific areas of development, including capacity building mental health professionals in techniques for treating complex trauma and PTSD.



Laura Shields-ZEEMAN (Netherlands)

MD, PhD, she is Head of the Mental Health and Prevention Department at the Trimbos Institute, Professor in Population Mental Health at Utrecht University and director of the WHO Collaborating Centre for Mental Health Services and Interventions over the Life Course. She also serves as WHO National Technical Focal Point for Mental Health for the Netherlands. She has expertise in the development, implementation, and evaluation of services and interventions in different settings, including community, workplace and healthcare settings, and in identifying and addressing the social and economic drivers of mental ill-health.

Tiberiu Rotaru (Romania)

Highly accomplished psychologist with an impressive track record spanning over a decade. Manager of the Chronic Psychiatric Hospital Siret since 2008. He holds a degree in sociology-psychology-pedagogy from the Bucharest University, a certificate as a specialist psychologist in clinical psychology and trained psychotherapist in CBT. He also worked as a teacher and in care for people with special needs. Tiberiu's contributions towards the development of the hospital since he joined as a psychologist in 2006 is significant, including the submission of various projects. He became certified trainer in 2012 by the Ministry of Labor and Ministry of Education. Tiberiu has worked with several NGOs such as 'A New Life', 'Eagle House' as well as representing state institutions including The County Department for Social Assistance and Child Protection, Public Health Department of Suceava, the National Child Protection Authority, MENSANA Moldova.



Marit Sijbrandij (Netherlands)

Professor of Clinical Psychology at the Department of Clinical, Neuro- and Developmental Psychology at VU University [Vrije Universiteit], Amsterdam, the Netherlands, and Director of the World Health Organization (WHO) Collaborating Center at VU University. Her areas of research are prevention, (early) interventions and public mental health interventions for mental disorders such as posttraumatic stress disorders (PTSD) and depression in populations exposed to trauma and adversities, including refugee populations and populations in low- and middle-income countries. She has completed multiple trials evaluating prevention and early intervention strategies in the acute aftermath of trauma and adversities for prevention of common mental health symptoms including posttraumatic disorder (PTSD). She is coordinator of several EU projects, that evaluate the effectiveness of the scalable WHO programs for Syrian refugees across countries in Europe and the Middle East and for individuals affected by the COVID-19 pandemic and lockdown. Other research involves the prevalence and predictors of common mental disorders, including PTSD among trauma-affected populations.

Michael Noah Weiss (Norway)

Associate professor at the Department of Educational Science / University of South-Eastern Norway and has a PhD in philosophy. In 2012 he received the Trilogos Diploma and for several years he practiced as a trainer and teacher at the Trilogos Institute in Zürich. Currently he is advisory board member of the Trilogos Foundation.



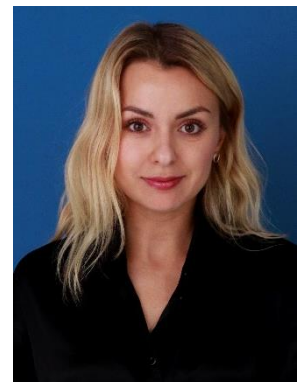


Denys Vasyliuk (Ukraine)

Regional emergency response coordinator for the Dnipro region in the Mental Health for Ukraine project. With 18 years of experience in NGO management – implemented more than 60 projects in wide range of activities - support of IDP's, work with children and women in need, who suffered from domestic violence and gender-based violence, PSEA, social and psychological support of people suffered from war, humanitarian aid. Trainer of theater pedagogy technologies from the Austrian Ministry of Social Protection and Generations, Jugendinfo. Graduate student of Warsaw School of Human Rights (Helsinki Foundation for Human Rights), Founder of social businesses bakery "MAMA1" and Horizontal Café, - development of the concept, design, financial model, management. Founder of the art festival "Horizontal" and the podcast about mental health.

Krystyna Vysotska (Ukraine)

Advisor for community-based mental health service development within Mental Health for Ukraine project. She is specialized in mental health service development, global mental health, international law and human rights. She made a national overview report on the compliance of the Ukrainian legislation in the mental health area with international norms providing input for creation of a new legislative framework. At present, she specializes in community engagement and policy development at the local level, advising authorities on mental health and training professionals and non-professionals on new ways of mental health service provision, applying human rights-based and multidisciplinary approaches, and the biopsychosocial model of care.





ABSTRACTS

Healing and transformation of trauma - From catastrophizing to happiness.

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Trauma refers to any distressing event or experience that overwhelms an individual's ability to cope, leading to physical and psychological harm. Catastrophizing, on the other hand, is a cognitive distortion in which individuals excessively magnify the negative consequences of a traumatic event, perpetuating feelings of fear, helplessness, and despair. The process of transforming trauma begins with acknowledging and understanding the impact of the traumatic event. This involves seeking support from mental health professionals, engaging in therapy, and participating in support groups. Through these efforts, individuals can gradually reframe their perception of the traumatic event, moving away from catastrophizing towards a more balanced perspective. Resilience plays a crucial role in the transformation process, as individuals develop the ability to adapt and bounce back from adversity. Building resilience involves developing coping strategies such as mindfulness techniques, exercise, and fostering positive social connections. These strategies help individuals regain a sense of control over their lives, reducing the tendency to catastrophize and enhancing overall well-being. Self-discovery is fundamental to the transformation of trauma, as individuals engage in introspection to understand themselves on a deeper level. This includes identifying personal strengths, values, and goals. By aligning their actions and behaviors with their core values, individuals can create a sense of purpose and meaning, leading to a greater sense of happiness and fulfillment. Ultimately, the transformation of trauma from catastrophizing to happiness is a unique and individualized process. It requires time, patience, and the support of a strong social network. By embracing resilience, seeking professional help, and engaging in self-discovery, individuals can begin to heal, find their inner strength, and create a positive and fulfilling life beyond the traumatic event.

Borderline Personality Disorder - The impact on caregivers, friends, and communication

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Borderline Personality Disorder (BPD) is a complex mental health condition that not only affects individuals who are diagnosed with it, but also has a significant impact on their caregivers and friends. Caregivers of individuals with BPD and friends, often experience a range of emotions, including frustration, guilt, and helplessness. They may struggle to understand and cope with the erratic and intense emotions and behaviors associated with BPD. The constant need for support and reassurance can be overwhelming, leading to burnout and increased stress levels. Additionally, they may feel stigmatized or isolated, as BPD can be misunderstood by those who are not familiar with the condition. They may witness their beloved one going through intense mood swings and unstable relationships, which can impact their own emotional well-being and strain the relationship. They may struggle to understand the motivations behind the behaviors associated with BPD, leading to feelings of confusion and frustration. Maintaining boundaries and managing expectations can also be difficult, as individuals with BPD often require more support and attention. Seeking professional help, such as therapy or support groups, can provide caregivers and friends with the necessary tools and guidance to navigate the challenges associated with BPD. It is important for carers and friends to advocate for their own needs and seek emotional support from others who have experienced similar situations. In conclusion, understanding the challenges faced by carers and friends is essential for providing appropriate support and empathy. Effective communication, education, and seeking professional help are crucial elements in managing the impact of BPD on carers and friends and improving the overall well-being of everyone involved.

The incidence of psychiatric pathologies in hospitals without psychiatric wards

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The frequency of psychiatric diagnostics in patients admitted to health facilities without a psychiatric ward remains a critical area of investigation. This text aims to explore the incidence and prevalence of psychiatric disorders in Romania, shedding light on the importance of incorporating psychiatric evaluations into routine medical assessments. Data from Romania highlights the significant prevalence of psychiatric disorders among patients admitted to health facilities without a dedicated psychiatric ward. A study conducted in Bucharest found that 32% of patients admitted to a general hospital exhibited psychiatric symptoms requiring diagnostic evaluation and management. Another nationwide survey revealed that 17% of patients in general medical wards had substantial psychiatric distress, emphasizing the need for increased attention to mental health conditions in non-psychiatric healthcare settings. The frequency of psychiatric diagnostics among patients admitted to health facilities without a psychiatric ward highlights the need for enhanced awareness and collaboration among medical professionals in Romania. By recognizing the prevalence of psychiatric disorders in non-psychiatric settings and integrating psychiatric evaluations into routine medical assessments, healthcare providers can deliver more comprehensive and effective care to patients with psychiatric comorbidities, ultimately improving outcomes and public health.

The mirage of new psychoactive substances and the dream factory

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The name ethnobotanics is somewhat improper, as they have nothing ethno- in the composition, as there is a small number of cases of products of vegetable origin, most of which are actually products synthesized in the laboratory. For these xenobiotics, the term new psychoactive substances ("NPS" or Novel Psychoactive Substances "NPS") is preferred. Multiple names ("street names", "slang") were used for NPS, as well as for the rest of the psychoactive, Romanian consumers having a prosperous jargon ("legal", "synthetic", "spikes", 'bath salts', 'chemicals', 'rat', 'lizard', 'crocodile', 'incense', 'plant fertilizer'). The statistics estimates that more than a quarter of the population aged 15-64 years in Europe (almost 100 million inhabitants) have used psychoactive substances at least once, and a real upward trend is observed. Compared to other substances of abuse, NPSs are not so frequently used due to some limiting factors (preferential use of some drugs, market availability of the product, legal interference). It is estimated that about half of all NPS users are between the ages of 16-24. Usual toxicological tests are not capable of identifying NPS. For toxicologists and law enforcement, this represents a significant challenge. Legislation needs to be adapted to accommodate the new wave of NPSs that are constantly emerging. It is noted, however, that the group of classic drugs (e.g.: cannabis, cocaine, amphetamines, opioids, hallucinogens) was not replaced by NPS, but only supplemented. Thus, a fundamental global problem is taking shape, but especially acute and severe in Romania, with serious repercussions on the health, education and economic system.

Cognitive-behavioral interventions to enhance help-seeking behavior to reduce suicide in teenagers - a pilot project in Yamagata, Japan

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The purpose of this presentation is to introduce a psychosocial intervention for teenage students that is being implemented by the local government of Yamagata Prefecture, Japan. In Japan, the suicide rate decreased by approximately 30% in the decade from around 2010 to 2020. What took place in Japan during this period was the enhancement of comprehensive community support and gatekeeping for the elderly. On the other hand, the number of suicides among young people has been on the rise, with a record number of suicides among teenagers in the last three years, when social conditions changed dramatically due to the coronavirus epidemic and the international conflict in Ukraine. Therefore, Yamagata Prefecture has set a goal to provide psychosocial intervention to all teenage students more quickly than any other prefecture in Japan. Specifically, educational interventions to promote help-seeking will be implemented in all elementary schools, junior high schools, and high schools. The educational intervention is characterized by the collaboration between the education and health departments of the local government, which are often fragmented, to provide lessons to students, and by introducing both the human resources of the local government and the virtual resources of social network services as specific help-seeking behaviors. This presentation will provide an overview of this psychosocial intervention and some of the results.

Electroconvulsive therapy - a necessity in the therapeutic management of treatment-resistant psychiatric pathology

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The year 1938 is the year in which electroconvulsive therapy started to be used in the psychiatric field. Although it is a form of therapy with a history of nearly a century, it still remains a stigmatized therapy, largely because it is still seen nowadays as a crude and coercive method. The emergence of this form of therapy was a necessity in the treatment of patients with psychiatric pathology, due to the lack of specific medication in those times, but over the years its use has decreased, both due to the antipsychiatry trend and the diversity of psychotropic medication. Nowadays, the procedure for applying electroconvulsive therapy has improved, both by using intravenous general anesthesia with an oxygen mask and by replacing the sinus electrical stimulus with the one in the form of a short pulse, at the recommendation of professional organizations, thus increasing its efficiency. So its applicability is continued and necessary in the therapeutic management of patients with psychiatric pathology treatment resistant.

Recent developments in the diagnosis and management of transgenderism

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The medical classifications of transgender identities have evolved over time from "gender identity disorder" in DSM-IV to "gender dysphoria" in DSM-5 and more recently "gender incongruence" in ICD-11, in an attempt to reduce stigmatization by separating gender identity from associated discomfort/dysphoria. The transgender term covers a wide spectrum of gender variants. The difficulties in establishing a rigorous differential diagnosis compared to other mental disorders that manifest similarly are discussed, such as delusional, obsessive-compulsive or certain personality disorders. The distinction from transvestic fetishism with increased tolerance to crossdressing is also problematic. Specific psychological and psychiatric assessment tools are essential. Current controversies regarding the clinical management of gender incongruence in minors are presented. Some experts recommend postponing irreversible medical treatments, others support early access to them. The consensus is that decisions should be individualized, with caution in the case of minors. The need for formal differential diagnosis guidelines and establishing the most appropriate therapeutic strategies for transgender subgroups is emphasized, in order to provide optimal and individualized medical care. Optimizing the clinical assessment process and monitoring during transition are vital. Interdisciplinary collaboration and family support are essential. Further research is needed to develop these diagnosis guidelines and therapeutic strategies tailored to the varied experiences of transgender individuals.

Implementation of Article 110 of the Criminal Code in the Romanian psychiatric system

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The purpose of the security measures according to the Romanian Penal Code is to remove a state of danger and to prevent the commission of the acts provided for by the criminal law. Thus, they are taken against the person who committed an unjustified act provided for by the criminal law, but they can also be taken in the situation where the perpetrator is not punished. The character of the safety measures is one of protection and they can be taken by the judge of the preliminary chamber, following the notification of the prosecutor through the classification order (according to 315 art. paragraph 2 letter C.) or by the court of first instance or of appeal, by decision. The cessation of the medical measure is supported by the decision of the delegated judge of the court, in whose jurisdiction the health facility is located, following a medico-legal psychiatric expertise. The exclusivity of the measure provided by Article 110 of the Criminal Code is given by the fact that it also imposes deprivations and restrictions of fundamental rights, thus conferring the character of a coercive measure in the subsidiary, since, mainly, the aim is to treat the perpetrator's psychological ailments in a preventive environment.

Therapeutic strategies for reducing aggression and self-mutilation in children with autism.

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Introduction: Autism is a neurodevelopmental disorder characterized by disruptions in social interaction, communication, and behavior. Children with autism may exhibit aggressive and self-mutilating behaviors with a significant impact on themselves and their families. The aim of this study is analysis and synthesis of therapeutic strategies for reducing aggression and self-mutilation in these children.

Methods: The study was carried out following the specialized literature, electronic databases such as: MEDLINE/PubMed, Google Scholar and PsycINFO, using the keywords: "autism", "aggression", "self-mutilation", "therapeutic strategies". We included empirical studies, meta-analyses published in the period 2018-2023.

Results and discussions: Approximately 40% of children with autism exhibit aggressive behaviors, with an incidence of self-mutilation approximately 15%. ABA therapy reduces aggressive behaviors by approximately 60-70%, while cognitive-behavioral therapy reduces self-mutilating behaviors by approximately 50%. Augmentative and alternative communication devices improve communication in approximately 70% of cases, reducing aggressive behaviors. Occupational and sensory therapy has a positive impact in approximately 65% cases, reducing aggressive reactions associated with sensory sensitivity. Medications, such as antipsychotics or serotonin inhibitors, was effective in reducing aggression in 45-50% of cases. The analysis identified therapeutic strategies reducing aggression and self-harm in autistic children, with a 50-70% decrease. A personalized, multidisciplinary approach improves their quality of life.

Depression and related sleep disorders. comorbidity analysis.

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Introduction: Depression affects approximately 3.4% and sleep disorders approximately 10% of the global population, having a significant impact on socio-economic aspects, quality of life and individual functioning. The comorbidity of these conditions, requires further investigation to reveal the underlying mechanisms, risk factors and their impact on mental health.

Methods: We conducted a study of 23 patients, diagnosed with depression. We used the following instruments and methods for data collection: the Structured Interview for the Assessment of Depression (SCID), the Pittsburgh Sleep-Quality Index (PSQI), the Depression Severity Scale (HAM-D) and the Quality of Life Scale (QoL).

Results and discussions: We identified the following sleep disorders among patients with depression: insomnia 58%, hypersomnia 16%, circadian rhythm disorders 14%, sleep breathing disorders 12%. The identified risk factors: chronic stress 64%, family history of depression 42%, excessive caffeine consumption 36% of patients. Analysis of depression severity showed that patients with depression and sleep disturbances had higher mean scores on the HAM-D. The score was 21 in this group, compared with a mean of 18 for depressed patients without significant sleep disturbances. Patients with depression and associated sleep disturbances scored lower on the QoL scale compared to those without sleep disturbances. The mean QoL score was 48 for the group with comorbidity, and 56 for those without.

Drug use between deviant behavior and rational choice models

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Introduction: According to the latest definition of ASAM American Society of Addiction Medicine Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment and an individual's life experiences. But does the disease model explain all the reasons, why people use drugs?! Can the individual use drugs for pleasure or just as an individual choice?

Aim: The objective of this work is to share different theories about the reasons why people use drugs. The aim is to focus on sociological aspects of drug use and go beyond the medical approach.

Results: People use drugs to avoid pain, to seek pleasure, to manage their craving or impulsivity. On the other hand, they may choose to use drugs as a "rewording pleasure process" after a long day of work. During this work, we have gone through the history to analyze several theories of drug use as, Chicago school, Strain Theory, Deviant behavior theory or Merton theory. Many authors categorize drug use as a deviant behavior. But how difficult is to define the deviant behavior within a society's normative system that changes continuously? Why in Albanian society is it easier to accept an alcohol user than a cannabis user? Discussion: Why people use drugs? The sociological perspective offers us many answers, but still a lot is unsaid. As far as the human nature is immense, so will be the answers.

Psychedelics and the future therapy for anxiety disorders and PTSD

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In recent years, psychedelics have returned to the attention of specialists due to their therapeutic potential and the possibility of being used in the treatment of various mental disorders, in low or non-hallucinogenic doses. Since ancient times, psychedelics, such as mescaline or psilocybin, obtained by extracting from plants, have been used by different peoples and in different cultures. However, researchers only became aware of these substances in 1897 when mescaline was isolated and later in 1943 when LSD was discovered. Nowadays, there are studies that support the use of psychotherapy assisted by LSD in the treatment of anxiety or stress associated with various life events or severe medical conditions. But there are numerous limitations and concerns regarding the safety of administration or regarding the effectiveness in the treatment of various mental disorders, especially since the neurobiological mechanisms of action are not yet fully known. Additionally, psychedelics are still considered to be substances with negative effects and its manifestations could not be researched in a proper scientific context for a long time. Anxiety disorders continue to represent some of the mental disorders with an important negative social impact, therefore it is necessary to discover new therapeutic options, beyond the use of antidepressants and anxiolytics. Thus, in this context, the psychotherapy assisted by psychedelics appears usefulness. In recent years, there have been many researches and wider clinical evidence, regarding the therapeutic effects of psychedelics in the treatment of anxiety. The integration of psychedelics into a modern therapeutic system for anxiety disorders faces a series of limitations represented in particular by the scientific, legal and political controversies regarding the acceptance of the use of psychedelics as treatment. In this paper, we propose to highlight the pros and cons regarding the role of psychedelic substances as therapeutic agents in anxiety disorders and PTSD, in the context where these disorders have important social and family consequences.

Possible risks of using medicinal plants as adjuvant therapy during pregnancy and lactation in mental patients

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Introduction. Medicinal plants may contain various active substances that, when penetrating the placental barrier, may have potential teratogenic, toxic and delayed risks and effects on the fetus. The consequences of the interaction of biologically active substances of medicinal plants with psychotropic effects in human body could have many negative effects. These risks may be more unpredictable during pregnancy and lactation in patients with mental problems.

Methods. The methodology represents bibliographic synthesis of evidence-based scientific publications related to the use of medicinal plants with psychotropic effects during pregnancy and lactation.

Results and discussions. Patients often use herbal medicines to reduce depression, anxiety, sleep disorders and psychosomatic problems. Medicinal plants with anti-anxiety, antidepressant, hypnotic effects such as St. John's wort, valerian, passionflower, chamomile, peppermint, lemon balm, lavender, under various forms in combination with psychotropic drugs increases the potential risks during pregnancy and lactation.

Conclusions. Many medicinal plants with psychotropic effects can lead to clinical, biochemical and even genomic changes, influence drug interaction and plasma concentration of psychotropic drugs.

Moringa Oleifera as adjuvant therapy during pregnancy and breastfeeding

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Introduction. Moringa oleifera is a plant that contains important biologically active substances, is a natural source of tryptophan and have anxiolytic, antidepressant and sleep regulation effects. Taking into account that tryptophan is metabolized into serotonin and melatonin, the plant has an SSRI mechanism of action. Additionally, it was found anticonvulsant and neuroprotective effects, protection against oxidative stress in the CNS of pregnant women. Antioxidant, antimutagenic and antiviral properties contribute to the inhibition of the main protease of SARS-CoV-2 (Mpro). Used as an alternative therapy for pregnant and lactating women with iron deficiency, it increases the production of breast milk.

Methods. The methodology is based on synthesis of scientific based data from PubMed database till September 2023.

Results and discussions. Moringa oleifera is preferably used during pregnancy and the postpartum period for malnutrition. The plant contains 17 fatty acids, 19 amino acids, 92 nutrients, 36 anti-inflammatory substances, 46 antioxidants and 10 vitamins.

Conclusions. None of the sources report restrictions for the use of this plant during pregnancy and lactation. Moringa reduces the incidence of stunting in children.

Barriers and motivators for accessing psychological support services in Romanian companies

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Mental health is one of the leading causes disabilities worldwide and a rising concern in the workforce, leading to substantial economic losses due to reduced productivity and increased absenteeism. During the recent years companies acknowledged the importance of psychological support for their employees and started to prioritize such initiatives. It is crucial for companies to offer psychological support to their employees as it can have a positive impact on their mental health and work outcomes such as productivity, job satisfaction, and employee retention. According to studies, people who could benefit from psychological support may encounter real and imagined obstacles to obtaining treatment. Time, money, and the stigma associated with seeing a mental health specialist are some of the barriers that are most frequently mentioned in different studies. There are also factors like previous experience with mental health services that showed to be motivators for those seeking psychological support. The current research aims to investigate the key factors that affect usage of psychological support services by the employees from Romanian companies.

Biological mechanisms of avolition and anhedonia in schizophrenia: the reward circuit

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Introduction: Negative symptoms, particularly motivational and hedonic deficits, are fundamental symptoms in schizophrenia. They emerge in the prodromal phase of the illness, persist during periods of clinical stability, and interfere with the patient's functioning. There is a clear medical need to identify the biological aspects of these symptoms to enable the development of more effective, personalized treatments.

Methods: We reviewed articles published in the last 10 years in PubMed, Google Scholar, and specialized psychiatric literature to gain a better understanding of the neurobiological mechanisms underlying these symptoms.

Results and discussions: Various studies indicate that both avolition and anhedonia emerge from the dysfunctional functioning of the reward system, which encompasses hedonic capacity, desire, and reward anticipation. For pleasure and reward desire, there was observed striatal hypoactivation, along with hypoactivation and hyperactivation in frontal regions. Regarding reward learning, a blunted frontal-striatal sensitivity to positive feedback was observed. Specifically, the striatum's reward prediction error signals were significantly reduced, and VTA-striatum functional connectivity was diminished, significantly linked to impaired reward learning capacity. Consequently, individuals with schizophrenia may experience pleasure but exhibit deficits in reward anticipation, reducing their motivation to engage in activities. These findings offer a better understanding of motivational deficits and the potential implementation of new therapeutic strategies.

Differences in level of affiliation to Alcoholics Anonymous (AA) organisation in individuals who attend AA meetings in Romania - a mixed methods research

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Introduction: While alcohol addiction is a social problem in Romania, affiliation to Alcoholics Anonymous (AA) was found to have potential benefits in affiliated individuals. The purpose of this paper was to identify differences between highly affiliated and low/non-affiliated individuals who struggle with alcohol addiction and attend AA meetings in Romania.

Methods: A mixed method research was conducted between May and June 2021 and included 24 participants (12 strongly AA affiliates and 12 low/non-affiliated individuals) from a sample of 155 participants. Questionnaires were used to collect data on spiritual, well-being, mental health and addiction related concepts. Correlations and T-tests were used to analyze the quantitative data. Semi-structured interviews were conducted in order to obtain a deeper insight. Interviews were audio-recorded, transcribed and analyzed using qualitative content analysis.

Results: Findings from the questionnaire showed significant differences in length of sobriety, affective organizational commitment, overall number of completed AA Steps, positive religious coping, anxiety, craving, commitment to sobriety, confidence on staying sober, abstinence self-efficacy, and desire for abstinence. Two main themes emerged based on the interview data: characteristics of highly affiliated individuals, and characteristics of low and non-affiliated individuals.

Discussion and Conclusion: The findings demonstrate that AA affiliation is associated with specific benefits in individuals who deal with alcohol addiction and that highly affiliated individuals are more likely to maintain sobriety, obtain spiritual benefits, improve their mental health and become committed to their recovery. Those working in the area of substance abuse should pay more attention to the benefits of successful affiliation to AA since they seem to play an important role in maintaining sobriety.

The role of psychotherapy in the treatment of psychosomatic disorders

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By psychosomatic disorders we understand certain organic or functional visceral disorders partially or totally caused by psycho-affective factors. A person with such a disorder may have several vague medical problems, although physical examination and clinical investigations reveal no clear somatic cause. Psychosomatic medicine is based on the fact that emotions can cause marked changes in organic function - this has been demonstrated and confirmed experimentally (Alexander et al., 1968). We can consider most diseases to be psychosomatic because they involve the mind (psychic) and the body (somatic). The supremacy of the psyche over the biophysiological explains why a strong emotion can paralyze muscle strength, can cause certain spontaneous organic "falls" but also spectacular healings. In the therapeutic practice in the case of psychosomatic disorders, the authors do not follow a specific psychotherapy technique, but an approach combined with the predominance of meditative states that offer the transcendence of consciousness at different existential levels in space and time (knowledge of one's own standard-state (usual), knowledge of the content of the subconscious, self-acceptance, the "forgiveness" procedure, awareness of inner conflicts, knowing and relating to one's own body, etc.). Working methods with psychosomatic patients, psychoeducation, breathing exercises, relaxation techniques, biofeedback, guided imagery, metaphors, stress management, supportive therapy are currently used. It is important to note that success in psychotherapy appears to be less dependent on the respective technique, than on the psychotherapist's skill or mastery with which treats the patient's problems (Mate, Ialom, Van Der Kolk, etc.).

Anxiety – A progressive condition of humanitarian crises

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Anxiety is presented as a natural reaction to stressful and uncertain situations, such as humanitarian crises, which include armed conflicts, natural disasters or major economic problems. In the context of humanitarian crises, anxiety can be considered a progressive condition as it can evolve over time depending on the intensity and duration of the crisis. Anxiety disorders are highly prevalent in the general population, often comorbid with psychiatric disorders and medical conditions and associated with a negative impact on quality of life and a significant individual and economic burden. Factors that contribute to anxiety during humanitarian crises include lack of access to basic resources, for example food, drinking water and shelter, as well as the destruction of local infrastructure. Anxiety can also be fueled by loss of life, separation from family or friends, and the prospect of an uncertain future. The long-term effects of anxiety can have serious consequences for the mental and physical health of people affected by humanitarian crises, which underlines the importance of providing adequate psychological and social support in such situations. Anxiety is a common reaction during humanitarian crises and can become a progressive condition due to ongoing circumstances of stress and uncertainty. Recognizing and properly managing anxiety is essential to help affected individuals cope with and recover from these crises. People affected by such crises may experience anxiety as a result of uncertainty about the safety of themselves, their families and their communities. Anxiety disorders constitute a major clinical and public health problem. Keywords: Anxiety; humanitarian crises; mental health, anxiety disorders

Ethical challenges in psychiatry

E Chkonja

Tbilisi State Medical University

Psychiatrists face a unique set of ethical challenges and professional obligations related to the specifics of their work. International and most of the National psychiatric associations have their codes of ethics. These documents may differ to some extent. Significant discrepancies occur in how they address contemporary needs and issues. Ethical dilemmas involve issues concerning digital data, physician-assisted death and other controversial topics of the modern era. Most of the national associations in Europe tend to adopt international ethical principles. Future collaboration under the umbrella of EPA will allow the development of comprehensive and permanently updated documents for addressing ethical dilemmas in mental health.

Mental Health in Georgia

E Chkonia

Tbilisi State Medical University

Georgia has recently made a commendable effort to reform mental health care. The “Concept on Mental Health Care” adopted by the Government and the two strategic plans for 2014–2020 and 2021–2031, which aimed to develop comprehensive, evidence-based, culturally appropriate, and human rights-oriented mental health care, have promoted the deinstitutionalization and development of community mental health services. Since 2018, new standards of care for mental health ambulatories and mobile teams have been imposed and implemented in the state program and funded accordingly. The recent epidemiological survey of the Georgian population showed that at least 5% face severe mental health problems at any time. Rates of 12-month major depressive disorders or generalized anxiety disorders are in the range of what has been reported in most European countries or lower, and rates of suicidal thoughts and attempts are much higher. Alcohol, tobacco, cannabis and other drug usage require attention, especially among males. The 2022-2030 mental health strategic plan is focused on the following significant priorities:

- Create comprehensive mental health services for children and adolescents.
- Integrate mental health in the primary health care system.
- Prioritize deinstitutionalization and community care.
- Support isolated communities by developing digital services.
- Address stigma and enforce patients’ rights.
- Facilitate the integration of narcology into the mental health system.
- Provide adequate human resources.

From *Anorexia Mirabilis* to ideal, media - conforming self-image

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Introduction: Anorexia nervosa is a much-discussed topic in psychopathology, and is updated by increasingly large periodic studies. A pathology known since ancient times (*anorexia mirabilis*, *holy anorexia*, *inedia prodigiosa*), researchers have been concerned with it in an attempt to explain and cure it. Anorexia nervosa is also associated with multiple somatic and psychiatric comorbidities and many authors argue that it has the highest mortality rate of all psychiatric pathologies. It may represent a dysfunctional coping mechanism to unsatisfactory body image, to the extent that the perception of one's own physical appearance is pathological.

Material and methods: We conducted a scoping review of the recent literature (27 English language studies published between 2000 – 2023), aiming at a better understanding of this diagnostic entity and updating the knowledge in the field, important aspects for an early identification of possible manifestations of the condition, for a better therapeutic intervention and increased chances of recovery.

Conclusions: In recent years there has been a significant increase in the number of dedicated studies, as the correlation between anorexia nervosa and the promotion of a stereotypical, rigid body image, supported by today's media, especially visual media, has become increasingly evident. Education about the specifics of the condition helps to reduce stigma and the risk of medical complications and death, as well as reducing the cost of caring for these patients and improving their overall quality of life.

Challenges in Service Provision for Adolescents

A Como

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Albania is a small country of less than 2 million inhabitants with Child and Adolescent Psychiatry institutions almost non-existent till twenty years ago. Building a sound network of service institutions is a 'work in progress' with important developments, but yet with huge gaps. The months of pandemic made the gaps being identified even clearer. The overall aim of the presentation is to highlight challenges in a low-and-middle-income-country when it comes to services for adolescents and youth population. Data and discussion points to the fact that there are no real chances to modernize and fulfill gaps in mental health service of care without specific developments in health service as a whole and Emergency Medicine system of care in particular. The presentation is based upon a number of assumptions, most probably relevant for the systems of care in other countries in the region. As such, some recommendations for collaborative work being done even within MHASEE will be listed.

Italy Syndrome in Romania

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Studies indicate that Romanian women who migrate to Italy for employment in the expanding caregiving sector, where they assist elderly individuals, many of whom suffer from dementia, are experiencing significant mental health issues such as depression as a consequence of their job. This phenomenon is informally referred to as "Italy Syndrome", since it is not considered a pathology, it has not been introduced as a diagnostic category in specialty manuals, but more than a disease, the 'Italy syndrome' is a medical-social phenomenon. To bring this phenomenon to your attention, we document the case of a 53 years old patient, in her first admission to our service, who presents with a symptomatology dominated by severe depressive mood, marked anxiety, anhedonia, intrapsychic tension, suspiciousness, paranoid delusional ideas, overall functional impairment, and a tendency to social withdrawal. The symptoms began approximately 3 months ago, coinciding with her return from Italy, where she worked for 19 years as a caregiver for elderly individuals with dementia, and have progressively worsened. Referred to as the "Italy Syndrome" it's an umbrella term used to refer to a range of symptoms and clinical indicators of psychological distress and mental health problems among these migrants. These issues span from depression, anxiety, sleep disturbances, and loss of appetite, to hallucinations, obsessive or paranoid behavior, and even thoughts of suicide, sometimes culminating in suicide attempts.

Problem Management Plus intervention

L Damaschin

World Vision Moldova

The Problem Management Plus (PM+) training was implemented in Moldova within World Vision Moldova projects and in partnership with the MHPSS Technical Working Group. This course was the first of its kind to be held in Moldova. PM+ is a psychological aid for adults living in communities that have faced adversity. A unique, empirically supported therapy option designed exclusively for countries with low or middle incomes is PM+. It was created by WHO, and WVI tested it in several countries. PM+ is exceptional in that it can treat common mental health issues like depression, anxiety, posttraumatic stress disorder, and chronic stress at the community and/or primary health care level without a formal diagnosis. The PM+ Strategies, which are the cornerstone of the intervention, are behavioral activation ("Get Going Keep Doing"), strengthening social supports ("Strengthening Social Supports"), stress management ("Managing Stress"), problem solving ("Managing Problems"), and relapse prevention ("Staying Well and Looking Forward"). The PM+ modules include classroom training of helpers, Training of Trainers of PM+ helpers and Training of supervisors. The Training of Trainers (ToT) was held in September 2023, and the initial training took place in June 2023. The MHPSS technical chair and co-chairs were consulted during the recruitment and selection of the trainees. 14 individuals made up the entire initial group of trainers, while 10 participants made up the ToT. The way looking forward is the arrangements for the last phase (Supervision training and Field visits) planned to be putted in place between October and December 2023. It is intended to continue the training by including Medical University in additional projects related to the Mental Health Sector to promote continuity and sustainability of the intervention.

How predictable is suicide risk?

M Davidson

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An estimated 1 million people worldwide die by suicide every year. Globally, suicide ranks among the three leading causes of death among those aged 15 to 44 years. Attempted suicides are up to 20 times more frequent than completed ones. In most cases the suicide event whether attempt or death, is unexpected and has a major impact on the individuals familiar with the victim and on the public opinion. As such society expects mental health practitioners to address it and reduce it like another pathological condition. In fact, the concern about suicide plays a major role in the daily clinical practice. Decision to hospitalize or not, medicate or not are all affected by the perceived risk for suicide. Research in the areas have designed and validated scales which assess risk for suicide and classify psychiatric patients into low and high risk for suicide. Unfortunately, at the individual patient level, our ability to predict the suicide event, even in individuals who score very high on such scales, has very low specificity, low sensitivity, and poor predictive value. Nevertheless, we continue to make decisions based on risk assessment. Furthermore, even if the predictive value would not be so poor, we do not have methods to prevent suicide at the personal level which are supported by good quality evidence. However, preventive measures at the population level such as education, easy availability of mental health support, reducing access to lethal means of suicide such as fire arms and limiting access to high bridges or other areas know to be used for suicide, appears to reduce the event rates. Therefore, society should invest efforts in population prevention rather than individual prediction and prevention.

Depression in the elderly

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Depression in the third age represents one of the costliest conditions, as a result of the increased risk of suicide, somatic comorbidities, the decrease in daily functionality and the quality of life of both the patient and the family. According to statistical data, 12-45% of people over 65 suffer from depressive disorders, which often remain underdiagnosed. There is a close correlation between depression and somatic pathology in the elderly. Somatic conditions and depression potentiate each other and raise issues related to treatment modalities. Loss of social position, lack of social support and loneliness are among the most common causes of depression in the elderly. Characteristics of depression in the third age include: loss of interest in once enjoyable activities, feelings of helplessness, loss of hope that things can get better, slowness in movement, inactivity, irritability and sadness, sleep problems, pain, fatigue, weight loss, isolation from others or refusal to spend time with family, refusal to leave the house, ignoring household tasks, various anxiety disorders, suicidal ideation and behavior. About 40% of depression in the elderly is undiagnosed, and only one elderly person in seven with depressive symptoms receives appropriate treatment. Depression in the third age raises problems related to diagnosis, evolution and treatment. Affective disorders can have an important impact on the life of the elderly person and lead to the reduction of activities and loss of autonomy, up to a state of dependence on close people.

Keywords: Depression; depressive disorders; elderly; the third age.

DIAPASON Project: A multidimensional and multimethod investigation of schizophrenia spectrum disorder

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Background: Schizophrenia spectrum disorders (SSD) are ranked among the leading causes of disabilities worldwide. Many people with SSD spend most of their daily time being inactive, and this is related to the severity of negative symptoms. Here, we present the 3-year DiAPAsOn project aimed at (1) evaluating the daily time use among patients with SSD living in Residential Facilities (RFs) compared to outpatients with SSD and to the general population (Study 1); (2) evaluating the quality of staff-patient relationships, its association with specific patient outcomes and the quality of care provided in RFs (Study 2); and (3) assessing daily activity patterns in residential patients, outpatients with SSD and healthy controls using real-time methodologies (Study 3).

Methods: Study 1 includes 300 patients with SSD living in RFs and 300 outpatients; data obtained in these clinical populations have also been compared with data from a random sample of healthy controls. Time use assessments consists of daily diaries asking participants to retrospectively report time spent in different activities. In Study 2, a series of questionnaires have been administered to 300 residential patients (recruited for Study 1) to evaluate the quality of care and staff-patient therapeutic alliance, level of well-being and burnout of RFs' staff, and quality of RFs using a European standardized questionnaire (QuIRC-SA). In Study 3, the daily time use has been evaluated in a subgroup of 50 residential patients, 50 outpatients and over 100 healthy controls using the Experience Sampling Method approach (participants have completed a brief questionnaire (about time use, mood and perceived energy) on a smartphone 8 times a day for 1 week). Moreover, their level of physical activity, sleep patterns, and energy expenditure have been monitored through a multi-sensor (Actigraph GT9X).

Results: this study has harnessed a massive amount of data as explained in the methods, and a summary of this data and their implications will be presented at the meeting.

Discussion: This project is highly innovative because it combines different types of assessments (i.e., retrospective and real-time reports; multi-sensor monitoring) to trace an accurate picture of daily time use and levels of physical activity that will help identify the best therapeutic options promoting daily activities and physical exercise in patients with SSD. (Trial registration: ISRCTN registry ID ISRCTN21141466)

Clinical case series of patients with drug-resistant paranoid schizophrenia showing improvement in positive and negative symptoms after rTMS treatment

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Background: Repetitive transcranial magnetic stimulation (rTMS) is an increasingly used treatment for patients with various psychiatric illnesses.

Objective: This case series aims to present two cases of men diagnosed with drug-resistant paranoid schizophrenia showing a notable improvement in the intensity of several symptoms (positive and negative) of the disorder after repetitive high-frequency Transcranial Magnetic Stimulation (HF rTMS).

Methods: Rapid high-frequency rTMS stimulation was performed in the left dorsolateral prefrontal cortex (LDLPFC) at the intensity of 100% percent of the individual motor threshold (100% MT), in a series of 10 impulse trains.

Results: A full course of 25 sessions of HF rTMS in addition to the continuous patient's drug therapy is an effective treatment for positive and negative symptoms of drug-resistant paranoid schizophrenia.

Conclusions: The science around the use of rTMS is rapidly evolving. There is a considerable need for practitioners to remain abreast of the current state of clinical practice. This case series demonstrates a unique therapeutic approach to the treatment of drug-resistant paranoid schizophrenia.

Stress and diabetes in young adulthood. Risk factors, prevention and quality of life.

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Diabetes distress is a general term that refers to the emotional burdens, anxieties, frustrations, stressors and worries that stem from managing a severe, complex condition. Diabetes is associated with psychological morbidity. This study investigates factors that cause diabetes distress in young adults with Type 1 diabetes aged 23–30. However, young adulthood is a critical time for the development and integration of lifelong diabetes management skills, and research is starting to identify unique challenges faced by youth with diabetes as they age into adulthood. Most young adults experience multiple transitions during this unstable developmental period, including changes in lifestyle (e.g., education, occupation, living situation), changes in health care, and shifting relationships with family members, friends, and intimate others. Young adults with type 1 diabetes must navigate these transitions while also assuming increasing responsibility for their diabetes care and overall health. Despite these critical health and psychosocial concerns, there is a notable lack of evidence-based clinical services and supports for young adults with type 1 diabetes. The study review relevant evolving concerns for young adults with type 1 diabetes, including lifestyle considerations, health care transitions, psychosocial needs, and changes in supportive networks, and how type 1 diabetes impacts and is impacted by these key developmental considerations.

Psychological hindrances after ramp lesion injuries caused in sportive activities

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Background: Lesions of posterior meniscocapsular tears of the medial meniscus are called Ramp Lesion (RL). RL is often associated with anterior cruciate ligament (ACL) tear and is difficult to be identified preoperatively through any special clinical test or magnetic resonance imaging (MRI), and even difficult to recognize through arthroscopy. The injury mechanism is well known and happens in sportive activities through acute steeper medial tibial and meniscal slope and ACL injuries.

Aim: We undertook this retrospective study aiming to express the severity of RL, risk factors and diagnosis, in correlation to the mental health of the athletes competing in sporting events.

Materials/Methods: In this retrospective study were reviewed patients in our hospital that were treated for ACL injuries through arthroscopy during the period January 2018 to December 2022 and identified in the surgical report the RL. We screened out the patients that had ACL injury associated with lateral meniscus tears and patients that did not have the MRI examination. The Hamilton anxiety scale was used as an evaluation tool for the mental health of the patients that had ACL injuries.

Results: 58 patients met our inclusion criteria out of 372 patients. Their mean age at treatment was 34.4 years old divided in 17 females and 41 males. The BMI was 24.4 and 93.1% of injuries occurred during sportive activities. The most frequent sport causing RL in these patients was football in 43.1%, basketball 18.9%, volleyball 15.5%, other sports 15.5% and 6.9% were non sportive injuries. In 36 patients the MRI has detected a suspected injury in the posterior menisco-capsular junction of medial meniscus and in the remaining 22 patients (38%) the diagnose were determined through the arthroscopy procedure. In all the cases the treatment consisted on suturing the lesion with all-inside sutures. On the Hamilton anxiety scale 20 males and 6 females had mild to moderate anxiety severity, 7 males/4 females moderate to severe anxiety, while 14 males/ 7 females had mild anxiety severity.

Conclusions: The Ramp Lesion is associated with the ACL tears and happens more in sportive trauma. In cases when an ACL tear is treated the surgeon should always check out the Ramp Lesion as part of all injury diagnosis. When evaluating the mental health of the athletes, the presence of anxiety, stress, frustration and fear should be noted.

Supported Employment for People with PTSD

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PTSD involves well known symptoms, such as intrusive thoughts and emotions, nightmares, and avoidance, but the disorder also created functional disability. An estimated 4.7 percent of U.S. adults have a post-traumatic stress disorder (PTSD) in any given year and 6.1 percent during a lifetime, with veterans, emergency responders, women, and American Indian/Alaska Natives being disproportionately affected. About two-thirds of people with PTSD are women. The U.S. Veterans Health Administration has done exemplary research on IPS supported employment for military veterans with PTSD. Following an initial pilot study (Davis et al., 2012), researchers conducted a prospective, multisite, randomized clinical trial that included 541 unemployed veterans with PTSD at 12 Veterans Health Administration medical centers (Davis et al., 2018). Participants in the IPS group achieved the primary outcome (steady employment, defined as working more than half the months of the study) at a higher rate than those in the transitional work group (39 percent vs. 23 percent). These PTSD studies also identified key adaptations such as combining cognitive behavioral therapy, employment support, reframing, and guidance from the IPS specialist. Thus, IPS can be a therapeutic intervention that uses employment and supportive case management as a bridge out of a sheltered and guarded existence to a more purposeful and satisfying life.

Self-esteem and vulnerabilities of Romanians

L Duica

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To have self-esteem means that individuals feel positive about themselves. Both in psychology and sociology feeling good include the motive to feel worthwhile, to see oneself as efficacious and the feeling that one is being one's true self. When an individual feels that he has a sense of social worth, he is in a satisfied communion and interpersonal connectedness with others. One perceives oneself as being efficacious if one has the ability to be in control of the forces that affect one's life. Authenticity, the third dimension of self-esteem reflects conducted oneself in ways that are consistent with inner thoughts and feeling. Union European conducted many studies, showing that Romania has a low level of social relations, connectivity and attention for the common good. Cohesion generates a high degree of satisfaction and a feeling of security for the people in a society, on the contrary a decreased cohesion threatens the stability of society. Auto-efficacy is a dimension which was not studied in Romanians, but empirically it is known that self-confidence is deficient. As for authenticity, in a previously mentioned sense, there are strong influences of a socio-political nature that deviate the expression of the self. In Romanians the self-esteem is lower compared to the western space. This fact is based on historical and cultural determinants as well as education. It seems that a deficient self-esteem leads to some vulnerabilities like low social connectivity with a growing sense of division, many gossips and intrigues, excessive docility and malleability proven in confrontation with autocratic leadership or interest groups.

Key words: self-esteem, Romanians, vulnerabilities

Stigmatization of people with depression

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Background: Depression is one of the most significant public health challenges. More than 350 million people in the world suffer from depression. Stigma towards people with depression represents an important barrier in health seeking and treatment compliance. More than 50% of people with depression never visited a mental health specialist.

Objectives: Studying the social and demographic characteristics of the stigma towards people with depression in Moldova.

Material and Methods: In total 612 people filled the questionnaire. Stigma was evaluated using The Depression Stigma Scale (DSS), that measures personal and perceived stigma based on a vignette about a person with depression. Data were summarized using means and standard deviations (sd), and comparison were performed using Student t-test and ANOVA.

Results and discussion: The level of stigma mean (standard deviation), measured by the Depression Stigma Scale presented higher values in persons from rural localities, both for personal stigma [19.73 (4.88) vs. 14.09 (4.88) $p < 0.001$] and for perceived stigma [27.43 (3.30) vs. 21.62 (4.15) $p < 0.001$]. There is no difference in the level of stigma regarding the presence of a person with depression in the family in both rural and urban localities. Previous studies show that contact with people that have depression decrease level of stigmatization, however there is no effect on the level of stigma in our study.

Conclusions: The level of personal stigma towards people with depression is lower than compared to the perceived stigma in Moldova. Further research is needed to understand the characteristics of depression stigma.

Neurobiological and Treatment Advances of Obsessive-Compulsive Disorder

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Obsessive-Compulsive Disorder (OCD) is a complex mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing distress. Neurobiological research has revealed that OCD is associated with alterations in brain structures and neurotransmitter systems. Studies have shown abnormal activity in the orbitofrontal cortex, anterior cingulate cortex, and the striatum, regions involved in decision-making and emotion regulation. Dysregulation in serotonin, dopamine, and glutamate neurotransmission has also been implicated in OCD pathophysiology. Advancements in neuroimaging techniques, such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), have allowed researchers to visualize these brain abnormalities in individuals with OCD. These findings have not only enhanced our understanding of the disorder but have also contributed to the development of targeted treatments. Treatment options for OCD have evolved significantly. While traditional therapies like cognitive-behavioral therapy (CBT) remain effective, new approaches have emerged. Deep Brain Stimulation (DBS) involves implanting electrodes in the brain to modulate neural activity and has shown promise for treatment-resistant OCD cases. Additionally, advancements in psychopharmacology have led to the development of more targeted medications, such as selective serotonin reuptake inhibitors (SSRIs) and glutamate modulators. In conclusion, our understanding of OCD has deepened with neurobiological research, leading to more effective treatment options. These advances offer hope for individuals with OCD, offering the potential for improved symptom management and a better quality of life. As research continues to unravel the complexities of OCD's neurobiology, further innovations in treatment approaches are likely on the horizon.

Pathologic role of SARS-COV 2 infection in mood disorders

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Introduction: The psychopathological implications in COVID-19 survivors such as depression, anxiety, and other mood disorder are now recognized as primary symptoms of the "post-acute COVID-19 syndrome. They are a major concern to public health as they are frequent, difficult to diagnose and to treat, and have high impact on the quality of life of patients and caregivers.

Materials and methods: In this research 55 patients were included. All patients were investigated at the primary health care level. We collected sociodemographic information, clinical interview and a battery of general questionnaire and special for depression screening PHQ-9 and PHQ-2 questionnaire. Patients were divided into 2 groups depending on the presence or absence of COVID-19 infection in medical history.

Results and discussions: Of the 55 patients interviewed, 33 have at least one episode of COVID-19 infection confirmed by laboratory test-30.9% and 22 patients who did not have a history of an episode of infection with COVID-19. The incidence of depressive disorders in respondents who had at least one COVID-19 episode in their history is 60%. Thus, COVID-19 infection is a major risk factor for the development of depressive disorders in survivors. We can observe that the number of people who had a history of a COVID-19 episode is higher and these patients 1.5 times more often have more severe forms of depression. Considering the alarming impact of the infection with COVID-19 on mental health, the next step would be to assess the psychopathology of the survivors of COVID-19, in order to diagnose and treat emerging psychiatric conditions, monitoring their changes over time, with the aim of re-leading the burden of the disease, which is expected to be very high for the patient and his family.

FACT and ACT models – Differences and opportunities

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Introduction: Assertive Community Treatment (ACT), a service delivery model for the care and treatment of people with severe mental disorders in the US, was developed in the 1970s. The Dutch adapted the model to a wider range of needs and to allow for more flexible implementation. Functional Assertive Community Treatment (FACT) provides the intensity of care needed to help participants maintain their lives in the community, as well as continuity of care over time for many vulnerable populations.

Material and methods: This work was carried out following a literature review, using articles published in electronic sources (PubMed, Google Academic, Springer Link).

Results: Adapted and expanded in 2004, FACT, like ACT, combines the principles of team case management with the provision of caseload services along with all other assertive and informational services within a team. The main difference between ACT and FACT is that in FACT the scaling up and scaling down of care was structured and organized systematically. Through this process, beneficiaries receive team services from a case manager who coordinates treatment or assertive outreach services from the team. The number of FACT teams grew rapidly in 2018 and expanded to include young people, people with intellectual disabilities and forensic people.

Conclusion: The American ACT model is not sufficient to serve all people with severe mental illness. FACT and ACT can exist simultaneously and efficiently.

Advice from a Journal Editor on Publishing in Scholarly Journals

HH Goldman

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Publishing in scholarly journals is a central activity for communicating professional ideas and research findings. It is an important factor in achieving academic success and promotion, as well. Many people are intimidated by the process. This lecture intends to provide useful guidance on becoming involved in publishing in scholarly journals. (The presenter is the Emeritus Editor of Psychiatric Services, who has also served on other editorial boards, including the American Journal of Psychiatry, Health Affairs, and the Journal of Mental Health Policy and Economics.) The first step in becoming an author is to become a regular reader of the scholarly literature. Find a set of journals that are interesting to you and try to look upon the journal, its authors, and fellow readers, as a kind of community. Perhaps find an opportunity to become a reviewer for the journal, such as with another colleague who does this regularly. Read the journal's instructions for reviewers. That will tell you about some of the relevant criteria for considering a paper for acceptance. Then become familiar with the information for authors - in terms of all of the details of editorial policies, types of articles, and the guidelines for article submission. Follow the guidance and learn to emulate articles that you find interesting and useful. Start now and keep trying.

Training interventions for Ukrainian MH professionals for better treatment of people with PTSD

V Gorbunova

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Introduction. As an immediate response to the increasing needs of Ukrainians in mental health support, the Research & Recognition Project, in collaboration with the MH4U Project, launched a series of seminars in RTM™ Protocol.

Methods. The operational feasibility of the training was explored through problem-solving assessment during the implementation.

Results. The training aimed to provide Ukrainian professionals with an evidence-based, effective method and answer to such problems usually faced in similar initiatives: long-term preparation of qualified specialists, risks for teaching process sustainability and consistency, and lack of continuous support and supervision for graduates. From the beginning, two-and-a-half-day online live training with mandatory preliminary e-course and orientational session was offered. The trainees' level and skills development were monitored in pre-test assessment and during on-training supervision by qualified coaches. To keep sustainability, three graduates were selected and trained as coaches and lid-trainers, with further possibility to expand the Ukrainian team. Five acting members and two candidates are currently working under R&R Project supervision. To answer a quality support issue, every training participant was provided with two coaching sessions before certification and invited to a weekly RTM international support group. Later, a biweekly RTM Ukrainian support group was established. Additionally, the recruitment process was improved with a preliminary diploma screening and competency test. Eventually, for one year and seven months, the training resulted in 118 engaged Ukrainian professionals, 33 certified practitioners and 76 acting members of the RTM Association from Ukraine.

PTSD and Chronic Medical Illness: Implications for Diagnosis and Care

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This abstract explores the intricate relationship between Post-Traumatic Stress Disorder (PTSD) and chronic medical illnesses. Firstly, it highlights research indicating that individuals with PTSD are more susceptible to chronic medical conditions, shedding light on specific associations between PTSD and certain illnesses. These connections emphasize the need for comprehensive healthcare that addresses both mental and physical well-being. One critical aspect discussed is the underdiagnosis of PTSD resulting from medical illness. Often overshadowed by the primary medical condition, PTSD remains hidden, despite its substantial impact on overall patient care and outcomes. Awareness and early diagnosis of PTSD, possibly through structured screening scales, emerge as crucial steps toward more sensitive and effective healthcare. Furthermore, this talk underscores the lessons drawn from interventions targeting anxiety and depression in individuals with chronic illnesses within the primary care setting. It underscores that while common mental health conditions can be successfully managed in primary care, this should complement rather than replace medical care for the underlying chronic illness. In fact, those with chronic medical conditions may require more comprehensive care. Finally, the presentation explores simplified cognitive restructuring interventions specifically tailored for PTSD within primary care. These interventions have shown promise when delivered by nurses and primary care providers, offering a pragmatic approach to addressing PTSD in patients with chronic medical illnesses. Such interventions not only enhance mental health but also foster acceptance of medical care. In conclusion, this talk emphasizes the intricate interplay between PTSD and chronic medical illnesses, advocating for increased awareness, early diagnosis, and targeted interventions within primary care. Recognizing the unique challenges posed by this dual burden can lead to more comprehensive and patient-centered healthcare, ultimately improving the overall well-being of affected individuals.

Integrating mental health in primary health care: role of multisectoral mental health networks for children and adolescents in Belgium

B Jacob

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Since 2015, 11 mental health networks offer mental health services within their area of action to children and young people (aged 0-23). More than 300 additional FTEs have been added to existing networks (for children and adolescents) to improve the service offerings for this target group. As for adults, the 4 strategies for upscaling mental health in primary care have been applied. Mobile crisis teams offer, within 48 hours, short, intensive and tailored-made crisis care to children and young people in their own living environment. Crisis care is offered through a network approach including all actors that focus on children and young people. The program for children and young people spans early detection, screening and orientation, diagnostics, treatment and case management offered by trained mental health professionals. The multidisciplinary crisis team is also supporting primary care practitioners. Other than crisis care, long-term care through mobile teams is also offered to children and young people with serious and complex problems. They especially target vulnerable groups who are difficult to reach, young people with psychiatric problems who are subject to a judicial measure, those with addiction problems, and those with a mental disability and co-morbid behavioral and psychiatric disorders.

Stress and trauma: Catalysts of mood disorder development

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Introduction: Stress factors and traumatic events have a profound influence on mental health. Mood disorders have a complex etiopathogenesis, affecting about 7.5% of the global population. We analyzed the interaction between stress, trauma and mood disorders, their prevalence and pathophysiological implications. Elucidating this connection is of primary importance in the development of effective prophylactic, psychopharmacological and psychotherapeutic interventions.

Methods: The study was carried out following a review of specialized literature such as psychiatric manuals, national and international guidelines. Articles published in electronic sources between the years 2015 and 2023, such as: PubMed/MEDLINE, NCBI, PsycINFO and Google Scholar, were analyzed using keywords such as "stress", "trauma", "mood disorders".

Results and discussion: 24 recent studies show that chronic stress correlates with the development of mood disorders in 70% of cases. People with a history of trauma are 2.5 times more likely to develop bipolar disorder. Women are 30% more likely to develop depression due to chronic stress, while men are 20% more likely to develop bipolar disorder. Resilience factors (social support, coping strategies), reduce risk by 25%. About 30% of those with mood disorders develop comorbidities (anxiety, substance abuse). Chronic stress and trauma are associated with neurochemical changes such as low serotonin levels (60%), and changes in brain structure, especially in the hippocampus (45%).

Psychiatry's contribution to the stigma of schizophrenia.

H Katschnig

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Chronicity, split personality, and psychotic symptoms (i.e., hallucinations and delusions), which are not at the center of the modern definition of schizophrenia, are the mainstay of the public's stereotype of schizophrenia. The concept of chronicity was introduced by Emil Kraepelin in the 19th century with the term "Dementia praecox" which he had based on a very selected group of hospital in-patients – today we know that only approximately one in five patients has such a detrimental chronic course. Eugen Bleuler, a Swiss psychiatrist, invented the term schizophrenia in the beginning of the 20th century, to stress that cognitive and affective disturbances are its primary symptoms, but the word schizophrenia has developed a life of its own in everyday language in the meaning of "split personality" (à la Dr. Jekyll and Mr. Hyde), which is an especially threatening notion to the public, but has nothing to do with schizophrenia. Finally, in the middle of the 20th century, Kurt Schneider, a German psychiatrist, suggested a list of "First Rank Symptoms", which are all hallucinations and delusions. American psychiatrist who liked to count symptoms used this list for the definition of schizophrenia in DSM-III. Again, hallucinations and delusions may be threatening symptoms, but are not present in all persons suffering from schizophrenia, who suffer mainly from cognitive disturbances. In later versions of the DSM (and of the ICD) psychotic symptoms were progressively de-emphasized, but in the public stereotype chronicity, split personality and hallucinations and delusions still dominate. In the lecture it will be shown, which circumstances guided Kraepelin, Bleuler and Schneider in developing their concepts, under which people with schizophrenia and their families still suffer today in terms of stigma and discrimination.

Mental Health in Poland: Challenges, Reform, and Access to Care

KK Kowalczyk

Global Public Health Network

The mental health of Poles has been deteriorating for many years, with a particularly critical situation concerning children and teenagers. Recent events, such as the COVID pandemic and war in Ukraine, have further exacerbated this issue. According to the *Comprehensive survey of the mental health status of the population and its determinants* (EZOP II), eight million Polish people, representing almost 25% of adults, have experienced at least one mental health disorder in their lifetime within the 2016-2020 period. The most prevalent mental health disorders include substance use disorders, anxiety disorders, and depressive disorders. Mental health issues are also associated with psychoactive substance use. In Polish society, the consumption of alcoholic beverages is much more widespread than drug use, with marijuana and hashish being the most used substances among the latter. In response to the growing mental health needs of society, a mental health reform was introduced with the goal of shifting from a hospital-centered approach to community-based psychiatry. As part of this reform, a pilot program for Mental Health Centers (Centra Zdrowia Psychicznego, CZP) was implemented. These centers aim to provide comprehensive healthcare for individuals with mental disorders, offering outpatient, inpatient, day care, hospital, and community-based services. The purpose of this presentation is to share the findings of a report conducted in 2022 on access to mental health services, with a focus on individuals who use psychoactive substances.

Transgenerational effects of the traumatic events

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Transgenerational and long-term effects of traumatic events maybe long lasting. Examples of traumatic events which might have long lasting and transgenerational effects include traumatic events due to individual traumatic events such as child abuse or due to collective traumatic events such as war, genocide and political violence and political oppression. The transgenerational trauma, therefore, affects individuals in the case of exposure to child abuse and groups in the case of collective trauma. The groups are defined as groups because of what they are, e.g. as ethnic group, and national group or as religious group. The effects of potential traumatic events are heterogeneous and may include a variety of mental health conditions, such as post-traumatic stress disorder, other stress disorders and vulnerability to mental and physical health problems. The physical and mental health problems can be biologically transmitted across generations through the uterine environment, epigenetic mechanism and socially through behaviors and relationships or lack of relationships. The aim of this talk is to present knowledge on the long and transgenerational effects of traumatic events with a focus on collective traumatic events. First, I will present data on the long and transgenerational effects of traumatic events, second the mechanisms for transmission of potential traumatic events will be explored, third certain vulnerable groups will be identified and forth implications for interventions and further research will be discussed. Because transgenerational trauma often goes unrecognized or is misdiagnosed by clinicians the needs for better understanding the effects of transgenerational trauma is needed.

The Seven CS: Requirements for care of people with mental illnesses outside psychiatric facilities

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Background: The article discusses the implementation of the FACT (Flexible Assertive Community Treatment) methodology in practice and its implications for the care and treatment of individuals with severe mental illness within the community. FACT teams provide long-term care for people with severe mental illness who are not hospitalized in psychiatric facilities, emphasizing rehabilitation in the community. Implementation of the FACT methodology in practice has highlighted the essential factors for care and treatment: Cure, Care, Crisis intervention, Client expertise, Community support; Control; Check – "The Seven C's". All of the aforementioned factors are key components in developing individual treatment plans for each client.

Materials and methods: This work was carried out following a literature review, using articles and guides, using articles published in electronic sources.

Results: Successfully performing "The Seven C's" requires assessment of needs, coordination and joint planning by the FACT team and the client. Treatment based on the principles of rehabilitation within the community proves to have a higher receptivity and effectiveness of people with severe mental disorders.

Conclusions: The study concludes that treatment and rehabilitation within the community offer higher receptivity and effectiveness for individuals with severe mental disorders.

Treating anxiety - from old to new approaches

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Anxiety disorders are the most common disorder class in Psychiatry. Their critical features include excessive and enduring fear, anxiety, and avoidance of perceived threats in the external and internal environment, including social situations and bodily sensations. New therapeutic approaches to anxiety disorders should consider different drug classes in combination with psychological interventions considering patients' characteristics and preferences.

Benzodiazepines are widely used, safe, and effective treatments for anxiety disorders. Its use should consider specific characteristics apart from the anxiolytic properties, including a prolonged action with a low risk of withdrawal symptoms and addiction. Proper monitoring, individualized treatment plans, and gradual dose reductions can effectively manage the risk of dependence, allowing patients to benefit from their therapeutic effects without experiencing harmful consequences.

In this seminar, we will discuss the role of benzodiazepines in the current treatment of anxiety disorders. We will examine the evidence on the pharmacological and clinical characteristics of mexazolam, a long-acting benzodiazepine that reduces anxiety with lower sedative and psychomotor effects than others such as Alprazolam. An evidence-based and clinically oriented use of benzodiazepines is critical for providing the best care to our patients.

WPA Global Guidelines for Telepsychiatry

D Mucic

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Introduction: The current pandemic has only confirmed the need for international collaboration and more extended use of telepsychiatry than before. Unfortunately, regulatory constraints and lack of standardization are posing significant barriers to the internationalization of telepsychiatry. A need for global guidelines and unified standardizations is of utmost importance in this rapidly growing but not yet well-established field. However, first, we ought to become familiar with its basics.

Objectives: - to present the main objectives and messages of the WPA (World Psychiatric Association) Global Guidelines for Telepsychiatry.

Methods: A structured review of the main challenges, innovations, and settings in the first global guidelines on telepsychiatry, published by WPA (World Psychiatric Association) in 2021.

Results: With proper preparation and thoughtful risk management, telepsychiatry can be an invaluable tool for allowing greater access to care. COVID19 offers the opportunity to advance our understanding of how to develop models of "traditional services with modern approaches" by the use of digital technologies. However, certain prerequisites must be fulfilled to achieve the desired goals. These prerequisites are e.g. choice of the technology, settings, patient/provider preferences as well as competencies and skills described in this document.

Conclusion: This WPA document may pave the way for the development of global regulations in order to break down the barriers of accessibility for both the professionals as well as for the patients worldwide. Further, it may help professionals in setting up a standardized telepsychiatry service(s) in addition to the existing mental health system(s).

Trauma and Mind Control

M Mutica

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Introduction: The last years have witnessed collective traumatic events as well as the review of literature and historical events regarding a ubiquitous topic called mind control, brainwashing, psychological torture, coercive persuasion, thought control, thought reform, and forced re-education.

Material and Methods: We have examined academic data regarding the impact of trauma on the individual, the status of dissociative disorder and we have carefully reviewed the new data regarding psychological modification intervention programs.

Results: In reviewing the literature on these delicate topics, the research methodology is essential. Since the relationship between a traumatic intervention, physical and/or psychological, and the consequences at the mental level is imprecisely defined or is conceptualized differently in various disciplines and research fields, a systematic review is difficult to outline and a final conclusion is difficult to formulate. There are certainly mental traumas, individuals, events and collective entities that produce traumas; there are also consequences at the level of groups and individuals, consequences that can be used in cognitive control. However, the data are burdened by the public emotion regarding these topics, the tendency to evade some aspects at the level of private or state organizations, misinformation and collective indignation. Longitudinally, the public and academic perspectives have changed, but the discussions in the public or academic sphere remain intense until now with ethical discussions that are currently emerging related to new technologies.

Conclusions: The reality of cognitive control through psychological trauma must be viewed honestly and known at academic and public levels.

Towards a balanced model of mental health care, an example from Croatia

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Background: A balanced model of in-patient care with community mental health services is recognized as currently the best possible model for patients with mental illness, yet some countries still have a hospital-based model of care. Croatia as part of Joint Action ImpleMENTAL is taking steps towards a balanced model of mental health care.

Aim: In this paper we are going to show which steps in the pre-implementation and during implementation phase, based on Croatian experience, are recommended. We will also discuss which obstacles were and are engaged in the process of implementation.

Results: With strategy framework accepted and action plans developed, Croatia started with the implementation phase of mobile teams as a first step in the paradigm shift from hospital based towards a balanced model of mental care. Several obstacles were identified such as stakeholder's resistance, bureaucracy and lack of sustainability.

Conclusion: Countries with a hospital-based model of mental health care are suggested to combine experience from other countries with taking into account domestic circumstances. Learning from those who have learned/ are still learning could spare valuable resources from all stakeholders involved in the process of transition towards a balanced model of mental health care.

Joint Action Implemental - what needs to be changed to improve the mental health system in Bulgaria?

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Mental health problems are linked to social and economic factors such as poverty, and are exacerbated by health and social inequalities. In 2020, JAImpleMENTAL was launched. The general objectives of this project are to improve and promote mental health, to support the establishment of networks for knowledge sharing and peer learning for the effective implementation of best practices: Mental health reform in Belgium and the Austrian best practice on suicide prevention. Following an official evaluation and recommendations by the European Psychiatric Association in 2018, a National Strategy for Mental Health was adopted by an act of the Council of Ministers in 2021. A National Council was established in 2022 to guide and steer the process of its implementation in 2022. One of the main challenges for improving the mental health system in Bulgaria is the shortage of mental health professionals. Good funding of the system is important, but not the only factor in its functioning. Opportunities for change lie in creating a strong international network, and multi-sectoral stakeholders need to be involved. JA Implemental is an opportunity to learn about the implementation of best practices, to network with countries with similar backgrounds and to highlight the issue of mental health in the current health care reform. Key words: promote mental health, implementation of the best practices, improve the mental health system.

Burnout, depression and suicide - self-care as a professional imperative

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Stressors and health risks in the medical profession are well documented but rarely discussed openly. Very often there is a 'conspiracy of silence' about these stressors, which is allowed to continue because of denial and defensiveness. The most important stressors in the medical system arise from the treatment and care of patients. Other stressors include team conflict, insecurity, lack of autonomy, heavy workloads and increasing criticism, expectations and demands from the public. Female doctors are also very vocal about the burdens they experience in the emergency services. They also suffer particularly from role strain between work stressors and family responsibilities. Signs of these dual stressors can be seen early in medical training and continue throughout women doctors' careers. Compared with the general population, the overall mortality rate for doctors has decreased over the last decade, but it is still worse than that of other professionals with comparable education. In particular, suicide rates are high, two to three times higher for men and five to six times higher for women than for the general population. This is due to a high incidence of psychiatric disorders, especially addiction and depression. It is important to remember that a medical degree, despite being a "god in white", does not confer immunity to mental illness, drug addiction, alcoholism or other self-destructive behaviors.

The value of some affective parameters in the additional treatment with estradiol in schizophrenia

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Introduction: The bibliographic data report the effectiveness of estradiol as adjunctive treatment in women suffering from schizophrenia. It is reported that the adjuvant treatment with estradiol would require low doses of neuroleptics to obtain the therapeutic effect. Several studies starting since 2012 (Kulkarni, 2012) till 2019 (Weiser et al., 2019) come in with similar results.

Methods: A randomized, double-blind study was conducted in which patients have taken transdermal patches with 200 μ g estradiol. The age of inclusion was between 38 and 45 years. Affective parameters were analyzed in 50 patients (25 estradiol and 25 placebo). The duration of the study was 16 weeks.

Results and discussions: The following affective parameters from PANSS scale were assessed: blunted affect, emotional withdrawal, poor rapport, anxiety.

Conclusions: No significant differences were found in both patient groups at the beginning and the end of the study.

Psychological and clinical-evolutionary aspects of alcohol addiction in women

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Introduction: The level of global alcohol consumption threatens the WHO target of reducing consumption by 10% in 2025. The average per adult has increased from 5.9 L in 1990 to 6.5 L in 2017 and is expected to increase to 7.6 L in 2030. In the Republic of Moldova, more than 46,813 people affected by alcoholism are registered, of which more than 7,200 are women, representing 16%. The aim of this research consisted in studying the psychological and clinical-evolutionary aspects of alcohol addiction in women.

Methods: In the study were included 48 women, diagnosed with mental and behavioral disorders caused by alcohol consumption. The processing of the collected data was carried out through the specialized Microsoft Excel program, with multi-criteria statistical interpretation.

Results and discussion: Statistical data in the Republic of Moldova from the last 5 years show that the incidence of alcoholism is decreasing, but the prevalence is high, 3 times higher than the European average. In women aged 20-35, alcohol consumption is motivated by the presence of anxiety states (87.5%), limited motivational sphere (75%). Female patients aged 36-50 years consume alcohol as a result of unfavorable family circumstances (55.6%), husband's infidelity (44.4%), lack of stable job (34.3%). Women aged 51-65 have a tendency to "self-medicate" some psycho-somatic disorders (90.9%).

Mental health in Serbia: challenges in addiction prevention, treatment and research

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During the past two decades, Serbia has faced a substantial burden of addiction disorders as well as numerous efforts to reduce the incidence and prevalence of substance abuse. According to some studies, behavioral addictions also pose a serious concern for public health since they often remain undetected and untreated. Hereby, we present data indicating that during certain periods of the COVID-19 pandemic, there was a substantial increase in some indicators of internet and social network addiction, particularly among the population of healthy young adults residing in the city of Belgrade. Potential correlations between addiction and depression in the same population are also noted and discussed. We also focus on the novel, innovative, and multidisciplinary strategies for harm reduction and early interventions that could revitalize the approach towards addiction management in Serbia. Finally, we discuss the limitations and shortcomings of contemporary fundamental, epidemiological, and clinical research in the area of addiction disorders and suggest future approaches that could contribute to a further understanding of the complex dynamics of addiction in the Serbian context.

The development of a mixed-mystical paranoid delusion

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Persistent delusional disorders encompass a spectrum of conditions characterized by enduring delusions as the primary or most prominent clinical manifestation and they do not fit within the classifications of organic, schizophrenic, or affective disorders.

A 42-year-old female with no prior of psychiatric history and presently unemployed, was brought to the Emergency Room of the Psychiatric Hospital in Sibiu by law enforcement, due to a presentation of delusional psychopathology, that included mystical and prejudicial delusions, dysphoria, episodes of irritability and delusional behavior.

The onset of this pathological condition occurred approximately three years ago, following a pilgrimage to Jerusalem. During this journey, the patient reported experiencing significant perceptual alterations, such as visual illusions and hallucinations and also auditory hallucinations that were congruent with her delusional beliefs. These experiences were associated with the reinforcement of deeply held religious convictions, which had been nurtured and meticulously upheld within the patient's family. Over the course of this period, the patient lost her job, went through a divorce and encountered legal issues related to property damage and aggravated theft.

Clinical and paraclinical investigations, along with a thorough review of the patient's medical history and observations from external sources, have led to the diagnosis of "Persistent delusional disorder - mystical-paranoid type." The progression of the delusional disorder has shown slow favorable outcomes, the patient's overall functioning still being maintained. Currently, the patient is under hospitalization in our department.

Counselling, accompaniment, and psychotherapeutic interventions before, during and after pregnancy - highlights from seven case studies.

P Radescu

R Barn Foundation for Medicine and Health, Bucharest, Romania

Medical daily practice is not always based on research. Culture and tradition have a role especially in our relation with our patients. We analyzed notes from psychotherapy sessions (1-8 years), in seven cases, female, age between 33-39, with (N=4) or without (N=3) children at the start of the sessions. The discussions were based on a phenomenological, existential approach. Initial problems were related to anxiety, depression or psychosomatic disorders. Medication was associated (N=2, antidepressants), in one case during the pregnancy. All cases had 2nd axis elements present, and all had favorable evolutions. The family antecedents were significant (N=7). Six babies were born, with high Glasgow (9/10). A loss of pregnancy happened twice (N=1) and respectively once (N=1), both in vitro fertilizations. In one case, pregnancy was obtained naturally, after seven months of couple therapy and individual therapy. In one case, pregnancy was obtained naturally after three years of individual therapy and medication. The level of fear (anxiety) related to the pregnancy was „definitely” lower for the second pregnancy and the babies are „definitely” more „relaxed” (N=3). Pain, both physical and soul pain were better handled, then they used to do (N=7). In all cases relation with medical personal during the birth (medical doctors, nurses, midwives) was felt as too cold, too distant and generated a feeling of loneliness during birth. Decision to have a baby and to put on hold the professional career was felt as painful (N=4) and generated a necrotic depression (N=1).

Courage, humbleness, forgiveness and dedication - four fundamental psycho-noetic functions in the psychopathological approach to mental disorders

P Radescu

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"Where's an emotion, there's a value" (Längle A) opened a different perspective in psychiatric and psychotherapeutic practice. Observation shows that in fear I will lose a value, in soul pain I lost a value, in bitterness I gave up a value and in inner emptiness I do not recognize a value. Based on the consultation notes, we looked for a simple definition, for four mind functions: courage, humbleness, forgiveness, „dedication”. The discussions, based on a phenomenological, existential approach, were followed, for periods of 2-9 years, for 12 persons (P1-4 panic disorder; P5 generalized anxiety P6-12 recurrent depression). For P5-12 drug treatment was associated. All cases had 2nd axis elements present, and all had favorable evolutions, with improvement in freedom and personal satisfaction, with better social anchoring. In all 12 cases, the family antecedents were significant. The obtained correlations were: courage is a (pre)accord on losing a value; humbleness is a (pre)accord on living the loss of value; Forgiveness is a sort of (pre)accord on giving up a value; „dedication” is a sort of (pre)accord on not being able to recognize a value. They are acts of will and the bridge towards human maturity as human being.

Harmonizing practices and strengthening the collaboration of psychiatrists from different European regions

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The European Psychiatric Association is the largest European association of psychiatrists representing more than 80,000 psychiatrists through the work of 44-member national psychiatric associations from 40 European countries. 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 2020, the EPA has put in place the EPA Ambassadors Programme with the goal to establish a database of information on mental health practices and perspectives from around Europe, through a series of surveys on relevant issues. In this presentation, data from the Ambassadors’ surveys will be shown. For example, there were significant differences in the predominant clinical decision-making styles across European regions and individual countries. In the last Ambassador survey, we reported the first and most comprehensive dataset on treatment attitudes towards PTSD among psychiatrists across Europe, which, again, showed variation across European regions. The data from surveys are intended to be used by the EPA and its members for the exchange of knowledge and for facilitating wider implementation of good clinical practice throughout Europe and supporting all European authorities, organizations and mental health workers in their relevant needs.

Training interventions for Ukrainian MH professionals for better treatment of people with PTSD and complex PTSD

J Rolfe

MH4U Project, United Kingdom

Introduction. As an immediate response to the increasing needs of Ukrainians in mental health support, the Research & Recognition Project, in collaboration with the MH4U Project, launched a series of seminars in RTM™ Protocol which was then further built upon with seminars in complex PTSD.

Methods. The operational feasibility of the training was explored via self-reported pre and post clinical feedback.

Results. The training aimed to provide Ukrainian professionals with an evidence-based, effective method and answer to such problems usually faced in similar initiatives: long-term preparation of qualified specialists, risks for teaching process sustainability and consistency, and lack of continuous support and supervision for graduates. From the beginning, two-and-a-half-day online live training with mandatory preliminary e-course and orientational session was offered. The trainees’ level and skills development were monitored in pre-test assessment and during on-training supervision by qualified coaches. To keep sustainability, three graduates were selected and trained as coaches and lid-trainers, with further possibility to expand the Ukrainian team. Five acting members and two candidates are currently working under R&R Project supervision. Eventually, for one year and seven months, the training resulted in 118 engaged Ukrainian professionals, 33 certified practitioners and 76 acting members of the RTM Association from Ukraine. Following the RTM training, a second programme in the treatment complex PTSD using trauma-based NLP approach was then delivered.

From traditional institutions to assertive community services. Modern shifts in mental health

T Rotaru

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Transitioning from clinical services to community mental health services is a significant and transformative step, especially in Eastern Europe, where mental health care systems have historically been more hospital-centric. The shift from clinical services to community mental health services is a pivotal step in transforming mental healthcare systems in Eastern Europe. It holds the potential to improve the well-being of individuals, reduce stigma, enhance access, and ultimately create a more sustainable and patient-centered mental health system. It's a journey that requires collaboration among stakeholders, innovative approaches, and a commitment to providing comprehensive care to all individuals in need. Romania has recognized the need for mental health reform, and as part of this, there has been a growing emphasis on providing community-based care and support. The FACT mobile team is a reflection of this reform effort, providing a new approach to delivering care to individuals with complex mental health needs.

Sexual trauma impact on gynecologic oncology cases

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Introduction: The abuse of girls and women is an enduring and widespread tragedy that transcends socioeconomic, cultural, and other boundaries. Sexual trauma is a significant concern, as it is associated with heightened stress levels, negative health outcomes, and the potential for developing oncological conditions. A prior history of sexual abuse may increase a woman's risk of developing gynecological cancer.

Methods: The study was carried out following the specialized literature review, using articles published in electronic sources recognized by international medical society such as: PubMed/MEDLINE, NEJM, NCB, Google scholar. We conducted a retrospective analysis of gynecologic oncology cases following sexual abuse.

Results and discussion: Over 30% of women have experienced some form of abuse, which encompasses sexual, physical, and psychological mistreatment. Numerous research studies have found a clear link between the development of gynecologic cancer and sexual abuse. The healthcare community often falls short in screening for abuse due to various factors, including limited time, a sense of unpreparedness to provide patient counseling, and a lack of knowledge regarding the long-term effects of abuse. There is a pressing need for further research to gain a deeper understanding of these mechanisms and to create and test interventions aimed at addressing the psychosocial needs of women who have experienced sexual trauma. Identifying undisclosed histories of sexual trauma presents an opportunity to offer counseling and reduce the emotional distress that may arise during treatment, or even prevent potential relapse.

Heterogeneity of burnout syndrome among young psychiatrists from Moldova

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Introduction: Work-related burnout syndrome is characterized by a triad of emotional exhaustion, cynicism, and low sense of professional efficacy. It has been associated with impaired patient care, reduced learning capacity, stress-related health problems, and broken personal relationships. Medical doctors experience higher rates of burnout than the general population.

Methods: In an online survey psychiatric trainees from the Republic of Moldova were asked to complete the Maslach Burnout Inventory (MBI-GS) and provide information on individual, educational and work-related parameters.

Results and discussion: The severity of burnout, assessed by using the Maslach Burnout Inventory-General Survey (MBI-GS) consisting of three factors (occupational exhaustion, depersonalisation/loss of empathy and personal accomplishment assessment) revealed the following results: 53 % of Moldovan psychiatric trainees meet the criteria of severe burnout syndrome; 33% have moderate degree of burnout syndrome and 14% resulted with a low degree of burnout. 64% have additional jobs such as nurses, pharmacists, psychotherapists, or jobs unrelated to the medical field; 43% would leave the country if they had the opportunity; 29% would drop out of the trainee program. Core issues that determine the above results are: low salary, below the limit of existence; poor organizational climate; feeling of uselessness; disrespectful attitude in the doctor-patient-relative relationship; lack of cooperation between medical colleagues from other specialties; corrupt system; tasks and obligations unrelated to the profession.

Relationship between child trauma and criminality of penitentiary detainees

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Introduction: Human aggression and childhood trauma are often interconnected and can have a significant impact on the development of individuals' behavior. Childhood abuse (physical, emotional, sexual) as well as neglect, abandonment has been associated with a wide range of cognitive, emotional, behavioral and social adverse outcomes. Research specific to adult detainees indicates an association between childhood abuse experiences and crime recurrence, mental health problems, substance abuse and interpersonal difficulties.

Methodology: The purpose of this analysis was to conduct a systematic database investigation, PsycINFO, PubMed, Web of Science, Medline, NCI using key terms, to gather and describe current literature on the impact of child abuse on the functioning of adults imprisoned for criminal offenses. We analyzed several studies, which, through a subsequent analysis, were reduced to a total of 30 revised articles.

Results and discussions: The impact of traumatic events in childhood on health outcomes is strong and cumulative. Aggression has been established as a common behavior among adults who have suffered sexual, physical or emotional trauma in childhood and these tend to have a marked influence on the development of personality, behavioral, including antisocial disorders, post-traumatic stress disorder, depression, anxiety and abuse of substances among adults. Knowing the degree of victimization in childhood does not provide an insight into whether these experiences led directly to further criminal activities but may be important in preventing and intervening early and developing treatment suitable for trauma because many of the mental illnesses among this minority remain undiagnosed or treated.

Eight years of mental health reform in Moldova

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Introduction: In 2014, Moldova initiated a transformative shift from a hospital-centric to community-based mental health system, aligning with the Ministry of Health's objectives. Facilitated by the MENSANA Project, funded by the Swiss Agency for Development and Cooperation and executed by the TRIMBOS Institute of Mental Health and Addiction in the Netherlands, the project advocates for progressive, responsive, and human rights-centric mental health policies. This comprehensive approach includes community mental health centers, primary care mental health support, and specialized inpatient care, emphasizing collaboration between health and social sectors. This brief introduction contextualizes the symposium's focus on the reform of mental health services in the Republic of Moldova amid broader developments in European mental health systems.

Methodology: Evaluate the functionality of the new community mental health care model applied in Moldova from 2014 to 2022. Results derive from national clinical audits assessing criteria like recovery-oriented care, home visits, referral systems, and multidisciplinary team functionality, aligned with national legislation.

Results: Over 8 years, the efficiency and functionality of Community Mental Health Centers (CMHCs) show continuous improvement, with significant progress observed in the 2022 audit compared to the initial assessment. Persistent challenges include human resources, infrastructure, and financing.

Discussions: Insights from mental health service delivery lessons learned will inform discussions on Moldova's mental health system's future. Professionals and policymakers can extract valuable considerations for implementation in their respective contexts.

Behavioral therapy tools to work with body-image in (pre)adolescent girls

D Stanculeanu

Romanian League for Mental Health

Body image can have a significant impact on the self-esteem of teenage girls, with social comparison, peer pressure, media influence, body shaming, internalized stereotypes, eating disorders, anxiety, depression, disturbed relationships and impaired physical health and supplementary challenges and risks. The impact of body image on self-esteem, wellbeing and mental health can vary widely from person to person. In the case of vulnerable teenagers, apart from protective factors such as family support, education, and awareness, CBT framework can significantly mitigate the negative effects of poor body image on wellbeing and quality of life. Supporting teenage girls develop healthy body image, functional core belief related to body image, increase self-acceptance, and benefit from emotional support are essential goals in the therapeutic process.

Is controlled drinking a goal for substance use disorder?

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Substance Use Disorder (SUD) poses a significant challenge to individuals and society at large, necessitating effective treatment approaches. This presentation explores the contentious theme of whether controlled drinking can be a viable goal for individuals with SUD when compared to traditional abstinence-based approaches. Historically, the treatment of SUD has been predominantly rooted in the concept of abstinence, with the goal of complete cessation of substance use. However, emerging within the field is the concept of controlled drinking, which seeks to shift the focus from total abstinence to moderate and controlled consumption of substances. This shift in perspective has sparked intense debates and ethical considerations within the field of addiction treatment. Scientific evidence surrounding these two approaches is discussed, with an emphasis on key studies supporting both abstinence and controlled drinking. While abstinence-based treatment has demonstrated success in terms of relapse prevention and long-term health benefits, controlled drinking strategies emphasize harm reduction and moderation as potential pathways to recovery. The presentation also delves into factors that influence the choice of treatment goals, such as individual preferences and readiness for change. The co-occurrence of mental health disorders and their impact on treatment goals are explored, as well as practical considerations for implementing controlled drinking strategies, including monitoring and support. In conclusion, this presentation underscores the importance of personalized treatment goals and the need for an individualized approach to SUD treatment. It acknowledges the ongoing debates and evolving perspectives within the field, emphasizing the significance of providing comprehensive care that addresses the unique needs of each person with SUD.

Effects of therapeutic interventions in the socio-emotional profile of adolescents coming from single-parent families

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Introduction: Social intelligence can be considered as cognitive anchor for social competence and is an important factor contributing to the success of social activities such as work and interpersonal relationships.

Methods: The experimental research is based on the theoretical study on the influence of the family structure on the development of the socio-emotional profile of adolescents, and also the effect of supportive and cognitive-behavioral therapeutic intervention.

Results: The Wilcoxon test (shows us that the level of manifestation of Self-Management is significantly higher in adolescents who participated in the psychological intervention compared to the initial stage ($Z = -3.065$, $p = 0.002$), emotional maturity is significantly higher in young people who participated in the psychological intervention (GE/retest) compared to the initial stage (GE/test) ($Z = 3.086$, $p = 0.002$), and levels of the Psychological Well-Being (WB) dimensions are significantly higher in the young people who participated in the psychological intervention.

Discussions: Identifying the mechanisms that lead to increased problem behavior could help develop preventive measures. Therapeutic intervention programs ameliorate the psychological damage and contribute to emotional and social development, with benefits in terms of both personal and social psychological well-being by increasing prosocial attitudes and behaviors.

Conclusions: The family constitutes a socio-affective background for children. Significant people in the child's life mediate the internalization of the social world. The social world appears to the child filtered through the social status and the axiological profile of significant persons.

Community care for people with severe mental illness

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Introduction: Community care for people with severe mental illness is a hot topic in the field of health and social care. These people face multiple cultural, physical or social barriers that prevent them from accessing quality services and leading an independent life. Community care can be a solution to improve the quality of life of these people and give them the support they need to develop their skills.

Methodology: The methods used are data analysis, interviews and questionnaires, induction, deduction, comparison, observation, generalization and synthesis.

Results and discussion: Community care for people with severe mental illness helps improve access to mental health services. One of the main outcomes of implementing community-based care for people with severe mental illness has been increased access to mental health services.

Studies have shown a significant improvement in quality of life for people with severe mental illness who have benefited from community care. This includes better social integration.

The conclusions on Community care for people with severe mental illness summarize the main findings and provide insight into the importance of such care in the context of mental health.

Community-based care for people with severe mental illness demonstrates that it can significantly improve access to mental health services and the quality of care. Placing services in the community and the person-centered approach have led to better outcomes for beneficiaries.

Genetics of attention deficit hyperactivity disorder.

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Introduction. ADHD is characterized by hyperactivity and impulsive and inattentive behaviors that make daily life difficult. Its development depends on environmental and genetic factors, but it is genetics that has the greatest weight: it is estimated that it explains 74% of its variability. We are trying to analyze a recent field in the genetic development of ADHD, first of all genomic studies with the discovery of risk genes. Understanding the genetics of ADHD and its association with other pathologies will help to prevent and diagnose patients early and facilitate the search for new targeted therapies.

Methodology. I have studied articles from the last 5 years published in electronic sources recognized by the international medical society as: PubMed / NCBI, Cambridge, Oxford, IBUB, studies GWAS and following the revision of the literature to understand the role of genes and molecular processes in the emergence of ADHD.

Results and discussion. Have been identified 27 regions of the genome associated with ADHD, among the genes like *SORCS3*, *FOXP1* and *FOXP2*. It's found genome-wide significant linkage for a region on chromosome 16 between 64 Mb and 83 Mb, evidence supporting linkage to chromosomes 4q13.2, 5q33.3, 8q11.23, 11q22, and 17p11. one region implicated *LPHN3*. The involvement of multiple genes like *5HTT*, *DAT1*, *DRD4*, *DRD5*, *HTR1B*, *BAIAP2*. More than 80% of genetic variants with an effect on ADHD also influence the development of other psychiatric disorders, such as schizophrenia, major depression or autism spectrum disorder.

Therapeutic interventions in hypochondria

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Introduction. The prevalence of hypochondria in the society isn't well elucidated. AMP data assumes between 0.8 - 4.5%, covers a percentage considerable for a study based on treatment of the poorly elucidated condition. Hypochondria: a concern of having a serious illness based on a misinterpretation of symptoms, which complicates diagnosis and treatment. Marked depression and anxiety, often present, justifies additional diagnoses.

Materials and methods. The study was based on specialty literature review, articles from electronic sources recognized by the international medical society: PubMed, NEJM, NCBI, and manuals (Oxford Medicine, Kaplan), national guidelines (MSMPS) and WHO.

Results: Despite technical advances, physicians still rely on development of the most individual approach for patients. Psychological therapies, especially CBT, being more effective in alleviating symptoms. Psychoanalytic therapy, which touches underlying problems of object relations and individual drives, etiological aspects. Drugs' role is limited by symptomatic effect. Efforts to improve treatment outcomes, transform hypochondria from a pathology that therapists avoid into a challenging but treatable disorder.

Conclusions: During analysis of bibliographic sources, study confronted an obstacle of deviating visions of DSM V and ICD 10, regarding the presence of hypochondria as a single entity and not as a grouping of conditions: somatic symptom disorder and nosophobia disorder. The literature lacks variability in psychotherapeutic treatment, denying the effectiveness of other methods, like hypnosis, autogenic training, etc. Anglo-Saxon or French literature are based on psychoanalysis, duration of which for years is significant, and medicinal corrections, as the inclusion of SSRIs/SNRIs, neuroleptics in the list of preparations.

Setting up youth-friendly spaces and supporting families of Internally displaced people near the front line

D Vasyliuk

Mental Health for Ukraine project, Ukraine

Introduction: MH4U Projects is dedicated to driving mental health reforms in Ukraine. Since 2019, the project has been wholeheartedly committed to this cause. Despite the challenges posed by the ongoing invasion, Ukrainian mental health specialists have demonstrated remarkable resilience, introducing cutting-edge services to address crises. Among the innovative services introduced includes youth-friendly spaces, which offer a safe place for children, parents, and families to receive assistance, acquire new psychoeducation skills, and feel secure; direct support of families. These services aim to cater to populations affected by Russian aggression, including internally displaced persons and children with mental health disabilities.

Methods: Collecting data from local partner events and conducting needs assessments, creation, application, and comparison of youth-friendly spaces at the local level. Analyzing effective combinations of services for the population affected by Russian aggression.

Results and discussion: My presentation aims to address pertinent issues regarding working with children at the front line. I will provide viable solutions on how to establish new services for children and internally displaced persons, while also offering insights on creating youth-friendly spaces using best practices. Additionally, I will delve into the critical subject of working with families and children who have been affected by to Russian aggression and has mental health disabilities.

Mental health services for the population affected by Russian aggression

Krystyna Vysotska

Mental Health for Ukraine project, Ukraine

Introduction: Since 2019, Ukraine has been in the process of reforming mental health services. With a full-scale invasion, the reform process faced new challenges. Circumstances forced Ukrainian mental health specialists to initiate new quality services to respond to emergencies, to be ready to recover from them, and to form a resilience to respond to new ones. At the same time, reforming the mental health care system continues and catalyzes more room to work on. Among the recipients of services are the population affected by Russian aggression: internally displaced persons, veterans, and people who experienced the occupation and lost their health, housing, and relatives.

Methods: A survey of service providers in communities, needs assessment, creation, application, and comparison of mental health policies at the local level, and analysis of effective combinations of services for the population affected by Russian aggression.

Results and discussion: The presentation will suggest possible solutions in mental healthcare provision applied by the MH4U project to help the population affected by Russian aggression in mental health. Tools, mental health care methods, and interventions used in communities will be highlighted. Selection of best practices for providing mental health care support for veterans and internally displaced persons, and other beneficiaries will also be suggested for discussion.

The Trilogos Method in practice – A Workshop on Personality Training and Consciousness Development

MN Weiss

University of South-Eastern Norway

Standing in the tradition of the Human Potential Movement, the Trilogos Method was developed by the pedagogue Linda Vera Roethlisberger and addresses a person's rational, emotional and spiritual abilities. The overall purpose of this approach is personal growth and consciousness development. By means of two guided imageries, participants can experience this methodology and develop ideas and steps of action for innovations in their everyday life.

Innovation by Intuition – How the Trilogos Method can inspire scholars in their R&D processes

MN Weiss

University of South-Eastern Norway

Research and development work is an essential part of academia and of professional practices. However, innovative ideas are sometimes hard to get hold of – most of the time, they don't simply come to mind. In this key-note an experiment is presented where 4 scholars from the University of South-Eastern Norway did 7 guided imageries based on the Trilogos Method. They met every second week for an online session over a period of about 4 months where they shared and reflected their experiences from the respective imagery together. The focus of their reflection was on what they could learn from their imagery experiences with regards to their R&D work. As it turned out for them, innovation by intuition was not simply a title for their experiment but became vital practice in their profession.

Case management in mental health

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Introduction: Case management ensures the effective deployment of services offered to a beneficiary in the social sphere and aims to achieve the maximum level of results through the optimal use of resources.

Aims: Ensuring continuity of support within the system.

Results: Aspects of the case manager are available to beneficiaries for modeling and identification in the context of a close working relationship. Finally, the case manager must try to provide the beneficiaries with a degree of awareness (insight). Thus, "progress" in rehabilitation is the result of a combination of the therapist's empathy, warmth, and spontaneity, along with well-specified goals and tasks.

Conclusions: Case management neutralizes the negative aspects of the client's subjective experiences, providing a sanogenic functioning model with which he can identify.

Psychological trauma and suicide in children and adolescents

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Introduction: Statistics demonstrate that suicide is the fourth leading cause of death in children aged 10 to 14 and the third leading cause of death among young people aged 15 to 19. Data highlight that boys have higher suicide rate than girls of the same age, but girls have more frequent suicide attempts. Suicide attempts are 10-20 times more common than fatal suicides.

Methodology: We conducted a retrospective analysis of suicidal behavior cases following psychological trauma in children and adolescents. We reviewed the scientific literature, using platforms such as: PubMed/MEDLINE, NEJM, NCB, Google scholar.

Results and Discussions: Adult indifference; conflicts with parents; fear of punishment; discrimination; threats; humiliation; bullying; physical, psychological, and sexual abuse lead to psychological trauma. All of these have serious consequences, including suicide. Out of 10 individuals who die by suicide, 8 send messages about their intentions. Suicide is the result of a process that can be observed, even though it sometimes progresses very rapidly. The suicidal person desires to stop suffering, not to die. In most cases, suicide is the result of accumulating problems and difficulties to the point where the person no longer sees any other solution. Suicide among children and adolescents reflects a cry of suffering, despair, and a plea for help.

Evidence-based metrics for enhancing mental health service quality

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This study emphasizes the significance of systematic measurement and monitoring of key indicators to inform evidence-based health policies for the enhancement of mental health services. Focusing on accessibility, acceptability, and profitability as essential parameters, the research highlights their pivotal role in gauging service quality and shaping evidence-driven policies.

Accessibility and acceptability indicators play a crucial role in determining the attractiveness of mental health services and their utilization by the population. The study explores the nuanced connections between these indicators and public health outcomes, influencing aspects such as quality of life, morbidity, mortality, and life expectancy, both directly and indirectly.

Furthermore, the study delves into the economic dimension by emphasizing profitability indicators. Recognizing their importance, the research underlines how these economic metrics impact the viability and sustainability of mental health services, factors now integral to contemporary health policies.

By establishing a robust connection between these indicators and mental health outcomes, this research provides a comprehensive framework for evidence-based health policy development. This framework not only ensures the effectiveness of mental health services but also contributes to the broader goals of improving the overall quality of life and well-being in the population.

Managing a Mental Health development project in times of war

H Königstein

Mental Health for Ukraine (MH4U) project, Germany

Introduction: Since 2019, the Mental Health for Ukraine (MH4U) project supports the process of reforming mental health services. With the COVID pandemic and the full-scale invasion by Russia, the needs for more accessible and better-quality services for Ukrainian population has dramatically increased. The MH4U project has evolved around those emerging challenges into a large movement with a wide geographic and thematic scope.

Methods: The project seeks to facilitate increased delivery of mental health services within the community. The project aims to facilitate an optimal mix of comprehensive services, which make use of informal and formal care and empower patients to participate in decision making regarding their health and treatment. Together with government stakeholders, the project promotes human rights based mental health care, which is informed by evidence and is provided inside the communities.

Results: National and oblast authorities deliver an improved legal framework, institutional support, coordination and leadership for community-based mental health care. Mental health service providers deliver more evidence-based services accessible and coordinated across sectors and levels of care. This was achieved through several capacity building programmes for professionals from health, social, psychology and educational sector on modern approaches to mental health care, prevention and promotion. In the Capacity building activities, the project trained 4,567 community mental health providers, clinical and non-clinical staff in intensive training courses (8 hours +) with mixed methodologies (64% online and 36% offline). The face-to-face modules contained several simulation exercises. The online learning platform with 33 courses and webinars - using modern instructional design methods - has 10,611 subscribed learners. Three online schools and conferences with live e-training content of at least 14 hours duration each were organized and provided for 731 professionals. Interactive face-to-face learning events were delivered to 827 young people in schools and youth-friendly spaces. Ukrainian mental health professionals and decision makers participated in exchanges during study tours and conferences abroad (Moldova, Ireland, Portugal, Czech Republic, and Lithuania).

