

School of Medicine - University of Zagreb

Andrija Stampar School of Public Health

EUPHA – Public Mental Health Section

Croatian Institute for Brain Research

Croatian Psychiatric Association

Mental Health Association of South Eastern Europe

IN AND OUT OF YOUR MIND

6th Eastern-European Conference of Mental Health
&
3rd International Public Mental Health Conference

13 – 15 October 2022
Zagreb, Croatia

<https://inandoutconference.com>

ABSTRACT BOOK





SCHOOL OF MEDICINE - UNIVERSITY OF ZAGREB



CROATIAN PSYCHIATRIC ASSOCIATION



Andrija Štampar
School of Public Health

ANDRIJA ŠTAMPAR SCHOOL OF PUBLIC HEALTH



EUPHA - PUBLIC MENTAL HEALTH SECTION



CROATIAN INSTITUTE FOR BRAIN RESEARCH



MENTAL HEALTH ASSOCIATION OF SOUTH-EASTERN EUROPE

6th Eastern-European Conference of Mental Health & 3rd International Public Mental Health Conference

IN AND OUT OF YOUR MIND

13 - 15 October 2022
Zagreb, Croatia

ABSTRACT BOOK

<https://inandoutconference.com>

**6TH EASTERN-EUROPEAN CONFERENCE OF MENTAL HEALTH
&
3RD INTERNATIONAL PUBLIC MENTAL HEALTH CONFERENCE**

IN AND OUT OF YOUR MIND

ZAGREB, CROATIA, 13 – 15 OCTOBER 2022

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President of Scientific Committee

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Sanja Harhaji (*Serbia*)

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Tea Vukusic Rukavina (*Croatia*)

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IN AND OUT OF YOUR MIND

Thursday, October 13th, 2022 – “A” Hall (HYBRID)10.00 - 10.20 **Welcome and Introduction**

10.20 - 11.45	Opening session Chair: Tea aVukusic Rukavina (Croatia)	
10.20 - 11.20	Keynote lecture: Mental health programs: responding to challenges of today and tomorrow	Norman Sartorius (Swiss)
11.20 - 11.45	The implementation of best EU mental health care practices in Croatia: JA impleMENTAL project.	Danijela Stimac Grbic (Croatia)
11.45 - 12.05	Proposals for public policies and services for the mental health system in the Republic of Moldova	Jana Chihai (Moldova)
12.05 - 12.25	Suggested future directions of medical and administrative management of psychosomatic disorders in Romania <i>(online)</i>	Lavinia Duica (Romania)
12.25 - 12.45	The heritage of socialist Bulgaria - the dispensary method. Analysis of the current state of the psychiatric system in Bulgaria.	Vladimir Nakov (Bulgaria)

12.45 - 13.00 *Coffee Break (E-posters view session)*

13.00 - 14.30	Thematic Session: Current perspectives in psychosis Chair: Roberto Muzic (Croatia)	
13.00 - 13.25	Daily time use, Physical Activity, quality of care and interpersonal relationships in patients with Schizophrenia spectrum disorders (DiAPASon): an Italian multicentre study <i>(online)</i>	Giovanni de Girolamo (Italy)
13.25 - 13.40	Validation of Glasgow Antipsychotic Side-effects Scale (GASS) in Albanian <i>(online)</i>	Herta Agaj (Albania)
13.40 - 13.55	Drop-out factors in patients treated for Bipolar Disorder and Schizophrenia <i>(online)</i>	Eugjen Sotiri (Albania)
13.55 - 14.10	The community management of a mother with psychotic disorder <i>(online)</i>	Anca-Silvia Stanesco (Romania)
14.10 - 14.30	Innovations in treatment of psychosis in SEE <i>(online)</i>	Nikolina Jovanovic (UK - Croatia)

14.30 - 15.00 *Lunch Break (E-posters view session)*

15.00 - 16.45	Thematic Session: Psycho-social approaches of mental health conditions Chair: Jana Chihai (Moldova)	
15.00 - 15.20	Recently from Croatia: community mental health approach	Martina Rojnic Kuzman (Croatia)
15.20 - 15.35	Towards the social construction of mental disorders in Bulgaria: aspects of stigma	Veronika Dimitrova (Bulgaria)
15.35 - 15.50	Peer specialists in mental health - a real need and a real opportunity in recovery process <i>(online)</i>	Cornelia Adeola (Moldova)
15.50 - 16.05	Reflective citizens in cultural spaces - avenue to strengthen mental health (Example of Novi Sad Capital of Culture 2022) <i>(online)</i>	Marija Jevtic (Serbia)
16.05 - 16.20	Implementing a Participatory Action Research (PAR) approach to identify changes to school culture that may improve student mental health <i>(online)</i>	Naomi Leonard (United Kingdom)
16.20 - 16.45	How to develop community mental health services in a medium resources' country <i>(online)</i>	Graca Cardoso (Portugal)

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

Keynote lectures**Chair: Howard Goldman (USA)**

17.00 - 18.00

Working with Families of Individuals with Psychosis: What is the Evidence? *(online)***Lisa Dixon (USA)**

18.00 - 19.00

Psychopharmacological treatments in early episode of psychosis *(online)***Donald Goff (USA)****19:00****Welcome dinner**

Thursday, October 13th, 2022 - "B" Hall (ONLINE)

Thematic Session: Mental health and medical conditions		
Chair: Mihail Cristian Pirlog (Romania)		
13.00 - 14.30	Depression, anxiety and stress in patients with chronic kidney disease undergoing hemodialysis: a study from Romania	Adriana-Luciana Luca (Romania)
13.00 - 13.10	Psychosocial problems in children living with Diabetes Mellitus Type-1	Laurant Kollcaku (Albania)
13.10 - 13.25	Psycho-endocrinologic aspects of Turner syndrome; Albanian cases	Agim Gjipopuli (Albania)
13.25 - 13.40	The effects of Inflammatory Bowel Diseases on the psychological status of affected individuals	Denisa Elena Popa (Romania)
13.40 - 13.50	The psychological impact of the Hepatitis C Virus Infection	Monica Danilescu (Romania)
13.50 - 14.00	Gut Microbiota and the emerging interest on effects of Probiotics on Mental Health: What does the studies show?	Nureini Mohamed Nureini (Somalia)
14.00 - 14.15	Glial Cell reprogramming in the brain of young and aged mice after ischemic stroke	Andrei Gresita (Romania)
14.15 - 14.30		
14.30 - 15.00 Lunch Break (E-posters view session)		
Thematic Session: Psychotherapy and mental health		
Chair: Mihail Cristian Pirlog (Romania)		
14.30 - 15.45	Discovering the value of fear, soul pain, bitterness and void in counseling and psychotherapy. case study - depressive disorders.	Petre Radescu (Romania)
14.30 - 14.45	Lessons from practicing psychiatry while using an existential-analytic understanding of identity	Costin Cibeia (France)
14.45 - 15.00	Positive psychotherapy in people with eye nerve tick	Jada Caja (Albania)
15.00 - 15.10	Existential (Peer) Learning - About Experiences on Personal and Professional Development through the Trilogos method	Michael Weiss (Norway)
15.10 - 15.45		
Thematic Session: Oncological illnesses and mental health		
Chair: Mihail Cristian Pirlog (Romania)		
15.45 - 16.45	The role of Psycho-Oncology in Treating Cancer Patients and their Families	Kleida Mati (Albania)
15.45 - 16.00	Anxiety, depression, and distress in cancer patients. An overview of the additional burden of cancer treatment.	Doriana Berberi (Kosovo)
16.00 - 16.15	Emotional issues of children with onco-hematologic illness	Donjeta Bali (Albania)
16.15 - 16.30	Emotional issues of women performing hysterectomy during reproductive age	Rexhina Bajo (Albania)
16.30 - 16.45		

Friday, October 14th, 2022 – “A” Hall (HYBRID)

09.00 -10.10 Thematic Session: Suicide and aggression – a global phenomenon Chair: Vladimir Nakov (Bulgaria)		
09.00 - 09.15	Forensic mental health services in Romania. The importance of the establishment of the National Agency for Social Protection and Safety Measures in Romania	Petre Ciprian Aldescu (Romania)
09.15 - 09.25	Seasonal pattern of suicide in mental disorders - results from a regional study in Bulgaria (<i>online</i>)	Kaloyan Stoichev (Bulgaria)
09.25 - 09.40	Implementation of a mobile DBT App and its impact on suicidality in transitional age youth with borderline personality disorder: a qualitative study	Tobias Schiffler (Austria)
09.40 - 09.55	Characteristics of violent and harassment behavior reported in psychiatric patients in Japan (<i>online</i>)	So Yayama (Japan)
09.55 - 10.10	Ten-Year Suicide Rates and Post-Pandemic Suicide Prevention in Japan (<i>online</i>)	Hiroaki Ambo (Japan)
Keynote lecture Chair: Jutta Lindert (Germany)		
10.10 - 10.55	Public Mental Health and Human Rights	Mauro Carta (Italy)
10.55 - 11.15	Everything of value is vulnerable. Sharing ethics in value driven professions.	Agnes Verbruggen (Belgium)
11.15 - 11.30 <i>Coffee Break (E-posters view session)</i>		
Keynote lecture Chair: Mihail Cristian Pirlog (Romania)		
11.30 - 12.15	Late 'Early Intervention in Psychosis': A Family School for Learning How to Live with Schizophrenia (<i>online</i>)	Heinz Katschnig (Austria)
12.15 -13.50 Thematic Session: New technology and mental health Chair: Mihail Cristian Pirlog (Romania)		
12.15 - 12.35	WPA Telepsychiatry Global Guidelines (<i>online</i>)	Davor Mucic (Denmark)
12.35 - 12.50	Increased internet usage during the first three waves of the COVID-19 pandemic and earthquakes in Croatia	Lea Tomasic (Croatia)
12.50 - 13.05	Telemedicine from "nice to have" to "a must have" (<i>online</i>)	Mihai Bran (Romania)
13.05 - 13.20	New trends in technology and the future of mental health (<i>online</i>)	Mihai Mutica (Romania)
13.20 - 13.35	An expert's view over the social media and mental health	Claire McRae (Scotland)
13.35 - 13.50	E-professionalism of psychiatrists	Tea Vukusic Rukavina (Croatia)
13.50 - 14.20 <i>Lunch Break (E-posters view session)</i>		
14.20 - 16.00 Thematic Session: Higher education and mental health issues Chair: Tea Vukusic Rukavina (Croatia)		
14.20 - 14.35	Medical students and peer support groups, an example from Croatia	Roberto Muzic (Croatia)
14.35 - 14.45	The impact of COVID-19 pandemic on the education system in students from Cluj-Napoca (<i>online</i>)	Catalina Crisan (Romania)
14.45 - 15.00	Medical students' attitude toward individuals with mental health conditions - follow-up study	Sanja Harhaji (Serbia)
15.00 -15.10	The moments that give gray tones to life are sadness, depression and suicide; through the perspective of a medical student (<i>online</i>)	Maria Bulgar (Romania)
15.10 - 15.25	Skills exploration as a transdiagnostic factor for adolescents' resilience against daily life adversities	Georgia Christou (Cyprus)

15.25 - 15.35	Volunteering as a student at the Faculty of Psychology in Romania <i>(online)</i>	Alina Golea <i>(Romania)</i>
15.35 - 15.45	Children with intellectual disability 10-16 years old. Psychological model for work in the first stage of a diagnostic process in a clinical field	Svetlana Dimitrova <i>(Bulgaria)</i>
15.45 - 16.00	Depression stigma and help-seeking in a university students' cohort pre-and post- COVID-19 pandemic: the effects of a RCT stigma reduction intervention	Virginia Conceicao <i>(Portugal)</i>

Keynote lecture**Chair: Howard Goldman** *(USA)*

16.00 - 16.45	Innovative Strategies to reduce the use of coercion in psychiatric services <i>(online)</i>	Jose Miguel De Almeida <i>(Portugal)</i>
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16.45 - 17.00 *Coffee Break (E-posters view session)***Keynote lectures****Chair: Howard Goldman** *(USA)*

17.00 - 18.00	Overview of Substance Use Disorders in First Episode Psychosis and Best Practices for Addressing Them <i>(online)</i>	Melanie Bennett <i>(USA)</i>
18.00 - 19.00	Individual placement and supported employment for early intervention in psychoses <i>(online)</i>	Robert Drake <i>(USA)</i>

Friday, October 14th, 2022 – “B” Hall (ONLINE)

09.00 - 10.10		
Thematic Session: Addictions and mental health		
Chair: Mihail Cristian Pirlog (Romania)		
09.00 - 09.15	Pleasure, rational choices and drugs	Sonila Bitri (Albania)
09.15 - 09.30	Women in recovery - Women's perspective on the women-only Alcoholics Anonymous mutual-help group from Romania and its benefits for recovery - A qualitative study	Adriana Lavinia Bulumac (Romania)
09.30 - 09.45	From solitude to solidarity - Alcoholism, a growing concern in Romania	Dragos Ciuperca (Romania)
09.45 - 10.00	Clustering of habit-forming risk behaviors and their associations with socio-demographic, health status and lifestyle characteristics	Junko Kose (France)
10.00 - 10.10	The influence of successful affiliation to Alcoholics Anonymous on mental health among individuals who attend AA meetings in Romania	Adriana Lavinia Bulumac (Romania)
11.15 - 11.30 <i>Coffee Break (E-posters view session)</i>		
12.15 - 13.50		
Thematic Session: Pandemics and mental health issues		
Chair: Marko Marelic (Croatia)		
12.15 - 12.30	Impact of COVID-19 effects on the mental health of women in Albania	Fatime Elezi (Albania)
12.30 - 12.45	Intersectional inequalities in working conditions and mental health during the COVID-19 pandemic	Insa Backhaus (Germany)
12.45 - 13.00	Domestic violence during COVID-19 pandemic in Cluj County - Romania	Catalina Crisan (Romania)
13.00 - 13.15	Stress in the radiological unit during the COVID-19 pandemic	Blerina Saraci Qirinxhi (Albania)
13.15 - 13.30	Resilience and mental health conditions – an overview	Felix Sisenop (Germany)
13.35 - 13.50	The effect of the COVID-19 pandemic on students' mental health	Akylbek Saktapov (Kazakhstan)
13.50 - 14.20 <i>Lunch Break (E-posters view session)</i>		
14.20 - 16.00		
Thematic Session: Autism and other neurodevelopmental disorders		
Chair: Sonila Tomori (Albania)		
14.20 - 14.35	Interoception – ideas on how to approach it in autism	Camelia Crismariu (Romania)
14.35 - 14.50	Autism disorders in genetic syndromes. Clinical aspects	Sonila Tomori (Albania)
14.50 - 15.05	Importance of genetic testing in autism spectrum disorders – The experience of the Regional Center of Genetics Dolj – Romania	Monica Laura Cara (Romania)
15.05 - 15.15	Association between parental age and autism spectrum disorders in Albania	Besmira Zenelaj (Albania)
15.15 - 15.30	Co-occurring epilepsy, autism spectrum disorders, intellectual disability regarding genetic features in Albanian children	Aferdita Tako (Albania)
15.30 - 15.45	Burnout syndrome in National Center for Children Treatment and Rehabilitation staff working with disabled children. An Albanian experience	Florida Dobi (Albania)
15.45 - 16.00	Gastrointestinal problems in children with neurodevelopmental problems	Ermira Dervishi (Albania)

Saturday, October 15th, 2022 – “A” Hall (HYBRID)

09.00 - 10.00	Thematic Session: Mental health support interventions during crisis periods Chair: Mihail Cristian Pirlog (Romania)	
09.00 - 09.15	Mobile teams as a response to major civil psycho-trauma	Roberto Muzic (Croatia)
09.15 - 09.30	The transmission of trauma from mother to baby after the war in Bosnia-Herzegovina (<i>online</i>)	Karine Le Roch (France)
09.30 - 09.45	Who is IN of OUT-patient Mental Health Team? Is there any difference?	Aleksandra Milicevic Kalasic (Serbia)
09.45 - 10.00	Mobile teams as a response to war refugee crisis, lessons learned	Roberto Muzic (Croatia)
Keynote lectures:		
Chair: Mihail Cristian Pirlog (Romania)		
10.00 - 10.45	Disaster, emergencies and mental health Physical and Mental Effects and Support for People Deprived of Their Homes: Findings from Ten Years after the Nuclear Power Plant Accident in Japan (<i>online</i>)	Jutta Lindert (Germany)
10.45 - 11.20	Deprived of Their Homes: Findings from Ten Years after the Nuclear Power Plant Accident in Japan (<i>online</i>)	Hiroaki Ambo (Japan)
11:20 - 11.35	<i>Coffee Break (E-posters view session)</i>	
11.35 - 13.10	Thematic Session: COVID-19 pandemic and mental health Chair: Danijela Stimac-Grbic (Croatia)	
11.35 - 11.55	The COVID-19 pandemic as a risk factor for anxiety, aggression and self-aggression. follow-up study for Bulgaria	Rumiana Dinolova (Bulgaria)
11.55 - 12.10	The impact of COVID-19 pandemic on mental health status of Jordanian population (<i>online</i>)	Mohammed Alsbou & Yazan Alsarayrah (Jordan)
12.10 - 12.25	Monitoring mental health in Austrian during the COVID-19 crisis: latest data (<i>online</i>)	Sophie Sagerschnig & Michaela Pichler (Austria)
12.15 - 12.30	Comparison of the stress load of healthcare workers during and after COVID-19 pandemic (<i>online</i>)	Dragos Alexandru (Romania)
12.30 - 12.45	Adolescents' mental health during the COVID-19 in Slovenia (<i>online</i>)	Helena Jericek Klanscek (Slovenia)
12.45 - 13.00	During the COVID-19 pandemic evaluation of stress and depression among university of Georgia students: a pilot cross-sectional study (<i>online</i>)	Emmanuel Mgbedo (Georgia)
13.00 - 13.10	Suicidal behavior in an unstable pandemic and geopolitical context. Risk factors, prevention and treatment (<i>online</i>)	Victor Gheorman (Romania)
Keynote lecture		
Chair: Jutta Lindert (Germany)		
13.10 - 13.45	Suicide in times of COVID	Johan Bilsen (Belgium)
13.45 - 14.15	<i>Lunch Break (E-posters view session)</i>	
14.15 - 15.00	Symposium: Mental health in people with intellectual disabilities Chair: Ken Courtenay (UK) Mental health in people with intellectual disabilities Treatment from an attachment perspective: persons with a moderate to severe intellectual disability, with and without visual impairment (<i>online</i>)	European Association for Mental Health in Intellectual Disability Ken Courtenay (UK) Paula Sterkenburg (Netherlands)
15.00 - 16.10	Thematic Session: Mood disorders Chair: Nikola Zaja (Croatia)	
15.00 - 15.15	Needs assessment in the field of mental health	Irena Makivic (Slovenia)

15.15 - 15.40	Rethinking mood disorders through alternative epistemological locations: Indigenous & African-centered perspectives	Daniel Mango (USA)
15.40 - 15.50	Drift in depression prevalence disorder in Gulf Cooperation Council (GCC) countries over 30 years <i>(online)</i>	Mitha Al Balushi (United Arab Emirates)
15.50 - 16.00	The place of noninvasive brain stimulation in the treatment of depressive disorders <i>(online)</i>	Mihai-Viorel Zamfir (Romania)
16.00 - 16.10	Chronic insomnia, high trait anxiety and their comorbidity as risk factors for incident Type 2 Diabetes <i>(online)</i>	Pauline Duquenne (France)

16.10 – 16.25 *Coffee Break (E-posters view session)*

**16.25 - 17.30 Thematic Session: Children and adolescents mental health – an issue for future
Chair: Sonila Tomori (Albania)**

16.25 - 16.35	Barriers in mental health services in Albania (parents' perceptions) <i>(online)</i>	Enita Metaj (Albania)
16.35 - 16.45	Anxiety levels before surgery in children 5-13 years old, an Albanian experience <i>(online)</i>	Lorena Sila (Albania)
16.45 - 17.00	Left-behind children's coping with parental migration in Georgia: a qualitative study <i>(online)</i>	Khatia Antia (Georgia)
17.00 - 17.10	Executive dysfunction in adult patients with ADHD: from theory to practice <i>(online)</i>	Mihai-Viorel Zamfir (Romania)
17.10 - 17.20	Functional Abdominal Pain in Pediatric Emergency, an Albanian experience <i>(online)</i>	Gladiola Hoxha (Albania)
17.20 - 17.30	Anxiety levels before surgery in children 5-13 years old, an Albanian experience <i>(online)</i>	Lorena Sila (Albania)

**17.30 - 19.00 Thematic Session: Society and mental health services
Chair: Howard Goldman (USA)**

17.30 - 17.45	Reflections on the training in psycho-social rehabilitation <i>(online)</i>	Vaska Stancheva-Popkostadinova (Bulgaria)
17.45 - 18.00	The effects of neurofeedback on the professional stress of workers: a systematic literature review <i>(online)</i>	Daniela Gaba (Romania)
18.00 - 18.15	Individual and organizational resources for managing the professional stress of Romanian health social workers <i>(online)</i>	Georgiana-Cristina Rentea (Romania)
18.15 - 18.30	Caregiver burden, depression and anxiety in formal caregivers working in different settings for persons with dementia <i>(online)</i>	Zuzana Katreniakova (Slovakia)
18.30 - 18.45	Tasks of organizing psychological assistance in primary healthcare in Kazakhstan <i>(online)</i>	Lazzat Zhamaliyeva (Kazakhstan)
18.45 - 19.00	In and out of your mind <i>(online)</i>	Yana Petrova (Bulgaria)
19.00 - 19.15	Closing ceremony	

E-posters Session

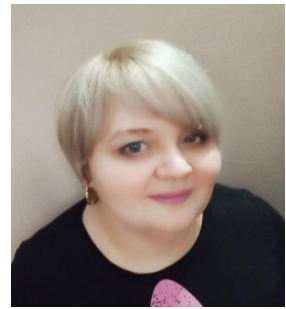
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|-----|---|--|
| P1. | The association between BMI and self-reported eight-items Patient Health Questionnaire (PHQ-8) in the UAE healthy future pilot study | Mitha Al Balushi
<i>(United Arab Emirates)</i> |
| P2. | Machine learning methods to impute missing values of depression risk score among the United Arab Emirates healthy future study participants | Mitha Al Balushi
<i>(United Arab Emirates)</i> |
| P3. | The importance of the impact of psychiatric pathology associated stigma – A case of doubt | Florin Alin
Catrina <i>(Romania)</i> |
| P4. | The mental health of elderly veterans | Melita Jukic
<i>(Croatia)</i> |
| P5. | Depression in Croatian veterans of the homeland war | Melita Jukic
<i>(Croatia)</i> |
| P6. | The correlates of caregiver burden in informal caregivers for people with dementia <i>(online)</i> | Marta Nemcikova
<i>(Slovakia)</i> |
| P7. | New antidepressant prescriptions in the population of Brescia (Italy) before and after the COVID-19 pandemic (2018-2021) | Valentina Nervi
<i>(Italy)</i> |
| P8. | The influence of physical activity on cognitive development and mental health in children and adolescents | Zrinka Selestrin
<i>(Croatia)</i> |
| P9. | Increased internet and internet – Specific activities usage during prolonged stress period in Croatia | Lea Tomasic
<i>(Croatia)</i> |



IN AND OUT OF YOUR MIND

CORNELIA ADEOLA (Moldova)

Psychologist, psychotherapist, expert on the rights of people with intellectual and psycho-social disabilities, 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 18 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.

**HERTA AGAJ (Albania)**

She graduated in the University of Medicine, Faculty of Medicine in January 2017. After graduation she has worked as a general practitioner in a private practice in Tirana. In May 2018 she has started the residency program for Psychiatry in University Hospital Center *Mother Teresa* in Tirana

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). Junior Teaching Assistant (Oct 2005) and Teaching Assistant (Mar 2009) 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.

**MOHAMMED ALSBOU (Jordan)**

Professor in Clinical Pharmacology, at College of Medicine, Ajman University, UAE previously worked at the Faculty of Medicine, Mutah University, Jordan where he was the Chairman of the Pharmacology Department at the Faculty of Medicine. He has a Bachelor degree in Medicine and Surgery from *Aristotle* University of Thessaloniki in Greece, PhD from the University of Liverpool, and MSc from the University of Manchester in the UK. He was the chairman of the Health and Hazzard Evaluation Committee at the Jordan Food and Drug Administration (JFDA) and Head of the Pharmacovigilance Center for South Jordan at Al-Karak Governmental Teaching Hospital. He has many publications in national and international peer reviewed journals.



YAZAN AL-SARAYRAH (Jordan)

Specialist Psychiatrist in Psychiatry Department in *King Hussein* Medical Center in Amman-Jordan. He has a Bachelor degree in Medicine and Surgery from Mutah University in Jordan. He Currently holds rank of 1st Lieutenant, Military Doctor in Royal Medical Services / Jordanian Armed Forces. He was Part of Psychological Care Team for COVID-19 Patients in Jordan. His fields of interest are in Research of Mood and Anxiety Disorders.

HIROAKI AMBO (Japan)

Professor at Yamagata Prefectural University of Health Sciences, Japan, is PhD (Health Sciences), University of Tokyo (2005), Master of Health Sciences, University of Tokyo (2002), and Bachelor of Health Science in Nursing, University of Tokyo (1999). 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.



REXHINA BAJO (Albania)

An experienced Obstetric-Gynecologist, works at *Queen Geraldine* University Hospital Obstetric Gynecology in Tirana, Albania since 1993. She empathically cares for mother and child and has a lot of surgery experience. Being a Ph.D. since 2016 her interests expand in Fetal anomalies and CNS, Laparoscopy as a tool for minimal surgery, and maternal mental health as well. Her field of expertise also includes prenatal congenital heart disease and neonatal reanimation. Working closely with psychiatrists and helping mothers coping not only with pregnancy issues but also with emotional health as well, she has become one of the multidisciplinary team members working with women with postpartum mental health conditions. A member of the World Association of Laparoscopic Surgeons and of the National Obstetrics-Gynecology Association with many valuable publications in the field.

DONJETA BALI (Albania)

MD, PhD, Associate Professor at Medical University of Tirana. Since 2001 works in Oncohematologic Service, at Pediatric Department at University Hospital Center *Mother Teresa*, in Tirana, Albania. Author/co-author of oral presentations in national and international events in the field of healthcare, general pediatrics and pediatric oncohematology problems, of about 30 original publications and training manuals. General Secretary of the Albanian Pediatric Society since 2013, member of the Albanian Pediatric Association, Albanian Hematology and Transfusiology Association, European Hematology Association, Albanian Group of Palliative Care, and of the Task Force on Palliative Care in Albania. Participations as officer to the General Assemblies and Council of EPA/UNEPSA. She is involved in numerous scientific activities in national and international level.



MELANIE BENNETT (U.S.A.)

Ph.D., Professor of Psychiatry, Director of the Division of Psychiatric Services Research, University of Maryland School of Medicine. She is also a Research Health Scientist at the VA Maryland Health Care System. Dr. Bennett received her Ph.D. from Rutgers University. She is the author or co-author of over 75 publications in the professional literature.

Dr. Bennett's research tests services in real world settings to improve health and support recovery. She has a particular interest in young adults in the early stages of mental illness with psychosis. She leads Training and Implementation Support for the Maryland Early Intervention Program, a state-funded center of excellence in early psychosis. She leads Connection Learning Health System, a regional hub in NIMH's Early Psychosis Intervention Network.

**JOHAN BILSEN (Belgium)**

PhD, Professor of Public Health, Mental Health, Research Methods and Epidemiology at the Vrije Universiteit Brussel (VUB), Brussels, Belgium. He is head of the Mental Health and Wellbeing research group, and of the Department of Public Health at the VUB. He is board member of the Belgian Association of Public Health, and vice-president of the Public Mental Health section of the European Public Health Association. J. Bilsen has a long track record in social scientific research (quantitative-epidemiological as well as qualitative) in the field of public health, mental health and general wellbeing. His research is situated in different sub-domains, which include e.g. basic etiological studies, risk factors research, but also health services and policy research, focusing on both the broad population as well as certain vulnerable sub-populations or risk groups.

MIHAI BRAN (Romania)

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

**JADA CAJA (Albania)**

Occupational Psychologist since 2011 at University Hospital Center "Mother Theresa". In 2020 MSc. in Public Health with main interest is occupational burnout, stress management, working under pressure, under unusual situations, dealing with working environments, self-esteem and life style. Until August 2022 worked in the Psychosocial Sector in UHC "Mother Theresa" managing and monitoring the psychosocial staff also organizing workshops for continuous education. Now she works in the Pediatric Department in Neurology - Endocrinology - Gastroenterology service with focus in children needs assessment, parents' psychoeducation, social and task orientation.



MONICA LAURA CARA (Romania)

Specialist in Public Health and Management. Associated lecturer of the Public Health Department at University of Medicine and Pharmacy of Craiova. Experience in social services management, working with children with mental illness as coordinator of a Community Services Complex (residential center and rehabilitation center for children with disabilities), under The General Directorate of Social Assistance and Child Protection Dolj, Romania. Special research interests in maternal fetal health, genetic and rare diseases, quality management in healthcare, mental health. Numerous scientific papers at national and international conferences. Member of European Public Health Association.

GRAÇA MARIA PEREIRA CARDOSO (Portugal)



Senior researcher of the Chronic Diseases Research Center (CEDOC), NOVA Medical School, NOVA University of Lisbon, and of the Lisbon Institute for Global Mental Health. She received the European Association for Psychosomatic Medicine Frits Huyse 2017 Award, for a career commitment to Consultation Liaison Psychiatry. She was Invited Professor of the Department of Mental Health, NOVA Medical School, NOVA University of Lisbon. Founder and for many years Head of the Department of Psychiatry, Hospital Fernando Fonseca, Amadora, where she developed an integrated and assertive community psychiatry intervention, and consultation liaison services in the general hospital and in primary care. She created the first structured unit in Liaison Psychiatry in Portugal in Hospital Santa Maria. Her main research interests are in the fields of epidemiology, liaison psychiatry, and assessment of services for severe mental disorders.



MAURO GIOVANNI CARTA (Italy)

Prominent researcher and author in the field of psychiatry, having published more than 200 publications in various international journals. Prof. Carta holds various key positions in the University of Cagliari, Italy, and other renowned organizations. Dr Carta is currently full professor at the Chair of Quality of Care - Applied Medical Technologies at the Department of Public Health, Clinical and Molecular Medicine University of Cagliari, Italy in which University he is President of the Degree Courses on Health Rehabilitation; Dr. Carta Head the Liaison Psychiatry and Psychosomatic Unit, at the University Hospital; University of Cagliari, Italy; Co-chairman at WHO-Geneva and University of Cagliari agreement for implementing the Quality Rights Project in the Mediterranean Area; the Head of a Collaborating Unit, Chafea – European Union, Joint Action on Mental Health, University of Cagliari; and the President of the Mediterranean Society on Mental Health. He completed his MD in Medicine at Cagliari University in 1985, Fellowship in Psychiatry at Cagliari University in 1990, he was Visiting Professor in 2012 at Haut Ecole en Santé Public, Paris-Rennes, France, Visiting Professor October 2014-November 2015, Columbia University, New York. Board Member: Clinical Practice and Epidemiology in Mental Health; BMC Psychiatry; International Journal of Social Psychiatry, Revista Brasileira de Psiquiatria, BMC Sports Science Medicine & Rehabilitation Advisor: Economic & Social Committee European Union.

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 Somatoanalyse 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.

**COSTIN CIBEA (France)**

Registered psychiatrist since 2012, he opened his own private practice in Bucharest the same year. Currently working as a psychiatrist, in both outpatient and inpatient settings, with the Psychiatric Unit of the Centre Hospitalier de Roanne in France. He is interested in psychotherapy with a focus on the phenomenological-existential area. Costin completed the training as psychotherapist, in the Existential Analysis method developed by Doctor Alfried Laengle and the Viennese School of Existential Analysis (GLE International).

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 and 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.

**CATALINA CRISAN (Romania)**

Specialist in Adult Psychiatry and Lecturer at the Department of Neurosciences, Discipline of Psychiatry and Pediatric Psychiatry, University of Medicine and Pharmacy *Iuliu Hatieganu* Cluj-Napoca. Her research interests are devoted towards evaluation of the awareness of disease in psychiatric disorders, forensic psychiatry and the evaluation of psychiatric symptoms in neurodegenerative disorders, especially Huntington disease. Her expertise in the field of psychiatry is completed with courses in the field of psychosis and mood disorders at Maudsley Forum, King's College London (2007), Mental Health Futures: Schizophrenia Masterclass, Madrid, 2013 and project European standards for competitive postdoc formation programs in the domain of advanced research and forensic psychiatry (2011-2013).

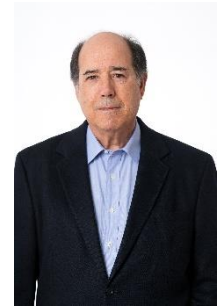


CAMELIA CRISMARIU (Romania)

Psychologist specialized in the field of Special Psychology and Special Education, with a master's degree in Speech Therapy for Language and Communication Disorders at the University of Bucharest, in Applied Behavior Analysis at Clemson University and in Cognitive Psychodiagnosis and Psychological Counseling at the Ecologic University Bucharest. She started working with children with autism implementing applied behavior analysis techniques since 2009. In 2015, she started her collaboration with Help Autism association where she activates as therapist, coordinator for the individual intervention plans for children with ASD, evaluator and trainer of courses in ABA therapy.

JOSÉ MIGUEL CALDAS DE ALMEIDA (Portugal)

Professor of Psychiatry and Mental Health at the NOVA Medical School, NOVA University of Lisbon. He has been associated for many years with the reform of mental health services both at the national and global levels. He was the founder of one of the first community based mental health services in Portugal, the Director of National Mental Health Services in Portugal, Coordinator of the Task-Force for the elaboration of the new mental health law passed in 1998, and the Coordinator of the National Mental Health Plan from 2007 to 2011. He was the Chief of the Mental Health Unit at the Pan American Health Organization, the Regional Office of the World Health Organization for the Americas, in Washington D.C. (2000-2005), and the leader of the EU Joint Action for Mental Health and Wellbeing (2013-2016). He is currently the President of Lisbon Institute of Global Mental Health.



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. In 1977, he graduated with first class honors in Medicine the 2nd Medical School, University of Naples, 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.

ERMIRA DERVISHI (Albania)

She graduated from the Faculty of Medicine, University of Tirana, Albania in 2001. Specialized in the pediatric gastro-hepatology field since 2010 works as a pediatrician gastro-hepatologist. She works with Gaucher disease in pediatric age and rare metabolic diseases. Problems of a functional nature in children have been her focus too, working with a multidisciplinary team in making a correct and accurate diagnosis and managing the problem from several angles. Her clinical interest is also feeding problems in children such as those with functional and organic character. After all the correct nutrition of the child to have an optimal growth is imperative for a pediatrician





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.

VERONIKA DIMITROVA (Bulgaria)

Assistant Professor at the Department of Sociology, Sofia University *St. Kliment Ohridski*. She is co-author of the book *Portraits of disappearing Sofia* (2012), author of *Governmentality of poverty. Hygiene and medicine in interwar years* (2018) and coordinator of the research team of the project *Mental health and social inequalities*. Fields of interest: sociology of medicine, history of medicine and urban studies.



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. Ivan Rilski* Blagoevgrad. Focal point for Bulgaria on the violence for the WHO.

LISA DIXON (U.S.A.)

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. Dr. Dixon assumed the role of editor-in-chief of the journal *Psychiatric Services* in January, 2017.



FLORIDA DOBI (Albania)

PhD since 2015, she is a child and adolescent psychiatrist with 15 years of experience in clinical work and specialized in infant neuropsychiatry at the National Neurology Institute *Carlo Besta*, Milan, Italy. Director of Albanian National Center for Children Rehabilitation and Treatment and a lecturer in Faculty of Medical and Technical Sciences in Speech Therapy Department. Member of the working groups for drafting mental health policies and clinical treatment protocols, Ministry of Health.

**ROBERT DRAKE (U.S.A.)**

MD, PhD, 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 and 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.

**HOWARD H. GOLDMAN (U.S.A.)**

Professor of Psychiatry, MD PhD, 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 325 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.

FATIME ELEZI (Albania)

Lecturer of Psychiatry at the Tirana Medical University, is currently clinical Head of Emergency Unit, Psychiatry Division, Department of Neuroscience, Tirana University Hospital Center *Mother Teresa*. Head of Albanian Psychiatric Association and active member of European Psychiatric Association. Member of the working groups for drafting the Regulation of Mental Health in Albania and the curricula of the Faculty of Medical and Technical Sciences.

**DANIELA GABA (Romania)**

Psychologist, social worker, neurofeedback practitioner and trainer, lecturer in Social Work at the Faculty of Sociology and Social Work, University of Bucharest. One of her current research interests is in mental health social work, with a focus on the application of novel neuropsychological therapeutic methods to social work practice. She is co-founder and Research and Development Director of Neurofeedback Romania. She holds a PhD in Sociology (University of Bucharest), master's degrees in social work (University of Bucharest) and International Development and Social Justice (St. John's University), and bachelor's degrees in social work and Psychology (University of Bucharest).

AGIM GJIKOPULLI (Albania)

PhD since 2016, pediatrician endocrinologist at University Hospital Center *Mother Teresa*, Neurology-Endocrinology-Gastroenterology service in Pediatric Department. Experienced clinician in pediatric endocrinology field, as well as in pediatric emergency and metabolic disorders. Master in Pediatrics and author of many publications in child endocrinology and metabolic disorders. Lecturer in Tirana Medical University and Member of Albanian Pediatric Association.

**DONALD GOFF (U.S.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*.



ANDREI GRESITA (Romania)

MD, PhD, and Postdoctoral Research Fellow in the Department of Biomedical Sciences at the New York Institute of Technology. He also holds a position as an Adjunct Assistant Professor in the Biological & Chemical Sciences Department of the College of Arts & Sciences. His research is mainly focused on regenerative medicine in the context of ageing, with an ongoing fascination for the biology and pathophysiology of neurodegenerative diseases and post stroke recovery. His current experimental projects aim to develop novel therapeutic approaches for post stroke recovery with the help of direct in vivo cellular reprogramming, 3D printed biostructures and environmental enrichment. Andrei is interested in developing a network of researchers with background in psychiatry, neurology, nutrition and rehabilitation medicine, in order to expand and improve the currently limited therapeutic options available for post stroke survivors.

SANJA HARHAJI (Serbia)

MD, PhD, specialist in social medicine, graduated at the University of Novi Sad, Faculty of Medicine in 2006, completed her postgraduate master studies in 2011 and doctoral studies in the field of Public Health completed in 2016. She works at the Institute of Public Health of Vojvodina (Novi Sad, Serbia) since 2007 in the Centre for Informatics and Biostatistics in Health Care. She participated at the Fogarty Fellowship Research Training Program: Socio-Economic Determinants of Mental Health Service Delivery in South-Eastern Europe (2012-2015) provided by The University of California, Berkeley.



GLADIOLA HOXHA (Albania)

Pediatrician at Emergency Unit in Tirana University Hospital Center after her Residency program in Pediatrics at "Mother Theresa" University Hospital Center, in Tirana, Albania. Her fields of interest are rare diseases and metabolic disorders as well as child reanimation and child endocrinology. She is trained in Muchopolisaharidosis, Phenylketonuria, and rare diseases. Working in a pediatric emergency she is skilled in caring for a wide range of problems that require immediate medical help but also ease the pain and anxiety that a medical emergency can cause to children and families. Member of Albanian Pediatric Association, Albanian Gaucher Disease Association.

MARIJA JEVTIC (Serbia)

Professor at the Medical Faculty of the University of Novi Sad (2014), expert in public health (hygiene). Research associate at the Université Libre de Bruxelles, Center de Recherche sur la Santé Environnementale et Professionnelle, École de Santé Publique (2016). Group analyst, full member of Group Analytic Society Belgrade. Systemic psychodynamic organizational consultant. Extraordinary member of the Academy of Medical Sciences of the Serbian Medical Association (2019). Specializations/training: Université Libre de Bruxelles (ULB), School of Public Health (2015/16); UNFPA Population, Development, Demography and Health (2013); Leading Change, *Queen Margaret* University, Edinburgh (2011); EU Policy health and environment, Brussels, (2009-10); Environmental Policy and Public Dialogue, Institute of International Health, Salzburg 2003.





NIKOLINA JOVANOVIĆ (Croatia/United Kingdom)

Reader/Consultant Perinatal Psychiatrist at *Queen Mary* University of London, United Kingdom. Her work is focused on improving perinatal mental health, developing and implementing psychosocial interventions, improving service user involvement, and exploring the association between architecture and mental health. Over the last ten years, Dr. Jovanovic worked on a number of initiatives related to improving mental health care in Eastern Europe. She was the Chief Investigator on the EC-funded project IMPULSE (2017 – 2021), which focused on improving treatment of individuals with psychotic spectrum disorders in Eastern Europe. Dr Jovanović serves on the Committee of Education of the European Psychiatric Association. She has an honorary affiliation with the University of Rijeka, Croatia.

HEINZ KATSCHNIG (Austria)

Professor Emeritus of Psychiatry of the Medical University of Vienna, where he was Chairman of the Department of Psychiatry and Psychotherapy (1991 -2007), former Director of the *Ludwig Boltzmann* Institute for Social Psychiatry in Vienna (1978-2014). 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 and international committees (WHO, European Commission, World Psychiatric Association) related to mental health policy and planning.



LAURANT KOLLECAKU (Albania)

He graduated pediatric specialisation and subspecialty in endocrinology and diabetology (University Hospital Centre *Mother Teresa* Tirana). Actually, he is PHD candidate with in Pediatric Endocrinology and Diabetology in the same university. Currently pediatrician at the endocrinology department of the University Hospital Centre *Mother Teresa* Tirana and in the same time as part time lecturer. He has participated at numerous national and international scientific conferences and conducted some studies in this field of interest. His area of interest is pediatric endocrinology and diabetology.

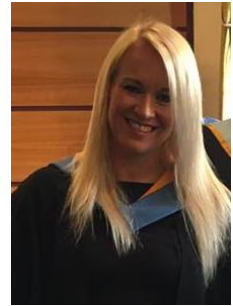
JUTTA LINDERT (Germany)

PhD, Professor of Public Health at the University of Applied Sciences Emden – Leer, Germany and is 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.



CLAIRE MCRAE (Scotland)

BSc (Hons), PGCE, Microsoft Certified Educator and Academic Leader for Computing and Digital Technologies at New College Lanarkshire, Scotland. Graduating from Glasgow Caledonian University in 2003 with her degree in Multimedia Technology went on to study Education with a Postgraduate Certification from the University of Strathclyde. Claire specialises in areas such as social media, Artificial Intelligence, Cyber Security and Cloud Computing. She is a Mental Health First Aider in her institution and works closely with students aged 16+. Claire has been invited to lecture in countries across Europe on the topic of social media, with her research interests being related to the impact of social media on mental health.



ENITA METAJ (Albania)

Child and Adolescent Psychiatrist who finished her residency in May 2022 at the “Mother Teresa” University Hospital Center of Tirana. She graduated in General Medicine from the Medical University of Tirana in 2013. After graduating in 2013, Enita worked for several years as a general practitioner in Tirana and Pristina and has three years of experience in the field of health management in Albania. Passionate about her profession, Enita constantly tries to increase her knowledge in the field by attending educational activities inside and outside the country. She

has also always been active in Albania, being part of the editorial offices of the Newspaper of the Faculty of Medicine first, and the Bulletin of Medical Sciences of the Faculty of Medicine later. Currently, she is working as part of the professional team of Mia Clinic in Tirana.

ALEKSANDRA MILICEVIC-KALASIC (Serbia)

Specialist in neuropsychiatry, holds a PhD on neuro-psychiatric disorders in the elderly and a master’s degree in neuropsychology. She is the founder of the Department of Mental Health and Pain Treatment at the Institute of Gerontology, Palliative Care, and Home Treatment, where she still works, improving systematic approaches for the elderly, disabled, functionally dependent people with psychiatric and neurologic disorders. Former Associate Professor at the *Singidunum* University - Department for Social Work since 2013, forensic expert since 1996, Professor at the Specialized Medical School in Belgrade in the period 2011-2014 and Fogarty fellow at the University of California, Berkeley. Dr Milicevic-Kalasic worked as a National Counterpart for WHO Mental Health programs from 2003-2011. She has been the co-chair of the OAP section of WPA since 2013-2019.



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*.

NUREINI MOHAMMED NUREINI (Somalia)

He graduated Medical school in China with Certificate of Honor. From young age he was always fascinated by how the human brain works and the amazing science behind it. Nureini is now medical resident in Psychiatry at *Dr. Gh. Preda* Psychiatric Hospital Sibiu, Romania. His keen interest is in the effects of gut microbiota on mental health, having already written articles on this topic and presented the topic in conferences, he believes that, in the near future, Gut microbiota could help us further explain the pathology of mental illnesses while probiotics could soon be used as adjuvant treatment for depression and anxiety.

**MIHAIL CRISTIAN PIRLOG (Romania)**

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. President of Mental Health Association of South-Eastern Europe (MHASEE). 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)

Associate professor, M.D., Ph.D., at the Zagreb School of medicine, Zagreb University Hospital Centre. She is actively involved in clinical and research work with patients with psychosis, and lead research projects such as RECOVER-E (2018-2022); Biomarkers in schizophrenia – integration of complementary methods in longitudinal follow up of first episode psychosis patients (2015-2019), mPIVAS:m-health Psychoeducational Intervention Versus Antipsychotic-Induced Side-effects (2013-2015). She has published more than 90 expert and scientific papers, and serves as associate editor in journals *European Psychiatry*, *International Journal of Mental Health Systems* and *Psychiatria Danubina*. She is general secretary of the Croatian Psychiatric Association (CPA) (2014-), and Board member of the European Psychiatric Association (2017 -), president of the European Federation of Psychiatry Trainees (2008-2011); president of the Croatian Section of Young Psychiatrists and Trainees, CPA (2005-2009).



BLERINA SARACI QIRINXHI (Albania)

She graduated with honors from the Faculty of Medicine in the field of general medicine, Tirana in 2010 and later graduated as a radiologist in 2015. Since 2016 Dr. Saraci is giving her contribution in clinical and academic activity in the University Hospital Center *Mother Teresa*, being attached to the Pediatric Hospital, the only one in the country. Dr. Saraci is also a lecturer in Radiology at the Faculty of Medicine in Tirana and also lecturer of Nuclear Medicine and PET CT at the Faculty of Aldent, Tirana. Dr. Saraci is an active member of WFUMB and EFSUMB certified by them in Ultrasonography Trainings and legal secretary of AUA.

EUGJEN SOTIRI (Albania)

University Lecturer Department of Neuroscience at the Tirana Medical University. Experienced psychiatrist at Emergency Unit, Psychiatry Division, Department of Neuroscience, Tirana University Hospital Center *Mother Teresa*. General Secretary of Albanian Psychiatric Association and Board member of Albanian Medical Institute. Member of the working groups for drafting psychiatric clinical treatment protocols and national screening protocol on depression, Ministry of Health.



NORMAN SARTORIUS (Swiss)

MD, PhD, FRCPsych previously the Director of the Mental Health Program of the World Health Organization and President of the World Psychiatric Association and of the European Psychiatric Association now serves as President of the Association for the Improvement of Mental Health Programs, a non-governmental organization located in Geneva. Professor Sartorius holds several professorial positions in Europe, the USA and elsewhere. He has published more than 500 papers in peer-reviewed journals and authored, co-authored, edited or co-edited more than 120 books. Professor Sartorius' main areas of interest at present are the comorbidity of mental and physical disorders, the reduction of the stigma of mental disorders and education of psychiatrists and other stakeholders in the field of mental health. In his previous positions he was the principal investigator of a number of international collaborative studies and projects dealing with schizophrenia and other major mental diseases, comorbidity of mental and physical illnesses, health service development, and education of different categories of staff.



LORENA SILA (Albania)

After she graduated the Medical School at University of Torvergata, Rome, she is following the Residency Program in Pediatrics in Tirana. Always loves working with children and their families, and focuses on the emotional well-being of her pediatric patients. Her research field is based on the interplay of environmental factors and genetics on allergic diseases in children; focusing on studies that can plausibly show a causal effect between policies to increase access and better health for children. She is an active member both in international and national teams for several research projects.

FELIX SISENOP (Germany)

MA in Sociology, PhD student on resilience, resilience trajectories and lifetime events. Works on population-based surveys on resilience, well-being and mental health effects of the COVID-19 pandemic.



VASKA STANCHEVA-POPKOSTADINOVA (Bulgaria)

Professor in Child Mental Health and Head of Department of Medical Social Sciences, Faculty of Public Health, Health Care and Sports, South-West University *Neofit Rilski*, Blagoevgrad, Bulgaria. Her experience and publications are in the field of child mental health: early childhood development, mental health promotion, child abuse and neglect-prevention and interventions, and play in children with disabilities. She is a member of International Society for Early intervention, International Society for Prevention of Child abuse and Neglect, International Association of Child and Adolescent Psychiatry and Allied Professions, Bulgarian Union of Scientists. She was involved in various research and educational projects as a scientific coordinator for Bulgaria and expert in EU funded projects (FP6, FP7, DAPHNE, COST, Structural Funds). She is an author and co-author of more than 70 publications in national and international journals.



PAULA STERKENBURG (Netherlands)

Prof. dr. Paula Sterkenburg has a chair by special appointment at the Department of Clinical Child and Family Studies of the Faculty of Behavioural and Movement Sciences and the Amsterdam Public Health (APH) research centre of the Vrije Universiteit Amsterdam, in The Netherlands on 'Persons with a visual or visual-and-intellectual disability, social relations and ICT'. She is a licensed psychologist/therapist and works at Bartiméus Department of Psychotherapy in Doorn. The theme of her PhD study was 'Integrative Therapy for Attachment and Behaviour'. She has a very broad spectrum of experience from RCT studies to single case studies. Experienced in qualitative, quantitative research as well as mixed method studies. Studies most often field studies examining the effect or newly developed of adapted interventions focusing on attachment and social relations between parent/caregiver and child/client. Also how ICT can support the development of social relations or wellbeing of persons with ID and furthermore working on the development of assessment instruments. She received many awards and is the author and co-author of books, articles and other products such as serious games, apps, etc.

DANIJELA STIMAC GRBIC (Croatia)

MD, PhD, Specialist in Public Health with over 20 years of experience, Professor of Social Medicine and Organization of Healthcare at the *Andrija Stampar* School of Public Health - University of Zagreb, and Head of Department for Mental Health and Addiction Prevention in Croatian Institute of Public Health. She was a Research Technical Adviser on the EU Twinning project Ensuring optimal care for people with mental disorders for Croatia and she is senior researcher in the project RECOVER-e, associate at the EU Joint Action (JA) projects JADECARE and Tobacco and head of the EU-JA project ImpleMENTAL for Croatia. Since 2016, she is Croatian Focal Point for Alcohol at the WHO, and a member of the European Commission's Working Group on National Alcohol Reduction Policies (CNAPA). She is the Head of the program of specialist training in public health medicine in Croatia and she has a prodigious national and international scientific activity.



KALOYAN STOYCHEV (Bulgaria)

Head of the General Psychiatry and Drug Addiction Clinic at the Department of Psychiatry of *Dr. Georgi Stranski* University Hospital in Pleven, Bulgaria. In the same year he has been elected Associated Professor in Psychiatry and Medical Psychology at the corresponding department of the Public Health Faculty of Pleven Medical University. He has over 60 publications in scientific journals and the scope of his research interests covers psychiatric epidemiology and comorbidity in particular, neurobiological including genetic underpinning of mental disorders, psychopharmacotherapy of mood, anxiety and substance use disorders. Dr. Stoychev is member of the European Psychiatric Association, American Psychiatric Association, European College of Neuropsychopharmacology, and the International College of Neuropsychopharmacology.

AFERDITA TAKO (Albania)

MD, PHD, pediatrician neurologist at University Hospital Center *Mother Teresa* and assistant professor of pediatrics at University of Medicine, Tirana. Her doctoral studies focus on the comorbidity of epilepsy in autism spectrum disorder and monogenic syndromes with autistic features. She is an active member of European and Albanian pediatric societies.





SONILA TIVARI BITRI (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.

On 2021 she finished her master studies on the cultural and social aspects of drug use disorder, at the 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 the EUROTOX, European Psychiatric Association, and European Society of Biomedical Research on Alcoholism.

SONILA TOMORI (Albania)

PhD since 2015, child and adolescent psychiatrist at University Hospital Center *Mother Teresa*, Pediatric Department in Neurology-Endocrinology-Gastroenterology service. As a researcher in Albanian Rare Disease Center, her work is focused on psychiatric and psychologic aspects of patients with rare diseases and other comorbidities. Her clinical work consists in children with autism and other neurodevelopmental disorders, psychosomatics and pediatric psycho-oncology. Lecturer in Tirana Medical University and one of the founders of Albanian Medical Institute.



AGNES VERBRUGGEN (Belgium)

Social worker, sociologist, lawyer, mediator. Lecturer at University College of Ghent, Belgium. Supervisor in the work field among with mobile mental health teams. Independent practice in mediation in private and labor situations. Author of several books on the topic of integrity and professional ethics.



TEA VUKUSIC-RUKAVINA (Croatia)

Psychiatrist and Associate Professor at the Department of Medical Sociology and Health Economics, School of Medicine, University of Zagreb. Since 2017, she is the Assistant Director for health promotion and public relations of the School of Public Health Andrija Štampar of the School of Medicine, University of Zagreb. Her areas of scientific and research interest are e-professionalism of healthcare professionals, promotion and prevention of mental health, qualitative methodology in health research, the relationship between the media and health, healthcare management and social marketing. She participates in numerous domestic and international meetings, is the author of more than 70 scientific and expert papers. Currently she is the principal investigator of the research project of the Croatian Science Foundation "Dangers and benefits of social networks: e-professionalism of healthcare professionals – SMePROF project", and a collaborator on the EU Horizon 2020 "Alliance4life_ACTIONS" project.



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*.

**SO YAYAMA (Japan)**

Specialized in education and research in psychiatric nursing and researcher in the field of dementia care and personal recovery support. Currently, his main research theme is the Wellness Recovery Action Plan (WRAP). PhD in Nursing at Osaka University (March 2013), and MS in Health science (Osaka University, 2007). Since 2019 Lecturer at the Department of Nursing, Kansai Medical University, Osaka. Between 2015-2019, Lecturer and Associate professor at the Department of Nursing, Kyoto Gakuen University, Kyoto., and between 2010-2015, Assistant professor and Lecturer at the Department of Nursing, Senri Kinran university, Osaka. Member of Japan Academy of Nursing Science, Japan Academy of Psychiatric and Mental Health Nursing, Japanese Association of Psychiatric Rehabilitation, Japan Academy of Nursing Education, Japanese Psychiatric Nurses Association.

BESMIRA ZENELAJ (Albania)

She graduated General Medical School in 2013 in Medical University of Tirana. She trained as child and adolescent resident (2015-2019) and since 2019 she works as child and adolescent psychiatrist in the National Center for Children Treatment and Rehabilitation in Tirana. Her role is to evaluate, diagnose and develop an individual education plan and medication treatment when necessary for children and adolescents with various mental health problems. As a team leader she is doing psychiatric assessment, development assessment, treatment planning, treatment outcomes evaluation and daily group meetings with psychologists, speech therapists, physiotherapists and parents. Since 2020 she is part time lecturer on Neuropsychiatry for the Speech Therapy students in the Faculty of Technical Medical Sciences and Medical University of Tirana.





IN AND OUT OF YOUR MIND

PEER SPECIALISTS IN MENTAL HEALTH -A REAL NEED AND A REAL OPPORTUNITY IN RECOVERY PROCESS

C Adeola

Psychiatrist, Narcologists and Psychotherapists Society of Moldova

A growing gap has emerged between people with mental illness and health care professionals, which in recent years has been successfully closed through the adoption of peer support services. Peer support in mental health has been variously defined in the literature and is simply known as the help and support that people with lived experience of mental illness or a learning disability can give to one another. Peer support is being introduced into mental health services internationally, often in response to workforce policy.

Peer support workers are people who have lived experience of mental health challenges themselves. They use these experiences and empathy to support other people and their families receiving mental health services. Peer support workers join other members of someone's care team to help support their wellbeing and provide inspiration for their recovery.

Twenty-three studies reporting nineteen trials were eligible, providing data from 3329 participants. While seven trials were of low to moderate risk of bias, incomplete reporting of data in many studies suggested bias in the evidence base. One-to-one peer support in mental health services might impact positively on psychosocial outcomes, but is unlikely to improve clinical outcomes. In order to better inform the introduction of peer support into mental health services, improvement of the evidence base requires complete reporting of outcome data, selection of outcomes that relate to intervention mechanisms, exploration of heterogeneity in the implementation of peer support and focused reviews of specific types of one-to-one peer support.

EVALUATION OF PSYCHOMETRIC PARAMETERS OF THE GLASGOW ANTIPSYCHOTIC SIDE-EFFECTS SCALE (GASS)

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Introduction: Antipsychotics have many potential side effects. The Glasgow Antipsychotic Side Effects Scale (GASS) is an instrument with good psychometric parameters, assessing neuromuscular and metabolic side effects through patient self-reporting.

Aim of the study: Translation into Albanian and evaluation of psychometric parameters of the GASS questionnaire.

Methodology: It was translated back and forth and adapted into Albanian according to international standards. The final version was then given to complete to the selected patient sample, re-tested within 10 days, and also completed by a control group. Data were processed with SPSS v.25.

Results: The patient sample consisted of 107 patients with a mean age of 43.3 years, was retested in 79 patients with a mean age of 43.7 years while the control group consisted of 108 persons with a mean age of 39.3 years. The mean of the questionnaire total points in the sample with patients was 18.82 and Cronbach's alpha coefficient was 0.767, while in the control group the mean was 8.56 and Cronbach's alpha coefficient was 0.831. There was no significant difference in the total points in the test and retest $p = 0.891$ but there was a significant difference between the total points of patients and the control $p < 0.001$. Interrater reliability was evaluated with Cohen's kappa coefficient 0.881 $p < 0.001$.

Conclusion: The GASS questionnaire in Albanian is easy to understand, quick to complete, has good consistency and reliability, can be used reliably by different evaluators and makes a reliable distinction of side effects between antipsychotic users and non-users.

DRIFT IN DEPRESSION PREVALENCE DISORDER IN GULF COOPERATION COUNCIL (GCC) COUNTRIES OVER 30 YEARS

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Introduction: Depression disorder is a major public health problem and a serious medical illness which negatively affects people daily life. According to WHO's International Classification of Diseases (ICD-10) define this set of disorders ranging from mild to moderate to severe. Estimated annual percentage change (EAPC) is a useful statistic that used to measure trends in rates over time-period.

Aim and methods: The aim of this study was to compute the drift in depression prevalence disorder using the EAPC of the prevalence of depression disorder between 1990 to 2019 with corresponding 95% confidence intervals (95% CI) across the GCC countries. Prevalence of depression disorder data for the GCC countries were downloaded from "Our World in Data" <https://ourworldindata.org/mental-health#depression>.

Results and discussion: The greatest decrease was seen for Bahrain which is (- 5.2%) followed by Qatar (- 3.2%) and United Arab Emirates (- 3%). However, the largest decrease was observed for Saudi Arabia (2.7%), followed by Kuwait (1.1%) and Oman (0.7%). The reduction in the prevalence of depression disorder was seen in Bahrain, Qatar and United Arab Emirates shows a significant achievement in mental health diagnosis, prevention, and treatment. However, further studies are required to better understand the drifts in the GCC countries. Furthermore, governmental funding for academic and research mental health programs is highly recommended.

THE ASSOCIATION BETWEEN BMI AND SELF-REPORTED EIGHT-ITEMS PATIENT HEALTH QUESTIONNAIRE (PHQ-8) IN THE UAE HEALTHY FUTURE PILOT STUDY

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Public Health Research Center, New York University-Abu Dhabi, Abu Dhabi, United Arab Emirates; Department of Psychiatry and Behavioral Sciences, College of Medicine and Health Sciences, United Arab Emirates University, United Arab Emirates; Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates.

Background: The UAE Healthy Future Study (UAEHFS) is one of the largest prospective cohort studies in the region which examines causes and risk factors for chronic diseases among the nationals of the UAE. The aim of this study was to investigate the relationship between Body Mass Index (BMI) and the PHQ-8 score as a screening instrument for depression among the UAEHFS pilot participants.

Methods: A multivariate linear regression model was used to investigate the association between PHQ-8 score and BMI adjusted for age and gender. In a sensitivity analysis, 100 multiple imputations (MI) were performed using classifications and regression trees. The analysis was performed using the software R.

Results: Data from 487 eligible participants (67.8% male) with median age of 30 years (Interquartile-Range: 23-38) was used. Of these 231 (44.7%) were included in the complete case analysis. The estimated effect of BMI from the fitted multivariate linear regression model was 0.139 (95%CI: 0.060-0.218), and 0.097 (95%CI: 0.025-0.169) for the omitted data, and MI respectively.

Conclusions: A higher BMI was statistically significantly associated with a higher-risk of reporting depression. Additional research is needed, using the main UAEHFS data after completing recruitment.

Main messages Our results can help contribute to the knowledge based on current and potential population mental-health in the UAE and Gulf Region. The finding of this study shows that excess BMI may be associated with an increased risk of developing depression and vice versa; and this could add to the future direction of the field of mental-health research.

MACHINE LEARNING METHODS TO IMPUTE MISSING VALUES OF DEPRESSION RISK SCORE AMONG THE UNITED ARAB EMIRATES HEALTHY FUTURE STUDY PARTICIPANTS

M Al Balushi, A Ahmad, S Javaid, L Ahmed, M Grivna, F Al-Maskari, A Abdulle, R Ali.

Public Health Research Center, New York University-Abu Dhabi, Abu Dhabi, United Arab Emirates; Department of Psychiatry and Behavioral Sciences, College of Medicine and Health Sciences, United Arab Emirates University, United Arab Emirates; Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates.

Background: The UAE Healthy Future Study (UAEHFS) is one of the first large prospective cohort studies in the region which examines causes and risk factors for chronic diseases among adult nationals in the United Arab Emirates. Missing values are often unavoidable in empirical research and can, in many cases, lead to misleading results. The aim of this study is to better estimate depression risk score of self-reported eight-items Patient Health Questionnaire (PHQ-8) results using Artificial Intelligence methods.

Methods: Four common statistical machine learning methods including k-nearest neighbour (KNN) imputation, K-means clustering, random forest (RF), classifications and regression trees (CART), imputations were used to handle missing values of PHQ-8 using UAEHFS Pilot data. 100 multiple imputations were used.

Results: Data from 487 eligible participants (67.8% male) with median age of 30 years (Interquartile-Range: 23-38) was used. Of these 231 (44.7%) were included in the complete case analysis. The estimated proportion of depression was 0.089, 0.115, 0.119, 0.132, and 0.154 by the Complete Case, KNN, K-mean clustering, RF and CART respectively.

Conclusions: The estimated proportion of depression among the participants of the UAEHF pilot study data varies between the applied methods of handling missing values. This highlights the importance of using multiple imputations in the main UAEHFS dataset after completing recruitment. We recommend using multiple imputations to not only estimate data, but also to prevent the exclusion of observed data.

FORENSIC MENTAL HEALTH SERVICES IN ROMANIA. THE IMPORTANCE OF THE ESTABLISHMENT OF THE NATIONAL AGENCY FOR SOCIAL PROTECTION AND SAFETY MEASURES IN ROMANIA.

PC Aldescu

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Forensic psychiatry in Romania is still limited. Since the problem of the assessment and appropriate treatment of patients with mental health problems that falls under the scope of article 110 of the criminal code (the measure of hospitalization in a specialized health unit, until recovery or until obtaining an improvement that removes the state of danger), I find opportune to establish a new operationally independent institution, under the name of the National Agency for Social Protection and Safety Measures in Romania (ANPSMSR). This will have its headquarters in Bucharest, in a newly created institute with territorial expansion through the Psychiatric Hospitals and Safety Measures in the country, later through psychiatric outpatient clinics integrated into the Police arrests at the community level. Forensic psychiatry in Romania is practiced in the health network of the Ministry of Health (MoH) through Psychiatric Hospitals and safety measures and in the Ministry of Justice (MoJ), within the ANP, through the psychiatric departments of some penitentiary hospitals. None of these institutions can provide the patient with the best quality care, because there is no security and escort in MoH and there are only psychiatric hospitals in ANP. So, I propose the establishment of a new institution that will be subordinated to the Ministry of Social Protection and in collaboration with the MoH, MoJ and the National Administration of Penitentiaries, the Ministry of Youth and Sports (MTS), the Ministry of Internal Affairs, the National Anti-Drug Agency, and maybe the Ministry of National Defense, if necessary, for activities to protect the mental health of the population. The advantages are primarily for patients and not least for the mental health professionals and the whole society.

COMPARISON OF THE STRESS LOAD OF HEALTHCARE WORKERS DURING AND AFTER COVID PANDEMIC

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The “de facto” standard for assessing burnout, as defined by the World Health Organization (WHO), is the Maslach Burnout Inventory (MBI). There are five variants of this questionnaire, for General Use, for Students, for Educators, for Human Services workers and for Medical Personnel.

All of these types of surveys measure burnout through a different number of items which fall into three main scales: Emotional Exhaustion (E), Depersonalization (Cynicism - C) and Personal Accomplishment (Professional Efficacy - P). The number of items varies between questionnaires, but all questions use a 7-values temporal Likert scale (0 = Never, 1 = At least a few times a year, 2 = At least once a month, 3 = Several times a month, 4 = Once a week, 5 = Several times a week, 6 = Every day)

Even if there is a version of the MBI specifically tailored for medical personnel, because the General Survey has a wider scope and addresses categories which did not involve permanent social interactions with clients/ patients, we preferred to use this version of the survey for our research

Our study took place in the Clinical Emergency County Hospital Craiova, between January and March 2022. Out of 250 questionnaires distributed, we received only 112, with a response rate of 44.8%. To simplify the outcome, we recoded answers 1, 2 and 3 as “Not Frequently” and 4,5,6 as “Frequently”.

We found that medical personnel have an increased rate of Depersonalization – 29.46% and feelings of inefficiency – 28.57%, more often than Emotional Exhaustion – 22.86%, even after the main period of the COVID pandemic has passed.

MENTAL HEALTH STATUS OF HEALTHCARE PROVIDERS, UNIVERSITY STUDENTS DURING COVID -19 PANDEMIC IN JORDAN

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Introduction: Fears and anxiety rates increase during the COVID-19 outbreak. Individuals are put under stressful situation resulting in higher risk of developing anxiety and obsession specially among healthcare professionals and university students.

Methods: A cross-sectional study using an online survey was conducted in Jordan between March and April 2021 to investigate mental health status (anxiety, obsession, reassurance-seeking behaviors) using the corona anxiety scale (CAS), obsession with COVID-19 scale (OCS) and coronavirus reassurance-seeking behaviors scale (CRBS), respectively.

Results: The convenience sampling survey consists of 2672 participants of whom 1044 are men, and 1065 are women. Most of the participants are non-smokers (n= 2033, 76.5%) the majority of them are students (n = 1026; 39.1%) with age ranged between 18-20 years. However, 667 participants from different age categories are classified into four different medical careers doctors (n = 379, 14.4%); Nurse (n=85, 3.2%), Pharmacists (n = 124, 4.7%) and other medical jobs (n = 79, 3%). Women had higher OCS/CRBS/ CAS scores compared to men. Smokers had higher CRBS compared to non-smokers. Younger participants with age 18-20 years old significantly had lower OCS than all age groups.

Conclusion: Our results support the use of CAS, OCS and CRBS as effective and valid tools to identify cases of dysfunctional anxiety, obsession and reassurance-seeking behaviors associated with the coronavirus. Our results also support the diagnostic and psychometric properties of these pandemic-related mental health screeners.

PHYSICAL AND MENTAL EFFECTS AND SUPPORT FOR PEOPLE DEPRIVED OF THEIR HOMES: FINDINGS FROM TEN YEARS AFTER THE NUCLEAR POWER PLANT ACCIDENT IN JAPAN

H Ambo

Yamagata Prefectural University of Health Sciences, Japan Academy of Psychiatric and Mental Health Nursing

This lecture is given in my capacity as Chairperson of the Japanese Academy of Psychiatric and Mental Health Nursing, with the aim of predicting and supporting the long-term health of war and disasters during the crisis in Ukraine in 2022.

At the beginning of the lecture, various data on the number of victims and evacuees and their long-term mental and physical health will be presented in order to introduce the impact of the Great East Japan Earthquake of March 2011. In total, more than 400 000 people required evacuation due to the tsunami and those who needed to evacuate due to the nuclear power plant accident. In particular, the results of a large cohort study of these people will be presented, as the nuclear power plant shutdown in Fukushima Prefecture resulted in far more than 150,000 evacuations. In particular, we will present data for the 10 years before and after the disaster on the effects of mental health conditions studied using the K-6 and other methods.

The second half of the presentation will focus on support for evacuees and survivors through the establishment of mental health care centers and other public institutions, as well as specific initiatives such as visiting and creating places to stay. The aim of the presentation is to introduce the public support for evacuees that Japan, as a disaster-prone country, has provided, and to help predict and support evacuees in the long term.

TEN-YEAR SUICIDE RATES AND POST-PANDEMIC SUICIDE PREVENTION IN JAPAN

H Ambo

Yamagata Prefectural University of Health Sciences

This presentation aims to introduce the strategies that the Japanese Government has been strengthening in recent years to promote the mental health of young people and to stimulate help-seeking behavior, and to provide background information on the number of suicides over the past ten years.

In recent years, the Japanese Government has begun to place the promotion of help-seeking behavior as a strategy for improving the mental health of young people. All elementary and junior high schools in Japan are now providing "SOS education" to enable students to take help-seeking action themselves when they are victims of abuse, have overburdened family roles, or are in a poor school environment.

This has led to the implementation of "SOS education" to enable students to take help-seeking action on their own.

The background to these efforts is the fact that the suicide rate is expected to increase again in 2020, after the pandemic, and that the suicide rate among young people, especially those in their 20s, has increased significantly. This is related to a significant increase in suicide rates among young people.

In this presentation, we would like to present a summary of the changes in social conditions that Japanese society has experienced since the pandemic and strategies for youth suicide prevention as a response to these changes.

LEFT-BEHIND CHILDREN'S COPING WITH PARENTAL MIGRATION IN GEORGIA: A QUALITATIVE STUDY

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Introduction: Worldwide, millions of children live with their grandparents or other caretakers, while parents migrate to work abroad. In literature, these children are referred as left-behind children (LBC). The Eastern European country Georgia has one of the highest percentages of LBC (estimated 39%) worldwide. Literature suggests LBC to be vulnerable to mental health disorders. Yet, how LBC cope with migratory separation remains unclear. The study aims to explore strategies LBC use to cope with parental absence.

Methods: From December 2021 to January 2022, we conducted 29 individual in-depth interviews with LBC aged 12-18 in Georgia. We purposively sampled participants from public schools located in one of the migrant-sending regions. Interviews were audio-recorded, transcribed, and coded using NVivo 12. We applied thematic analysis to identify main themes and sub-themes.

Results: We identified 4 main issues in relation to having a parent working abroad: (1) Child's age and duration of separation; (2) Family Connectedness; (3) Self-care and positive attitudes; (4) Friends, school, and social interactions. Closeness with the migrant parent and other family members were important for children's coping. Awareness on parent's motivation to migrate and appreciation of material benefits are positive contributors to children's coping and resilience. In addition, children who have many friends cope better than children who are socially less active.

Discussion: Self-motivation, supportive family, and social interactions help LBC to cope with negative emotions caused by parental absence. Transnational families are encouraged to empower and make LBC more resilient with open and honest communications.

INTERSECTIONAL INEQUALITIES IN WORKING CONDITIONS AND MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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According to the WHO the global prevalence of anxiety and depression increased by a 25% during the first year of the COVID-19 pandemic. Lockdown restrictions, unprecedented stress and the abrupt changes to one's daily life have been used to explain this stark increase. However, some people have been more affected by the impact of the pandemic than others. Early research, for instance, implies that women, parents and young people were particularly at risk for experiencing a decline in their mental health. In the present study, we investigated intersectional inequalities in working conditions and mental health using cross-sectional data from 27 EU Member States. We found that across psychosocial working conditions primarily young women and those with a lower level of education reported poorer mental health outcomes compared to their male counterparts or those with a higher level of education, in general. This study provides first evidence on intersectional inequalities in working conditions and mental health during the COVID-19 pandemic and further in-depth research is needed.

THE EMOTIONAL AND MENTAL ISSUES AFTER HYSTERECTOMY OF WOMEN IN REPRODUCTION YEARS

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Hysterectomy is linked with high risks of emotional issues, such as depression, anxiety and long-term mental health issues. Between 2012 and 2022 a long-term study was carried out at the University Hospital *Queen Geraldine* in Tirana, Albania. During this decade the number of hysterectomies in this institution has increased. However, only forty women, during their reproductive years (30 to 40 years old) participated in this quantitative research. Only fourteen participants had a fully hysterectomy whereas the others underwent the removal of the uterus but not of the ovaries. It is important to mention that none of the participants prior to the hysterectomy were confronted with emotional or mental health issues.

This study shows that the participants who had a fully hysterectomy experienced a loss of femininity and decrease of self-esteem. Furthermore, nearly 80% of them went through depression, anxiety and post-traumatic stress disorder

The participants who did not have removal of the ovaries experienced mainly mood swings and depression.

EMOTIONAL ISSUES OF CHILDREN WITH ONCOHEMATOLOGIC ILLNESS

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Introduction: The impact of pediatric oncology has a great psychological and social impact on the child or teenager but also on their parents.

Objective: To assess the degree of risk to develop problems in the emotional field, behavior, hyperactivity, relationships with peers and the prosocial aspect of sick children admitted to the Pediatrics Service, Oncohematology unit, QSUT.

Methods: The standardized screening test SDQ 4-17 was used, reported by parents, who agreed to complete the test for their child's difficulties in the last 6 months. The extracted data were entered into Excel and statistically analyzed with the SPSS 25 program.

Results: 66 children were included in the study, where the largest number are males (69.7%). It was seen that these children show a risk of developing emotional symptoms (83.3%), followed by problems in relationships with peers (51.5%), problems with behavior and hyperactivity (25.7%), and fewer problems with the prosocial aspect (10.6%). The age group with the most severe injuries is the 4-8-year-old age group. The diseases that present the most pronounced emotional problems are Immunodeficiency, Leukemias, Lymphomas, and to a lesser extent other hematological diseases, and 68.4% of them have shown a risk for clinical problems in only one degree, and 31.6% of them present problems/difficulties of 2 or more many degrees/fields

Conclusion: Oncohematological children have a significant risk of damage of all degrees/areas because these diseases are life-threatening and force these children to have many hospitalizations and undergo invasive diagnostic and treatment procedures.

OVERVIEW OF SUBSTANCE USE DISORDERS IN FIRST EPISODE PSYCHOSIS AND BEST PRACTICES FOR ADDRESSING THEM

M Bennett

University of Maryland, School of Medicine, USA

Addressing substance use by young people with early psychosis presents many challenges for practitioners. In this presentation, Dr. Bennett will provide an overview of what is known about substance use in this population and its impact on treatment outcomes. She will review the research literature on addressing substance use disorders in the context of first episode psychosis treatment and provide guidance for practitioners on using what is known to support their practice. She will close with ideas for future research aimed at developing more effective tools for addressing substance use by young people with early psychosis.

ANXIETY, DEPRESSION, AND DISTRESS IN CANCER PATIENTS. AN OVERVIEW OF THE ADDITIONAL BURDEN OF CANCER TREATMENT

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University Clinical Center of Kosovo

Introduction: All patients experience some level of distress associated with the cancer diagnosis and the effects of the disease and its treatment regardless of the stage of disease. Distress includes a variety of disorders, of psychological, social, spiritual and physical nature. It can result from the reaction to the cancer diagnosis and to the various transitions throughout the trajectory of the disease, including during survivorship. Consequences of Psychological Morbidity in Cancer Patients impact on Clinical outcomes, reduced compliance with treatment, less efficacy of chemotherapy, higher perception of pain and other symptoms, shorter survival expectancy, longer hospital stay and increased costs, burden for the family and higher risk of suicide.

Clinically significant levels of distress occur in a subset of patients, and identification and treatment of distress are of utmost importance.

The aim: To identify the main complaints and /or mental health disorders in our patients; the approximate number of patients who need treatment with a category of drugs such as anxiolytics and /or antidepressants; an even more challenging objective is to identify a subset of patients whom will need referral to the mental health professionals.

Material and methods: The study included 50 patients in treatment in our clinic, with chemotherapy and/or radiation therapy. All patient completed a questionnaire and a personal interview, and a consent form was signed. All the information regarding, age, gender, diagnosis and treatment are confidential. The DT patient questionnaire and problem list was used as a screening tool, as it is validated by the NCCN Distress Management Panel.

Results: There is a high level of distress in all patients, approximately 75% experience anxiety, depression, distress, sleeping disorders, cognitive disorders etc. We found a high rate of anxiety in female patients, who are more prone to treatment with anxiolytics and even more compliant to that treatment. For the male patients, the data show a tendency to depression and somewhat more severe symptoms and complications.

Conclusions: Identification of a patient's psychological needs is essential to develop a plan to manage those needs. In routine clinical practice, time constraints and the stigma related to psychiatric and psychological needs often inhibit discussion of these needs. Addressing patients' psychosocial health needs results in having better-adjusted patients with significant benefits for the individual, the family, the social context and, consequently, the national health economy. It is critical to have a fast and simple screening method that can be used to identify patients who require psychosocial care and/or referral to psychosocial resources.

MENTAL HEALTH IN A DIGITAL POST-PANDEMIC WORLD

M Bran

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The purpose of the presentation is to provide an overview of the developments in the area of digital mental health both during and after the epidemic.

The COVID-19 global pandemic raised telehealth use and interest, and it also highlighted the potential of digital health to improve mental health access and quality.

It is anticipated that the pandemic backdrop, along with the quick development of digital technology and the global lack of mental health practitioners, will provide the ideal environment for implementing digital solutions to the benefit of patients. Digital, mobile, and linked technologies continue to quickly increase the potential for improving mental health, particularly psychiatric rehabilitation.

As they are obliged to use them to interact in a time when in-person and face-to-face visits are impractical, many clinicians and patients are finally understanding the full potential of these digital tools. In the current crisis, telehealth is the ideal method of providing mental health care. A patient's refusal to participate is the only known contraindication to using telehealth.

**THE MOMENTS THAT GIVE GRAY TONES TO LIFE ARE SADNESS, DEPRESSION AND SUICIDE;
THROUGH THE PERSPECTIVE OF A MEDICAL STUDENT**

M Bulgar

Lucian Blaga University of Sibiu, Faculty of Medicine

Love is life. And if you lack love, you lack life" - Leo Buscaglia

In a world where technology steals our seconds, where what we hear, see and read, can leave us deep fingerprints of sadness, is there still a path to the Light? Are there still brave hands, warm smiles that take us out of the dark, hidden, dangerous thoughts?

The answer is yes.

Written and unwritten conversations with those who no longer hoped for tomorrow, become a priority nowadays/ in our days.

They are becoming alarming. Urgent. It raises questions. How? Why? When? Reason?

There are more and more souls, who, going through the Covid-19 pandemic, have not found meaning, the way, happiness.

From the perspective of a young man, through whose eyes the world begins to acquire colors, shapes, meanings, various, this extremely fragile topic is developed. About how each of us can help. On how every man can be with a person in distress. On how today's art and technology can influence us, manipulate us, it can make us believe what we would never have believed.

It's about that minute. The minute we become aware of what it's happening. In which we face reality. In which we observe life stories under beneath the ashes of years, tears, challenges. A good thought can brighten up a day, no matter how cloudy it may be!

THE INFLUENCE OF SUCCESSFUL AFFILIATION TO ALCOHOLICS ANONYMOUS ON MENTAL HEALTH AMONG INDIVIDUALS WHO ATTEND AA MEETINGS IN ROMANIA

AL Bulumac
University of Bucharest

While affiliation to Alcoholics Anonymous (AA) has been proven to have positive mental health outcomes, there has been little research on the influence of successful affiliation to AA on depression and anxiety. A convenience sample of individuals suffering from alcohol use disorders from Romania who attend AA meetings (n=155) completed an online questionnaire in September 2021 in order to analyze the relationship between successful affiliation to AA and depression and anxiety. Multiple linear regressions were used to predict depression and anxiety depending on successful affiliation to AA. Results indicated there are significant correlations between levels of depression and abstinence, hitting the bottom and commitment to sobriety, as well as between anxiety and hitting the bottom. Individuals with longer abstinence, those who identify themselves as having experienced „low bottoms" and those with a strong commitment to sobriety are more likely to have lower depression levels. Lower level of anxiety were identified only among individuals who identify themselves as having experienced „low bottoms". These variables were found to be significant predictors ($p = .016$, $p = .000$, respectively $p = .031$). The findings suggest that those working in the area of substance abuse should pay more attention to the influence of successful affiliation to AA on mental health since it seems to play an important role in attaining and maintaining sobriety.

WOMEN IN RECOVERY - WOMEN'S PERSPECTIVE ON THE WOMEN-ONLY ALCOHOLICS ANONYMOUS MUTUAL- HELP GROUP FROM ROMANIA AND ITS BENEFITS FOR RECOVERY, A QUALITATIVE STUDY

AL Bulumac
University of Bucharest

The purpose of this paper was to understand the perspective of women on women-only AA meetings. A qualitative ethnographic study was conducted between March and June 2022 and included 15 participants of the women-only AA group Romania. Data were collected by means of direct participant observation, records in field diary and ethnographic interviews. Content analysis was used in order to obtain a comprehensive synthesis of the data collected. Two categories emerged: „Women perspective on women-only AA meetings" and „Alcoholism and Gender Asymmetries" which permitted an assessment to be made of how women-only AA meetings served to provide alcoholic women with a safe environment and to explore alcoholism as a disease with gender differences. Women-only meetings allow women to share their experiences with greater honesty because they better identify with the other women not only by their common problem, but also by gender.

POSITIVE PSYCHOTHERAPY IN PEOPLE WITH EYE NERVE TWITCH

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Eye twitching is a movement disorder of the muscles around the eye. Based in different researches in time it is believed it may be caused by a malfunction of cells in nervous system. This may be triggered by stress factors, fatigue, drug abuse, alcohol, light, irritation or medical reasons like blepharitis or dry eyes, Parkinson, Tourette syndrome. Eye twitching it may occur by stress factors but also causes stress to people who experience it this is why we decided to study these factors and see what was the best treatment.

In this study we interviewed 78 people with eye twitching who came to University Hospital Center *Mother Theresa* Tirana, Albania to consult with doctors but found out they didn't have a medical problem and that eye twitching was emotionally or stress related. 78 people, 40 female and 38 male of age range 40–60 years old were interviewed before treatment of possible stress factors causes and after that, they were treated for 3 months with Positive Psychotherapy, CBT and a champion of 20 people (the youngest) decided to increase physical activity and make yoga/meditation.

During the interviews 3 people had experienced the death of a relative, 25 of them had a overload job issues, 7 had been in a divorce family situation, 2 of them were in a PHD process and the others had community and other social problems.

During the 3 months of treatment, the champion of 20 people who decided to increase physical activity and make yoga/ meditation had a reduction of 63% of eye twitching (measured this by the frequency of eye twitching times per day). 9 people said that positive psychotherapy reduced their agitation and anxiety during the time that eye twitching happened but in correlation with what the psychologist said they needed more therapy since they scored high with anxiety levels in test and still during each month, they were applied Hamilton anxiety test. We had a champion with 13 people who had a reduction of 100% of eye twitching and the other 36 people had a reduction of 48% of eye twitching but they felt better about it and also said that therapy helped them in overall their situations also didn't think this would help since they had 1 year plus with this condition.

THE IMPORTANCE OF THE IMPACT OF PSYCHIATRIC PATHOLOGY ASSOCIATED STIGMA – A CASE OF DOUBT

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Objectives: Psychiatric symptoms are oftentimes seen as a burden, both by our patients and the society. Taking into consideration the great responsibility that patients with a high level of insight have in what regards their daily habits and medication schedule, we would like to bring to light the need for a better mental health education, by presenting the case of a 50-year-old patient who was diagnosed with bipolar affective disorder type I.

Case description: This is the case of a Romanian male patient with a history of psychiatric admissions, currently treated with an atypical antipsychotic and a mood stabilizer, compliant to treatment. The patient's socio-familial context captures him being a father of 2 boys from a previous marriage, being divorced due to extramarital relations that resulted in a child while he was suffering from a manic episode. Despite the lack of adverse reactions or side effects due to medication and the fact that there was no objectively tested cognitive decline following his affective episodes, the patient's QOLS has scored low. His chief complaint is the impairing doubt whether his children will suffer from any type of affective disorder, claiming his long years of having to withstand discrimination and seclusion.

Conclusions: Nonetheless, mental health education represents one of the most important parts in providing high standard medical help. Transdisciplinarity is of great need when it comes to genetic testing, counselling and increasing the quality of life of our patients.

IMPORTANCE OF GENETIC TESTING IN AUTISM SPECTRUM DISORDERS - THE EXPERIENCE OF THE REGIONAL CENTER OF MEDICAL GENETICS DOIJ – ROMANIA

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Introduction: Autism is a worldwide public health problem. Various causes are associated with autism spectrum disorders, including a wide range of genetic abnormalities such as CNVs (copy number variations).

The aim of the study: to present the results of aCGH (array comparative genomic hybridization) assessment of a small group of Romanian patients diagnosed with autism spectrum disorders.

Materials and Methods: The clinical inclusion criterion was the presence of autistic traits associated or not with intellectual disability and epilepsy; most of the patient were syndromic. Purified genomic DNA from peripheral blood was examined for copy number variations (CNVs) using Agilent Cytogenomics 4x180K/8x60K or OGT Cytosure 8x60K ISCA design oligonucleotide microarrays. Copy number data was analysed with Agilent Cytogenomics and OGT Cytosure Interpret software, respectively.

Results: From a total of 494 patients with syndromic ID tested through aCGH, 103 had at least one CNV predicted as pathogenic or likely, resulting in a diagnostic yield of 20.85%. The group of patients was clinically heterogeneous, as were the identified microdeletions and microduplications.

Conclusions: This study confirms the importance of aCGH testing in the diagnosis of patients with syndromic autistic features. Although the results are heterogeneous, we hope the data could contribute to a better understanding of the underlying mechanisms of CNVs-determined autism spectrum disorders. Better understanding of whom to test, what tests to be recommended, and how testing might facilitate the management of autism and improve outcomes will be a great public health achievement.

LESSONS FROM PRACTICING PSYCHIATRY WHILE USING AN EXISTENTIAL-ANALYTIC UNDERSTANDING OF IDENTITY

C Cibeá

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Regardless of the setting and the style of psychiatry that we practice, self-knowledge, self-experience and supervision may be of great help to us as specialists. This is certainly true in my own case.

Among my many tasks as psychiatrist, having to deal, on a daily basis, with people suffering from personality disorders, may be one of the most demanding. At the same time, this very aspect of my practice seems to allow me to develop my most valuable skills.

An impaired sense of identity often sits at the very core of many of the personality disorders for which people seek psychiatric help. It is a symptom leading to great stress for patients and caregivers alike.

The Viennese school of existential analysis puts forward a phenomenological and person-oriented method of psychotherapy which includes a specific theoretical framework, a genuine “blueprint” for the “architecture” of the identity. According to the existential-analytical point of view, identity may be understood as interplay between the ego and the self.

Self-experience and supervision in this frame of reference have allowed me, among many other things, to understand how we people need each other to become ourselves, by means of delimitation of our own identity against everything else. This ability creates a space and provides a model for patients to deal themselves with their own identity problems and leads to strong therapeutic alliance.

PROPOSALS FOR PUBLIC POLICIES AND SERVICES FOR THE MENTAL HEALTH SYSTEM IN THE REPUBLIC OF MOLDOVA

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Introduction: This paper is about the evaluation of mental health system in RM during the 8 years, based on reform needs set by the Ministry of Health, Labor and Social Protection of the Republic of Moldova, funded by the Swiss Government, Implemented by TRIMBOS Institute of Mental Health and Addictions (the Netherlands): Phase I: 2014 – 2018; Phase II: 2018 – 2022. According the results of clinical audit of Community Mental Health Centers and psychiatric hospitals in Moldova the MENSANA team elaborated the Public Policy Proposal. The proposal includes six inter-connected stages: analysis planning; problem definition; setting the objective; identification of the options; analysis of the options; and comparing the options and selecting the recommended options.

Materials and methods: General objective: Strengthening and improvement of the system of community mental health services in the Republic of Moldova. Specific objective 1. Establish an autonomous community mental health service contracted by the National Health Insurance Company for 2019; Specific objective 2. Increase the number of assisted users and diversify the services provided within the community mental health service compared to 2017; Specific objective 3. Increase the amount of financial resources allocated by the National Health Insurance Company to community mental health centers in the coming 3 years. A common element of the new three options analyzed below is the establishment of an autonomous National Mental Health Centre, as a legal entity distinct from the Clinical Psychiatric Hospital, but subordinated to the Ministry of Health, Labor and Social Protection. Thus, there will be a single authority in charge of the promotion, monitoring, evaluation and development of the mental health service, with full powers to represent the interests of the community mental health centers. The new realities deriving from the establishment of the free practice of family doctors and the subsequent changes within the primary healthcare sector, which might negatively affect the mental health service, have conditioned another common element of the new three options below: the detachment of CMHCs from the subordination of primary healthcare institutions.

Conclusions: This public policy proposal was developed as a tool for support in the process of elaboration and analysis of the impact prior to taking a decision regarding the organization of the community mental health services system, in the context of the implementation of the free practice of family doctors and the reform of primary medical care. Data is the essence of this evidence-based analysis, which has a balanced content by combining quantitative data in a compatible manner with qualitative data. Information, data and ideas were collected from documents and from specialists, being consulted along the way with those who will be affected and targeted by the public policy and those who will implement it.

SKILLS EXPLORATION AS A TRANSDIAGNOSTIC FACTOR FOR ADOLESCENTS' RESILIENCE AGAINST DAILY LIFE ADVERSITIES

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Background: Despite evidence surrounding the positive impact of life skills in reducing adolescents' mental health problems, there is a lack of evidence concerning how these skills are utilized in daily life to cope with stressors and adversities. The study aims to explore the main hassles that youth face in daily life and identify which skills are utilized.

Methods: A total of nine Cypriots aged 12-15 years old, and their parents (n=18 adults), participated in semi-interviews about their daily life experiences. Interviews were transcribed and analysed using thematic analysis.

Results: The analysis included an exploration of childhood and present experiences concerning adolescence daily hassles and adversities, relationships with parents, siblings and friends as well as life skills they utilize to manage difficulties and challenging interactions.

Discussion: Results indicated that early adolescents do not rely on themselves to manage daily life hassles, while identifying parents as their main point of reference and support source. Cognitive skills appear on the edge of their development and appear less likely to be used, while social and emotional skills were more likely to be utilized by the youth in their effort to manage daily life hassles and difficulties in interactions with others.

Conclusion: These findings provide a better understanding on life skills' role during this developmental stage and how everyday life and mental health symptomatology may be affected by skills utilization or skills deficits. Researchers involved have not and will not receive any commercial support related to this presentation or the work presented in this presentation.

FROM SOLITUDE TO SOLIDARITY - ALCOHOLISM, A GROWING CONCERN IN ROMANIA

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In Europe, approximately 58 million individuals are heavy drinkers, and 23 million are addicted to alcohol (5,4% of men and 1,5% of women). Although the level of alcohol consumption has decreased progressively (15 liters per capita in 2010, 12,6 liters per capita in 2016, 10,3 liters per capita in 2022), Romania still exceeds European averages by more than 3 percent. Romania has a much worse situation than most EU countries in terms of many risk factors, including drunkenness in teenagers and occasional excessive alcohol consumption in adults (one third of Romanian adults consume alcohol in excess at least once a month - 35% compared to 19% on average in the EU). Often stigmatized, people with alcohol misuse are usually single (no family or mostly divorced/separated), unemployed, cast out of society, with alcohol generally coming from their own production. Therefore, patients are usually left to battle this addiction alone, in solitude. What's worse is that the treatment they receive mainly addresses the withdrawal symptoms. Once these symptoms have settled, patients are discharged with a standard, elementary treatment. Unfortunately, we treat the symptoms, but not the disease, the patient, but not the individual. We, as a society, must learn that alcohol use disorder is a disease much like any other disease, offering patients the solidarity that they so desperately require. We must strive for sobriety, not just keeping the patient afloat every other new withdrawal episode. A shift of paradigm must be met to better assess and treat patients with problems regarding alcohol use disorders (new rehabilitation centers with related services).

DEPRESSION STIGMA AND HELP-SEEKING IN A UNIVERSITY STUDENTS' COHORT PRE-AND POST COVID-19 PANDEMIC: THE EFFECTS OF A RCT STIGMA REDUCTION INTERVENTION

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Introduction: The COVID-19 pandemic harmed students' mental health and increased anxiety and depression symptomatology. However, it is not clear if mental health services utilization has increased accordingly. Stigma reduction might be one of college students' primary depression help-seeking promotion strategies, considering the information available about help-seeking barriers.

Methods: In this study, we evaluated the effects of a depression stigma reduction intervention on effective care-seeking by university students using a single-blind randomized control trial design with a pre-test before the intervention, a post-test, and two follow-up tests, the last one during the pandemic. University students were randomly distributed among one control group and two intervention groups. We evaluated participants using a sociodemographic questionnaire, the Attitudes Toward Seeking Professional Psychological Help Questionnaire, the Patient Health Questionnaire-9, and the Generalized Anxiety Disorder-7. Data were analyzed using SPSS 24.0.

Results: 341 participants (CG n=91, IG-1 n=130, IG-2 n=120) were included in the study, with a mean age of 19.91 (SD=1.58). Despite the risen on the relevant clinical symptomatology after the pandemic, the number of students seeking help did not significantly increase and more than half of the students with mild or severe depressive and/or anxiety symptomatology did not get treatment during the pandemic, a number significantly higher than pre-pandemic.

Conclusions: However, depression stigma reduction interventions significantly improved help-seeking attitudes in both groups, with a large effect in the odds ratio of effective help-seeking.

MENTAL HEALTH IN PEOPLE WITH INTELLECTUAL DISABILITIES

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European Association for Mental Health in Intellectual Disabilities

People with intellectual disabilities (ID) comprise approximately 2% of the global population. They experience more health co-morbidities affecting their physical and mental health than the general population. In addition, they experience greater levels of stigma, social disadvantage and health inequalities that inevitably impact on their mental health. Major mental disorders are prevalent in people with ID who experience higher rates than people without intellectual disabilities. Rates of psychosis approach 3% and mood disorders of up to 17%.

The presentation will describe how mental disorders present in people with ID. Approaches to assessment and treatment will be explored. The role of psychotherapeutic interventions and the appropriate use of medication in this group of people will be discussed.

Treating mental disorders in people with ID can pose significant challenges to services because of their unique presentation. To meet the mental health needs of people with ID, descriptions of service models for children's and adult services will be outlined. Educating clinical staff and support staff in the needs of people with intellectual disabilities is essential to ensure they receive high-quality health and social care.

DOMESTIC VIOLENCE DURING COVID-19 PANDEMIC IN CLUJ COUNTYCA Crisan¹, C Delcea^{2,3}, D Mironescu³, V Siserman⁴

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Introduction: The COVID-19 pandemic has a profound impact on all domains of day-to-day life, causing an important psychological distress and forcing individuals to make substantial change in the way of living. Criminality (violence, domestic violence, cyber violence, robbery, theft) increased during this period.

Objectives: The aim of this study was to evaluate the impact of COVID-19 pandemic on cases of domestic violence and to compare it with the period before pandemic (January 2019-December 2021).

Material and methods: We used the data base of The Legal Institute from Cluj-Napoca. Individuals who presented themselves at the Legal Institute for clinical evaluation (after being aggressed) were included in the study. Data were analyzed using hi-square test and SPSS 23. 375 individuals (only 3 cases, <1% males) participated in our study. Mean age was 40,1±13,55 before pandemic and 40,1±14,28 during pandemic.

Results: The majority of victims of violence were women. The number of presentations at IML Cluj-Napoca had a decreasing value from year to year (64,53% in 2019, 58,40% in 2020 and 47,20% in 2021). This could be explained by the decreased addressability of women to emergency services, Legal Institutes and institutions that could offer them protection or legal resources to defend themselves against aggressors.

Conclusions: This data revealed the importance of developing programs for prevention acts of domestic violence. Multidisciplinary teams (including psychologists, psychiatrists, social and legal services) need to be formed.

THE IMPACT OF COVID-19 PANDEMIC ON THE EDUCATION SYSTEM IN STUDENTS FROM CLUJ-NAPOCACA Crisan¹, D Ștefănescu²

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Introduction: The emergence of the SARS-CoV-2 virus at the end of 2019 created difficulties in multiple aspects of economy, society and in the field of health. Medical universities had to stop the activity in hospitals and laboratories in order to orient themselves towards the virtual environment, and this accelerated transition to on-line education so as to minimize the impact on the educational system.

Aim of the study: To evaluate the impact of Covid-19 pandemic on educational system in medical students from University of Medicine and Pharmacy *Iuliu Hațieganu* Cluj-Napoca, Romania.

Material and method: 149 students completed an on-line questionnaire, which included demographical data and questions about medical education. Mental health was evaluated with DASS-42 (Depression, anxiety and stress Scale).

Results: 50% of students agreed with how the higher education institutions adapted to the conditions of teaching in the virtual environment during the pandemic, although a similar percentage stated that there were technical problems during this time. In our university, 47% of clinical cycle students claimed that the pandemic affected their choice of residency specialization. More than half of the students believe that the grades obtained on the virtual exams are higher than on the others, but on the other hand, the same percentage of the respondents found that they learned more for the online exams than for the standard ones. 48% experienced moderate to severe depressive symptoms during this period.

Conclusions: Covid-19 pandemic influenced mental health through direct threats to the individual's health, but also through the indirect effects of public health policies and social distancing efforts.

INTEROCEPTION – IDEAS ON HOW TO APPROACH IT IN AUTISM

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You feel hungry, you feel the need to use the toilet, you feel thirsty, or angry. How can you identify all these feelings? The answer is interoception. The 8th sense.

Interoception is the perception of sensations from inside the body. This includes the perception of physical sensations related to the functions of internal organs: heartbeat, respiration, satiety, as well as the nervous system activity related to emotions. All the informations that the receptors receive are sent to the brain that interprets them and determines how we feel.

When interoception works as it should we understand our needs and we can react accordingly. But there are also situations when is not working well and we are talking about processing difficulties. In this situation the person can be over-responsive to interoceptive inputs or under-responsive. It may not be aware of pain signals unless they are extremely intense. A person can also have sensory discrimination deficits in this system. All these difficulties can impact other areas such as self-regulation, self-awareness, social thinking, flexibility of mind, problem solving, intuitive social skills and social participation.

Research demonstrates that these difficulties can be improved by creating exercises for each individual needs. This kind of exercises helps to notice sensations, give correct meaning to these sensations, and react accordingly.

THE PSYCHOLOGICAL IMPACT OF THE HEPATITIS C VIRUS INFECTION

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Hepatitis C Virus (HCV) infection often associates medical and mental health conditions which lead to increased levels of distress. Considering the HCV infection as a severe medical condition, the presence of emotional distress is the consequence of multiple issues, including physical symptoms produced by the disease and by the associated treatment. The magnitude of this emotional distress is directly influenced by the individual's perception of stress and their ability to develop coping mechanisms toward the stressor.

The new therapeutic tools for treating HCV infected patients, represented by the Directly Acting Antivirals (DAAs) have less psychological side-effects and a better efficiency and safety profile. Our study aimed to assess the level of perceived stress on a sample of 90 HCV infected patients, treated with Direct-Acting Antiviral (DAA) agents for 12 weeks and its possible correlations with clinical and evolutionary elements. The efficiency of the DAA treatment has reduced the levels of stress perceived by patients and it was observed that for the whole study's period, the decrease of the perceived stress severity was statistically significant associated with demographic items such as gender ($p < 0.01$), urban environment ($p < 0.001$), the age of the subjects ($p < 0.05$) and clinical data such as F4 degree of fibrosis ($p = 0.001$) and overweight or obesity class II ($p < 0.01$). The perceived stress is directly associated with the severity of the HCV infection and it could be significantly lowered by an efficient therapeutically approach as the DAAs is nowadays.

DAILY TIME USE, PHYSICAL ACTIVITY, QUALITY OF CARE AND INTERPERSONAL RELATIONSHIPS IN PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS (DIAPASON): AN ITALIAN MULTICENTRE STUDY

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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 will include 300 patients with SSD living in RFs and 300 outpatients; data obtained in these clinical populations will be compared with normative data obtained by the National Institute of Statistics (ISTAT) in the national survey on daily time use. Time use assessments will consist of daily diaries asking participants to retrospectively report time spent in different activities. In Study 2, a series of questionnaires will be administered to 300 residential patients (recruited for Study 1) to evaluate the quality of care and staff-patient relationships, 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 will be evaluated in a subgroup of 50 residential patients, 50 outpatients and 50 healthy controls using the Experience Sampling Method approach (participants will complete a brief questionnaire -about time use, mood and perceived energy- on a smartphone 8 times a day for 1 week) to compare retrospective and real-time reports. Moreover, their level of physical activity, sleep patterns, and energy expenditure will be monitored through a multi-sensor device.

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.

CHILDREN WITH INTELLECTUAL DISABILITY 10-16 YEARS OLD. PSYCHOLOGICAL MODEL FOR WORK IN THE FIRST STAGE OF DIAGNOSTIC PROCESS IN A CLINICAL FIELD

S. Dimitrova

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The study focusses in mental health issues and how can manifest in children with intellectual disability. Look at the complex issue of mental health in children obtaining a good medical history in order to exclude physical illness before making a diagnosis of mental health problems. The assessment is following good medical practice, work together with a family system, pediatrician, general practitioner, child psychiatrist, how to relate to children and identified their needs. The challenge is how to understand children with intellectual disability and their behaviors and emotions. Developmental Behavior Checklist (DBC) a complex story about how that was developed. It's very psychometrically robust instrument for diagnosing. Key aspects in assessing mental illness in children with intellectual disability is having distinguish the symptoms of the mental illness from the pre-existing symptoms associated with the intellectual disability and that's often the most difficult thing for a child psychiatrist and pediatricists in a first stage of diagnostic process in clinical field.

GASTROINTESTINAL PROBLEMS IN CHILDREN WITH NEURODEVELOPMENTAL PROBLEMS

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Even though neurodevelopmental disorders affect the brain, their connection with other systems has become apparent in recent years. Compared to the general population, people with autism or neurodevelopment problems tend to have a higher incidence of digestive and gastrointestinal disorders. Among the most common problems faced by people with neurodevelopmental problems, mention: Celiac Disease, Inflammatory Bowel Disease, Crohn's disease, Esophagitis, Gastroesophageal Reflux Disease, and Gastritis, the clinical spectrum is variable. Abdominal discomfort, bloating, flatulence, diarrhea, constipation, nausea or other digestive problems, and reflux. It is important to understand how gastrointestinal problems influence behavior.

In this study, we included 95 children from January to August 2022, who have symptoms related to the digestive tract such as vomiting, abdominal pain, constipation, indigestion problems. In addition to other examinations, FGS was applied to these children as a diagnostic element, which also allowed biopsies to be taken from the antrum and duodenum.

From this group, 22 children who performed FGS, in addition to the basic disease related to neurodevelopment, have gastrointestinal symptoms too. Out of 22 children: 5 presented different syndromes, 2 children- ADHD, 1- PICA, 1- Tourette and the other children had symptoms of anxiety or feeding problems. 9 of them were female and 13 were male. The main symptoms were related to pain (abdominal and/or epigastric pain), 5 of them referred to constipation problems (1 accompanied by encopresis), 5 presented for vomiting, and only 1 child for expressed cough)

FGS (9 mm diameter STORZ device) was performed under anesthesia with a facial mask, propofol, and sevoflurane. Biopsy material was taken from the antral and duodenal mucosa. The samples were stained with Giemsa and analyzed by an expert in the field of anatomopathology. From this group, the results were as follows: Macroscopically 9 of these children had nodular gastritis (the antral mucosa takes a nodular appearance in the form of paving stones), 2 of them had erythematous gastritis, and in 11 others the macroscopic view was normal. The duodenitis was present in 2 of the children with nodular gastritis and in 6 of the children in whom the appearance was normal. Antral biopsies to see for the presence of HP resulted: HP+ (*Helicobacter pylori* positive) in 8 children, 7 of whom had nodular gastritis and 1 erythematous gastritis, and only one of the children was nodular gastritis HP- (HP negative), and gastritis erythematous HP- (negative HP). In children whose macroscopic appearance was normal, the antral biopsy resulted in type C gastritis and HP - only in two children, in almost all children with normal macroscopic appearance, Giemsa staining for HP was negative. Since biopsy samples were also taken from the duodenum (bulb and distally), the results were negative for SC (negative for LIE or atrophy) in 17 of the children. But in the other 5 children, was described the presence of chronic active inflammation in the lamina propria. Of these 5, two cases are being followed up due to: positive TgA-IgA and changes in the biopsy in March 0, and the other case TgA-IgA negative but changes in biopsy compatible with Marsh 2.

TOWARDS THE SOCIAL CONSTRUCTION OF MENTAL DISORDERS IN BULGARIA: ASPECTS OF STIGMA

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The report examines the lay ideas about mental disorders and their relationship with more general attitudes towards people with mental disorders. The main goal of this study is to examine the relationship between perceptions of mental disorders of the population of Bulgaria and the declared stereotypes and behaviors.

The report presents the results of a nationally representative survey of the attitudes of the Bulgarian population towards people with mental disorders. The questionnaire "Public Attitudes towards Mental Illness" (CAMI III - Community Attitudes towards Mental Illness) was used, adding questions about the social construction of mental disorders. The following were performed: factor analysis, arithmetic mean of each factor was calculated, one-way analysis of variance and t-test to check the relationship between factors as dependent variables and variables for the construction of mental disorders.

The results demonstrate that recognition of various common mental disorders is associated with a more tolerant attitude. The more treatable and controllable mental disorders seem, the more liberal and benevolent views people adopt. About the causes of mental disorders, people who accept the causes "lack of will and self-discipline", "genetic predisposition" and "God has decided so" have more authoritarian and less liberal views. All the "external" reasons of the individual are associated with a more benevolent attitude. Respondents who have acquaintances with people with mental disorders are more benevolent. As the number of people with mental illness increases, so does the benevolence.

The analysis outlines the importance of the social construction of mental disorders and its relationship with the declared behavior. Hence the importance of changing attitudes through information campaigns regarding the attribution of guilt and responsibility, the causes of mental disorders, their controllability.

THE COVID-19 PANDEMIC AS A RISK FACTOR FOR ANXIETY, AGGRESSION AND SELF-AGGRESSION. FOLLOW-UP STUDY FOR BULGARIA

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The presentation aims to present a follow-up study by the National Center of Public Health and Analyses on the impact of the epidemic on the mental health of the citizens of Bulgaria. Given the huge field for research, the authors formulate three hypotheses to confirm or reject, namely whether the epidemic has increased anxiety levels among the population, whether there are increased levels of aggression and auto-aggression and how the information (communication) environment has influenced these processes. An attempt has been made to measure elevated levels of general anxiety, which includes both normal psychological responses to anxiety and pathological, as yet hidden, forms that will be the subject of subsequent specialized research. An analysis was made of the main national print and electronic media, a specialized site for health information, etc. on the topic of COVID-19, looking for correlations and interpreting the data collected.

BURNOUT SYNDROME IN NATIONAL CENTER FOR CHILDREN TREATMENT AND REHABILITATION STAFF WORKING WITH DISABLED CHILDREN. AN ALBANIAN EXPERIENCE.

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Objective: Burnout is a serious problem for health care providers that have implications for clinical practice and personal health. While burnout is known to affect mental health workers, no studies have examined the prevalence or impact of burnout among professionals that provide rehabilitation therapy in Albania.

Methods: Abbreviated Maslach Burnout Inventory was distributed to all the staff of the National Center for Children Treatment and Rehabilitation in Tirana. Statistical analysis of the data was carried out using SPSS 22. We conducted the study in May-June 2022.

Results: We found that a major part of the participants reported symptoms of depersonalization and some of them reported also symptoms of emotional exhaustion.

Conclusion: Burnout is a well-known phenomenon that must be addressed. As we move toward national health care reform and attempt to reconfigure our approach to work, attention to personal well-being is critical to better performance.

SUGGESTED FUTURE DIRECTIONS OF MEDICAL AND ADMINISTRATIVE MANAGEMENT OF PSYCHOSOMATIC DISORDERS IN ROMANIA

L Duica

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In a broader sense, psychosomatic medicine is a branch of medicine that studies psychosomatic interactions. It focuses on diagnosis, treatment and prevention of psychosomatic diseases. The difficulties in diagnosis for psychosomatic diseases have formed a great burden on patients and their families, as well as hospitals and society.

Many times, there is a neglect of psychosomatic diseases in typical medicine practice. The psychosomatic disorders do not fit neither classical medical services nor psychiatric services.

In Romania it can be need for such a specialty psychosomatic clinic. The encountered problems in providing explanations, and conflicting models of understanding the problems are some of the challenges in managing medically unexplained symptoms and, in general psychosomatic disorders. For example, one of the main causes of preventable mortality in Romania is acute ischemic heart disease, a condition in which stress is an important factor in developing hypertension, atherosclerosis, ischemia.

The National Health Strategy 2014-2020 seeks to address some of these issues by developing integrated community health centers incorporating social, health, psychology, education. Aside this kind of community health centers, a clinic aiming to treat these disorders in a day hospitalization regime could be a solution, too. The services in this clinic could encompass principles of clinical and paraclinical medical services, cognitive-behavioral therapy, targeted pharmacotherapy, and patient-centered management, and this can be cost effective, and, at the same time, increase patient satisfaction and health outcomes.

MODIFYING IPS SUPPORTED EMPLOYMENT

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IPS supported employment is a robust evidence-based practice that helps people with mental health disability to achieve and succeed in competitive employment. The IPS intervention has spread widely across the U.S. and other high-income countries over 30 years. Implementers are now extending IPS to new populations and settings, including middle-income countries, often by modifying IPS in these new contexts. Current evidence indicates that minor modifications (e.g., for cultural differences) may successfully increase fit, that major modifications (e.g., to omit or alter the basic principles of IPS) are generally less effective, and that augmentations (add-ons such as motivational interviewing) have had mixed success. Most of these changes, however, are not well documented. We recommend that implementers adhere to the basic principles of IPS; use standardized methods to document and assess modifications; and follow basic scientific procedures to develop, measure, and evaluate modifications.

CHRONIC INSOMNIA, HIGH TRAIT ANXIETY AND THEIR COMORBIDITY AS RISK FACTORS FOR INCIDENT TYPE 2 DIABETES

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Introduction: Anxiety and sleep disorders have been independently associated with an increased risk of type 2 diabetes (T2D). The simultaneous presence of these two disorders in the same individual (comorbidity) is very common. Having comorbidity increases symptom severity and is associated with worse health outcomes. The objective of this study was to evaluate the association of the insomnia-anxiety comorbidity with incident T2D in a large prospective cohort.

Methods: At baseline, we selected non-diabetic adults from the French NutriNet-Santé cohort who had completed the trait anxiety subscale of the Spielberger State-Trait Anxiety Inventory (STAI-T, 2013-2016) and the insomnia/sleep questionnaire (2014). Risk of T2D was compared across four groups: no chronic insomnia or anxiety (reference), chronic insomnia alone (defined with established criteria), high anxiety trait alone (STAI-T \geq 40), comorbid anxiety/insomnia, using multivariable Cox proportional hazard models.

Results: 35,014 participants (mean age at baseline: 52; median follow-up: 5.9 y) were included in the analysis, of whom 378 (1.1%) developed T2D. In the sample, 28.5% had only anxiety, 7.5% had only chronic insomnia and 12.5% had both. In fully-adjusted model, a higher risk of incident T2D was associated with anxiety-insomnia comorbidity (HR=1.40; 95% CI: 1.01, 1.94) compared with people without insomnia or anxiety.

Conclusion: This prospective study revealed a positive association between anxiety-insomnia comorbidity and incident T2D among general-population adults. Future prospective studies using objective measures are needed to confirm the findings and guide diabetes prevention programs.

IMPACT OF COVID-19 EFFECTS ON THE MENTAL HEALTH OF WOMEN IN ALBANIA

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Background: COVID-19 pandemic had many consequences in the general population even in Albania. This study aims to investigate the impact of COVID-19 pandemic effects on women's mental health.

Method: An online questionnaire was administered randomly, anonymously, during 01 – 31 May 2021 to a total of 1070 female participants, aged 18-79 years old who live in Albania. The participants filled in their generalities, reported their experience with COVID-19, the PHQ-9, the GAD-7 and UCLA Loneliness Scale Version 3.

Results: A significant negative correlation was found between age and the UCLA-3 score ($r(n=1070) = -.290, p \leq .01$), the GAD-7 score ($r(n=1070) = .343, p \leq .01$) and the PHQ-9 score ($r(n=1070) = -.323, p \leq .01$). There was a positive spearman correlation between GAD-7 score and fear of COVID-19 infection ($r(n=1070) = .135, p \leq .01$) and even stronger positive correlation between GAD-7 score and fear that a family member will get COVID-19, also the PHQ-9 score and fear for themselves ($r(n=1070) = .064, p \leq .05$) compared to fear for a family member ($r(n=1070) = .128, p \leq .01$). Also, the ANOVA test showed a strong correlation between participants who had lost at least a family member and UCLA-3 score ($F=5.253, p \leq 0.05$), GAD-7 score ($F=4.425, p \leq 0.05$) and PHQ-9 score ($F=3.770, p \leq 0.05$), with these correlations being stronger in participants who had lost more than one family member.

Conclusions: The younger female population reported significantly less symptoms of loneliness, anxiety and depression. Generally, women reported more anxiety if a family member would acquire COVID-19 than themselves. As expected, participants who had lost a family member, reported significantly more symptoms of anxiety and depression.

THE EFFECTS OF NEUROFEEDBACK ON THE PROFESSIONAL STRESS OF WORKERS: A SYSTEMATIC LITERATURE REVIEW

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Introduction: Research on the effects neurofeedback (NFB) on the wellbeing of healthy subjects is outweighed by studies focusing on clinical applications. There is compelling evidence that neurofeedback, a non-invasive method of training self-regulatory brain processes, could have broader application in improving wellbeing in day-to-day, high-stress settings. We employed a systematic review (Snyder, 2019) to evaluate the effectiveness of NFB on the professional stress of workers, with a special focus on the helping professions.

Methods: A search performed (July 26 2022) in the Web of Science and PubMed databases for keywords related to NFB or EEG Biofeedback and stress or resilience, returned 312 results, 191 after elimination of duplicates. Randomized controlled studies as well as quasi-experimental and pilot studies were considered. Other inclusion criteria were the existence of (1) at least one neurofeedback experimental group, (1) professionals as the study population and (3) targeted professional stress symptoms. 5 articles were eligible.

Results: Of the 5 articles that met the inclusion criteria 2 are RCTs and the rest pilot studies. The papers focused on professionals (N=133) from various fields: surgery residents, radiation technologists, financial employees, managers, and sportspersons. All of the papers document positive effects of neurofeedback of professional stress-related symptoms such as: stress, anxiety, burnout, depression, anger, mental fatigue, performance. Three studies combine neurofeedback with other methods: biofeedback, mindfulness, coaching.

Discussion: While existing accounts of neurofeedback applications for professional stress relief are promising, there is a need for more RCTs, with larger samples and robust methodologies to document its effects.

SUICIDAL BEHAVIOR IN AN UNSTABLE PANDEMIC AND GEOPOLITICAL CONTEXT. RISK FACTORS, PREVENTION AND TREATMENT

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Introduction: The COVID 19 pandemic has affected millions of people worldwide, and the medical, social and economic consequences are still being felt in most countries. pandemic. The outbreak of the military conflict in Ukraine in February 2022, continued the wave of psycho-stressful events generated by the pandemic, and the level of anxiety increased considerably

Methods: We conducted a retrospective study between May 2020 and November 2020 and a prospective study between March 2022 and August 2022, the study was conducted in a private psychiatric clinic in Craiova. The main objective was to observe the variations of some suicidal risk factors, correlated with the patients' attitude towards prevention and treatment.

Results and discussions: In the period May-November 2020 (6 months), 216 patients were present, a significantly lower number compared to the similar period of 2019 when 288 consultations were registered. In the period March-August 2022, against the backdrop of the military conflict on the border, we noticed an increase in patients diagnosed with panic disorder, anxiety disorders and hypnic disorders. The number of patients who stated suicidal ideation was higher by more than 30% in both situations.

Conclusions: Unstable contexts visibly alter suicidal behavior, indirectly by weakening protective factors, but also by accentuating premorbid symptoms that can push the patient towards the final act. It is necessary to concentrate the joint efforts of psychiatrists and other mental health specialists in order to reduce the incidence of the suicidal phenomenon in an unstable international context.

GLIAL CELL REPROGRAMMING IN THE BRAIN OF YOUNG AND AGED MICE AFTER ISCHEMIC STROKE

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Stroke is ranked as the second leading cause of death worldwide and a major cause of permanent disability. As prevention strategies are mostly inefficient due to a large number of associated risk factors, the development of a novel post stroke therapeutic approach is fundamental. Neuronal loss and reactive astrocytes, which form a glial scar around the core of the infarct, severely disrupt the cellular balance in the lesioned area, especially in the aged brain. With insufficient spontaneous cellular regeneration following ischemic stroke and glial homeostasis severely disrupted, stroke therapies remain largely limited. Our study aimed to restore cellular balance in the post stroke perilesional area with the help a retroviral delivery system encoding the transcription factor NeuroD1 alone or in combination with the antiapoptotic factor Bcl-2 and target proliferating astrocytes in the neocortex of young and aged mice after cerebral ischemia. Successful direct in vivo reprogramming of reactive glia into neuroblasts and mature neurons was assessed by cellular phenotyping. We found that the conversion efficacy of proliferating astrocytes into neurons after cerebral ischemia in aged mice is low, most likely because the therapeutical vectors carrying the conversion gene are engulfed by phagocytosing macrophages shortly after intracortical administration. A secondary study that used 3D printed bio constructs consisting of specific bio-inks, live cells and growth factors was also developed. We concluded that other viral vectors such as adeno-associated viruses might prove to be more efficient in promoting cellular conversion of reactive astrocytes to neurons after stroke in the aged brain while 3D printed structures will serve a fundamental role for future intracortical administration of various cellular or noncellular treatments.

THE PSYCHO-ENDOCRINOLOGIC ASPECT OF TURNER SYNDROME. ALBANIAN CASES

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Introduction: Turner syndrome (TS), sometimes referred as congenital ovarian dysgenesis syndrome, is a genetic disorder that results when one of the X chromosomes (sex chromosomes) is missing (monosomic) or partially absent (mosaicism). It is a common genetic disorder that affects approximately 1 in 1,900 live female births.

Like other sex chromosome abnormalities, TS can cause a variety of medical and developmental problems due to associated congenital abnormalities, neurodevelopmental disturbances, neurocognitive deficits, and social-behavioral problems. It is one of the most common syndromes that is included in the list of diseases treated with rhGH during the last 22 years in Albania.

Correlations of clinical phenotype with cytogenetic data are further complicated by the wide range of structural abnormalities, as well as by mosaicism, differences in X-inactivation patterns, and the presence of abnormal recessive genes.

Objective: This study is the first attempt to assess the prevalence of neurodevelopmental disorders, neurocognitive deficits, and social-behavioral problems in this specific population and also to point out the genotype-phenotype correlation of Albanian patients with TS and compare the difference between the group with monosomy and mosaicism for mental disorders as a point of view.

Patients and methods: This is a register-based cohort study over a period of 20 years from January 2001 to January 2021 in the Pediatric Endocrine Unit, Department of Pediatrics, University Hospital Centre *Mother Teresa*, Albania.

Results: A total of 57 females with TS were diagnosed by cytogenetics analyses. The most frequent karyotype was mosaicism of the X chromosome found at 30 out of 57 (52,63%), compared with monosomy which was found in 27 (47,37%) females with TS. The mean chronological age was $11,87 \pm 3.35$ years. A total of 12/57 (21%) TS had a DSM-5-defined mental-health-related condition. Many other comorbidities were found among this population: heart disease was found in 8 (14%) patients; thyroid disease was found in 18 (31,57) patients, renal disease in 6(10,5%), and other diseases in 11 (19,3%) patients.

Conclusions: A high prevalence of mental health disorders was found among pediatric TS, with most disorders being mild intellectual disabilities. However, these results may underestimate the actual prevalence since a systematic assessment for psychological morbidity was not performed. Clinicians should assess psychological comorbidity alongside annual monitoring for other associated conditions during the long-term follow-up of TS patients. Psychiatric consultation should be available as part of routine clinical practice.

PHARMACOLOGICAL TREATMENTS IN EARLY PSYCHOSIS

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Efforts at improving the course of illness by preventing the transition from ultra-high risk (prodrome) to schizophrenia and by early detection to reduce the duration of untreated psychosis have produced mixed results. Pharmacologic approaches targeting progression of illness will also be reviewed. In the absence of strong evidence for novel approaches, the current evidence for antipsychotic selection, use of long acting injectables and antidepressants will be reviewed, as will new and promising drugs that may soon become available to clinicians.

VOLUNTEERING AS A PSYCHOLOGY STUDENT IN A PSYCHIATRY HOSPITAL IN ROMANIA

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In the recent years, volunteering has become one of the main forms of expression of civic and social activity, especially among university students. In many countries, volunteering is integral to the delivery of mental health service and it is being considered as an activity aimed at positive change for the members of society. For a psychology student, to acquire a better understanding of clinical psychology and psychopathology, it is imperative to gain firsthand experience in working in the mental health field, and volunteering is key. The enrollment in a one-year volunteering program in a psychiatry hospital, the motives for volunteering, exposure to opportunities; benefits; and challenges arising from volunteering are being discussed. The positive impact of volunteering will be described through the outcomes of purposefulness, connection, knowledge, competence and personal development and identity.

ATTITUDES TOWARD MENTAL ILLNESSES AMONG MEDICAL STUDENTS IN FIVE SOUTH EASTERN EUROPEAN COUNTRIES

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Introduction: Mental health stigma is common in the population and also among medical professionals. The aim of the study is to evaluate attitudes toward mental illnesses among medical students in five South Eastern European countries.

Method: The research was conducted among medical students in Albania, Bulgaria, Moldova, Romania and Serbia in 2021. The study included students in final years after completing psychiatry course. Two questionnaires were used: the Mental Illness Clinicians' Attitude Scale (MICA-2) and the Attribution Questionnaire (AQ-9). In both questionnaires, a higher score indicates a higher level of stigmatization.

Results: The study included 602 students (70.4% were females; the average age was 24.6). The average MICA-2 score was 47.1 and it ranged from 35.7 (Serbia) to 54.2 (Albania). There was a statistically significant difference in MICA-2 score between countries ($p < 0.01$). Regarding gender, the statistically significant difference in MICA-2 score was found only in Serbia (34.5 in females vs. 39.2 in males; $p < 0.05$). The average AQ-9 score was 34.2 and it ranged from 29.3 (Serbia) to 37.7 (Romania). There was a statistically significant difference in AQ-9 score between countries ($p < 0.01$). According to gender, there was no significant difference in the AQ-9 score in each country. In total, the most pointed stereotypes about mental health were *forced treatment* (6.4) and *pity* (6.0). The items that obtained the lowest mean scores were *anger* (1.6) and *blame* (1.6). There were statistically significant differences between countries in all stereotypes included in AQ-9 score, except for likelihood to help.

Conclusion: Stigmatizing attitudes toward mental illnesses are present among medical students with significant differences between countries.

FUNCTIONAL ABDOMINAL PAIN IN PEDIATRIC EMERGENCY, AN ALBANIAN EXPERIENCE

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Introduction: Abdominal pain is pain or cramping anywhere in the abdomen (sometimes called a tummy, belly, or stomach ache). It is one of the most common reasons children come to the emergency department.

Objective: To assess the clinical profile of children with nontraumatic acute abdominal pain admitted to the pediatric ED.

Method: A prospective observational study was conducted between January 2022 and July 2022. All the records of children aged between 2 years old and 14 years old years presenting with complaints of abdominal pain were collected at the time of admission in the pediatric ED.

Results: A total of 1392 children attending ED with complaints of abdominal pain were seen by the emergency team. According to their final assessment, they were divided into two groups: group I 167 (12,5% surgical); group II, 1225 (87,5%; nonsurgical). The mean age of presentation was $9,2 \pm 4.3$ years; male-to-female ratio was 1.6:1. Detailed history and pain characteristics and physical assessment help in establishing the cause of pain. Nearly 30% of the non-surgical group presented more than 3 times with the same complaint, while the physical, imaging, and laboratory examinations were normal. These were referred to a child psychiatrist and almost half accepted the visit. Of these, 13% of the total result in functional abdominal pain.

Conclusion: The cause of pain in more than 80% of children presenting in the pediatric ED with complaints of abdominal pain is non-surgical. The most common diagnosis in this group is mesenteric adenitis caused by intestinal parasitosis. Only in 12,5% of children, the cause of pain is surgical, and acute appendicitis is the most common surgical cause.

ADOLESCENTS MENTAL HEALTH DURING THE COVID-19 IN SLOVENIA

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Introduction: The covid-19 pandemic has had a significant impact on the health and mental health of adolescents. The aim of the survey was to explore if and how the mental health of Slovenian adolescents has changed in 2020 compared to 2018.

Methods: The Health Behaviour in School-Aged Children (HBSC) 2020 study was conducted using an anonymous online questionnaire. The study included the same representative sample of children and adolescents who were already included in the HBSC study in the year 2018 (n = 3052, of those 9th-grade primary school students (n = 1854) and 4th-year high school students (n = 1198).

Results and discussion: The results show that adolescents were statistically less satisfied with their lives and experienced more psychosomatic symptoms than in 2018. The proportion of adolescents with a high probability of clinically significant mental health problems and depression increased. A more significant decline in mental health during the pandemic was seen in girls, younger adolescents, and adolescents from families with lower socioeconomic status.

In the HBSC study conducted in 2020, the same young people as in HBSC 2018 study were included. Therefore, we cannot conclude whether and to what extent the pandemic contributed to the differences (worsening) in mental health between those years. Mental health care for adolescents is crucial, as longitudinal studies show that negative experiences during childhood and adolescence lead to poorer mental health in young adulthood, and also continue to cause problems later in life.

REFLECTIVE CITIZENS IN CULTURAL SPACES - AVENUE TO STRENGTHEN MENTAL HEALTH (EXAMPLE OF NOVI SAD CAPITAL OF CULTURE 2022)

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Reflective Citizens workshops in Novi Sad started in 2014, in a multinational and specific multicultural environment, as supportive and open space for all citizens who wish to develop themselves, multiculturalism, tolerance and better social environment. Novi Sad became European Capital of Culture in January 2022, with a delay because of Covid pandemic. This global unexpected and long distraction is an additional reason to develop and nourish the Reflective citizens matrix. Specificity of Reflective citizens in Novi Sad (RCNS) is moving through cultural spaces and inclusion of children as equal partners in sharing dreams, thoughts and reflections. Reflective weekend (four different workshops Reflection through painting/drawing, Reflection on Health, Reflective Walk and Reflective dance), realized in April 2022, were an opportunity for exchanges of ideas, reflection, creativity and meeting of different generations. Social dreaming and free psychosocial associations in thinkrooms have defined topics: loneliness, helplessness, walls and borders, migrations, diversity, mental malnutrition, the presence of evil and the need for goodness, lack of communication, and also worry about children's future. RCNS have become the support and open space for all citizens who want to contribute to multiculturalism, tolerance, a better social environment, understanding the environment and building incentive bridges in communication through dialogue, positive cultural climate, building cultural capacities and fostering cultural dialogue through mutual reflection, thus contributing the quality of life. RCNS gives a contribution for improving mental health in the community through fostering dialogue and mutual reflection especially in important year when Novi Sad is European Capital of Culture.

INNOVATIONS IN TREATMENT OF PSYCHOSIS IN SOUTHEAST EUROPE

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Southeast Europe (SEE) is home to 70 million people living across 12 countries. These countries share similar socioeconomic background and tradition of healthcare systems, although many differences exist in the organisation of mental health care. The region has been called 'the blind spot on the global mental health map' due to lack of research and innovations delivered in mental health care services. In recent years European Commission has invested significant resources to improve mental health care of individuals with severe mental disorders in Southeast Europe. Two major, recently completed, projects are Recover-e and Impulse. This presentation will focus on findings from the Impulse study. We will start with an overview of evidence-based, non-pharmacological interventions for individuals with psychosis, with focus on what is offered and implemented in 12 SEE countries. Next, we will present key findings from the largest hybrid type II effectiveness-implementation psychosocial randomised-controlled trial ever conducted in SEE. We will show an evidence-based approach how to improve psychosocial aspect of treatment of individuals with psychotic disorders. Mental health services that offer a combined-therapy approach, including psychosocial interventions and pharmacotherapy, or offering psychosocial interventions as stand-alone treatment, can ensure holistic care, which is acceptable to patients and clinicians. We will discuss how to ensure that improvements and changes seen in the Impulse study are sustainable after the research project/funding ends.

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THE MENTAL HEALTH OF ELDERLY VETERANS

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Introduction: Numerous studies have shown that the onset of old age and all associated consequences is a significant predictor of mental status deterioration in war veterans. Thus, war veterans being treated for PTSD may experience exacerbation or reactivation of symptoms of post-traumatic stress disorder (PTSD) and the appearance of other mental disorders. Age-related physical morbidity has also been shown to be an important factor in mental health deterioration with age. Studies suggest that the retirement period is an important, critical period for deterioration.

Methods: The subjects were Croatian war veterans treated at the National Memorial Hospital Vukovar. The study included a sociodemographic questionnaire, the PTSD Self-Report Checklist (PCL-5), Short Form Health Survey (SF 36), anamnesis and medical records, and a clinical examination.

Results: The results showed a significant correlation between older age and the intensity of certain PTSD symptoms, as well as a correlation with the presence of certain comorbid mental disorders. Poorer subjective mental health and lower vitality and social functioning were also associated with older age.

Conclusions: It can be concluded that older veterans require special attention in the therapeutic approach and represent an extremely vulnerable group.

DEPRESSION IN CROATIAN VETERANS OF THE HOMELAND WAR

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Introduction: Depression is the most common mental disorder and one of the most common disorders occurring in comorbidity with post-traumatic stress disorder (PTSD). The coexistence of these two disorders can significantly complicate the clinical picture, therapeutic approach, and treatment outcome. The aim of this study was to determine the factors that influence the occurrence and intensity of depression in veterans of the Homeland War in Croatia who suffer from PTSD.

Methods: The study included Croatian war veterans treated in the National Memorial Hospital Vukovar. A sociodemographic questionnaire, the Beck Depression Inventory, the Harvard Trauma Questionnaire, and the PTSD Self-Report (PCL-5) were used in the study.

Results: The results showed that the intensity of depression was significantly correlated with the overall intensity of PTSD as well as with the intensity of individual clusters of PTSD symptoms, with the exception of symptoms related to avoidance behaviours. Regression analysis showed that the experience of imprisonment, as well as a greater number of traumatic events experienced, significantly contributed to higher levels of depression. The results also showed a significant correlation of the intensity of depression with certain sociodemographic factors and social support. Depression was more prevalent among widowers and divorcees and among those with poor financial status and low perceived social support.

Conclusions: The study reminds us of the importance of timely identification of depression and the factors that contribute to its occurrence and intensity, as well as the importance of an integrative and multidisciplinary approach in the treatment of psychotraumatised individuals.

CAREGIVER BURDEN, DEPRESSION AND ANXIETY IN FORMAL CAREGIVERS WORKING IN DIFFERENT SETTINGS FOR PERSONS WITH DEMENTIA

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Introduction: Professional caring for people with dementia (PwD) is associated with experiencing a high work-related stress and burden. Paying attention to mental health problems of staff in dementia care settings can help identify proper preventive strategies. The aim of this study was to investigate the prevalence of burden, depression and anxiety in formal caregivers for PwD.

Methods: A descriptive cross-sectional study was carried out from September 2021 to February 2022 among 105 professionals working in different care facilities for PwD in Slovakia. The Zarit Burden Interview (ZBI-12) and the Professional Care Team Burden scale (PCTB) were chosen to measure caregivers' burden. The Patient Health Questionnaire - depression scale (PHQ-9) and the Generalized anxiety disorder (GAD-7) were used to measure depression and anxiety severity respectively. Descriptive statistical analysis, Pearson' and Spearman's correlations were used (IBM SPSS 27).

Results and discussion: The mean age of formal caregivers was 48.6±9.8 years (87.6% of females). A total of 12.2% reported high caregiver burden (ZBI-12≥17); 10.6% moderately severe or severe levels of depressive symptoms (PHQ-9≥10); and 5.8% severe anxiety symptoms (GAD-7≥10). Significant associations ($p<0.01$) were found in the ZBI-12 with the PCTB ($R=-.59$), depression ($R=.56$) and anxiety ($R=.48$) as well as in the PCTB with anxiety ($R=-.47$) and depression ($R=-.42$). Providing professional long-term care for PwD is very demanding. Using mental health screening tools is important for recognizing staff in higher risk and planning early preventive interventions to reduce work-related burden and burn-out syndrome in formal dementia care.

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LATE "EARLY INTERVENTION IN PSYCHOSIS": A FAMILY SCHOOL FOR LEARNING HOW TO LIVE WITH SCHIZOPHRENIA

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When in late adolescence or early adulthood a child is diagnosed with schizophrenia, families are overwhelmed with problems and typically struggle with the diagnosis. When further episodes occur, many will accept it, and such families are the target group of the school founded back in 1986 in Vienna/Austria. At this stage it is usually too late for classical "early intervention", but still early regarding a potentially long future life with schizophrenia. The main aim of the school is that patients acquire everyday survival skill and that parents learn to provide "protected autonomy" for their diseased daughters/sons, to assist them in a future life characterized by as much autonomy as possible ("intimacy at a distance"). The curriculum of the school lasts 18 months and is organized according to the model of a weekly boarding school. Ten daughters/sons, the "residents", stay in the school overnight from Sunday evening to Friday and take part in a structured programme on cognitive, social and practical life skills. On weekends they go home for living with their families. Psychiatric outpatient treatment is taking place outside the school in local routine services. Parents visit the school regularly and take part in joint practical activities with the residents, and also do night shifts. In the frequent face-to-face encounters "learning by doing" occurs - parents get to know daughters/sons of other families and can learn to distinguish between disease related and personality-related behavior of their own child. Residents have comparable learning experiences in relation to parents.

PSYCHOSOCIAL PROBLEMS IN CHILDREN LIVING WITH DIABETES MELLITUS TYPE 1

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Diabetes mellitus type 1 (DMT1) is a complex disease that requires different important changes in the life style of the persons since in the moment of its diagnosis which can be difficult especially for children because of the process of growing up and their development. Children living with diabetes mellitus type 1 have an increased risk to develop psychosocial problems, therefore the standardized assessment of these problems is important in order to have a better quality of life, a better metabolic control and to avoid short and long-term complications.

The aim of this study is to be aware of, to know the psychosocial problems of the children living with diabetes mellitus type 1. It also aims at increasing the awareness of what does it mean to be a child with diabetes mellitus and exploring of the factors what interfere in the management of the disease in itself. In this study are used semi structured interviews with new cases with diabetes mellitus type 1 from 2018 until 2021, cases presented in University Hospital Center "Mother Teresa", aged 5-19 years old. The results shown that 33 children manifested different psychosocial problems like as: behavioural disorders, emotional disorders, anxiety and depression. We found out that these patients had a poor metabolic control of the disease (glycosylated hemoglobin, increased HbA1c).

Children with diabetes mellitus type 1 are at an increased risk to develop psychosocial problems which are a major factor in the aggravation of the metabolic control of the disease. Therefore, there is an increased need for evaluation in the moment of diagnosis to evaluate the history of development, behaviour and psychosocial problems of the child, children living with diabetes mellitus and their families bur also this evaluation is needed to be done periodically before this moment. An early intervention is needed to be started if problems are identified.

CLUSTERING OF HABIT-FORMING RISK BEHAVIORS AND THEIR ASSOCIATIONS WITH SOCIO-DEMOGRAPHIC, HEALTH STATUS AND LIFESTYLE CHARACTERISTICS

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Introduction: Knowledge about concurrent substance use and other habit-forming risk behaviors in the general population is insufficient. We investigated socio-demographic, health status, and lifestyle determinants of such behaviors among French adults.

Methods: We analyzed data collected in 2021 - 2022 from 32,622 participants (74.5% female; mean age=57.9 years) of the NutriNet-Santé web-cohort who had completed the modified Yale Food Addiction Scale 2.0, the Alcohol Use Disorder Identification Test, the 12-item Cigarette Dependence Scale, and the Internet Addiction Test. Participants were dichotomized for each risk behavior (food addiction, harmful alcohol use, nicotine dependence, and Internet addiction) and then split into 3 groups (no risk behavior, single risk behavior (reference), and ≥ 2 risk behaviors) before fitting polytomous logistic regression models.

Results: Younger age (OR=2.04), financial difficulties (OR=1.29), lack of affection in childhood (OR=1.41), self-perceived poor dietary quality (OR=2.88) and poor health (OR=1.70), underweight (OR=1.46), obesity (OR=1.62), current tobacco use (OR=1.97), heavy alcohol use (OR=2.82), and lifetime prevalence of a mental disorder (OR=1.46) were significantly associated with having ≥ 2 versus 1 risk behavior (all $p < 0.05$). The same factors and a higher educational attainment, being sedentary at work, overweight, and current e-cigarette use were associated with having 1 versus no risk behaviors.

Discussion: To our knowledge, this is the first study to explore determinants of concurrent habit-forming risk behaviors among general-population adults. Upon confirmation, the findings could help guide addiction prevention efforts.

THE TRANSMISSION OF TRAUMA FROM MOTHER TO BABY AFTER THE WAR IN BOSNIA-HERZEGOVINA

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Introduction: After the war in Bosnia-Herzegovina lasted from 1992 to 1995, the populations gradually rebuilt their lives haunted by the spectrum of personal and collective painful souvenirs. Because the intergenerational transmission of war trauma from mother to baby has been poorly explored among populations who recently lived in a warzone, we sought to determine the influences of maternal trauma on mother-baby interactions.

Methods: In 2003, 40 mothers and their babies aged 2 to 36 months living in Sarajevo were enrolled in the study. Among these mothers, 31 lived in or near the warzone and 9 were either refugees in foreign countries or were displaced in other areas of the country. We assessed the level of severity of post-traumatic stress disorder (PTSD) using the Clinician Administered PTSD Scale. We also examined behavioral and emotional disturbances of infants in the dyads of mothers who lived through the war.

Results: The results showed that all mothers who lived the war presented post-traumatic symptoms but only half of them showed a PTSD. Videotaped observations of mother-child interactions during playtimes revealed that their interactions are less linked to the mother's PTSD than to the influence of PTSD on maternal attitudes and thereby extending to those of their infant.

Discussion: When a mother lives through the war, she will pass on to her child an often-painful history. In this situation, it is not only the content but also the way she transmits it that influences how the child receives the object of the transmission.

IMPLEMENTING A PARTICIPATORY ACTION RESEARCH (PAR) APPROACH TO IDENTIFY CHANGES TO SCHOOL CULTURE THAT MAY IMPROVE STUDENT MENTAL HEALTH

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Introduction: Approximately half of all mental health (MH) disorders emerge during adolescence, making this a key time to promote MH. Evidence suggests supportive school environments play an important role in supporting MH, and the concept of a health-promoting school has been promoted globally. This holistic approach involves creating a school environment which is conducive to health and well-being. Participatory Action Research (PAR) enables participants to develop practical solutions to address concerns within their communities, following reflect-plan-act-observe cycles. This paper focuses on the acceptability and feasibility of utilising a PAR approach in schools.

Methods: Four PAR groups comprised of students, staff, and a facilitator were run in three UK secondary schools. PAR groups identified changes they wanted to make to their school culture to support student MH. Qualitative interviews and focus groups were undertaken with students, teachers, PAR facilitators, and parents/carers (n=36).

Results: Findings are summarised across four themes: (1) Setting-up and recruiting PAR groups; (2) PAR in action; (3) facilitators of PAR success; and (4) considerations for future PAR groups. Facilitators of success include consistent meetings and familiarity with the PAR cycle. It is necessary to include committed staff members in the PAR meetings who have the capacity to support the process. To improve support from others within the school, knowledge of PAR must be school-wide.

Discussions: PAR is a feasible and acceptable approach to addressing culture in UK secondary schools; it can prioritise student voice and can create a school culture which is more supportive of MH.

DEPRESSION, ANXIETY AND STRESS IN PATIENTS WITH CHRONIC KIDNEY DISEASE UNDERGOING HEMODIALYSIS: A STUDY FROM ROMANIA

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Introduction: Despite the continuous progress in the medical field, including dialysis, the patients' quality of life remains unsatisfying. Mental health conditions among these patients are increasingly common, especially mood disorders and anxiety. The aim of our study is to identify and quantify the mental health conditions and their severity upon patients with CKD.

Methods: The two-year longitudinal study began on 01.12.2021 and currently includes 150 outpatients (26-59 years old), that undergo hemodialysis at DIAVERUM Nephrology and Dialysis Center Craiova, Romania, for at least 6 months. There was collected the complete detailed medical history and the following working instruments were used: MMSE and DASS-21R. The assessments were reapplied after six months from the first evaluation.

Results: The depression was found in 60 subjects (40.00%), while the anxiety was present in 58 subjects (38.66%). The depressive symptoms were severe and very severe in 18 subjects (30.00%). While the depression was more frequent in women (60.00%), the anxiety was more common in men – 32 subjects (55.17%). The anxiety is associated with depression in 26.66% cases. Significant clinical levels of stress were identified in 70 subjects (46.66%), with higher prevalence in men – 41 subjects (58.57%).

Conclusions: Depression, anxiety and higher stress levels are frequent among CKD patients. A rigorous screening program to determine patients at risk must be established. The correct management of the mental health conditions associated to CKD could lead to higher rates of adherence and compliance to hemodialysis.

NEEDS ASSESSMENT IN THE FIELD OF MENTAL HEALTH

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Needs assessment is important within the implementation, planning and evaluation process. The aim was to present findings from researches at populational, systemic and individual level, which present comprehensive needs assessment.

Needs were assessed through: different public health measures; qualitatively with the Delphi study (49 service providers, decision-makers and users); and quantitatively with two cross-sectional studies (206 professionals assessed the needs of their patients (CANSAS tool); and patient reported experience measures (64 patients).

Situational analysis shows decline in average length of stay, and a slow fall in the number of hospitalizations. Important factor driving unmet needs are long waiting times. Number of psychiatrists rises constantly, though we are under the EU average. At the systemic level there are major needs for: companionship and peer support; continuous destigmatization activities; training, supervision and connected work among all professionals in all sectors within each service; more accommodation facilities with different levels of support; stronger network of day-care centers. According to professionals one third of the patients are dealing with the needs about self-care, intimate relationship and company. Half of the patients feel psychological distress and have the needs in physical health, on daytime activities and needs condition and treatment information. According to the patients the needs for quality and patient-centered care were addressed. The majority of patients feel they can manage mental health problem better after joining the treatment.

The results call for further qualitative research in order to develop and implement evidence-based measures.

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RETHINKING MOOD DISORDERS THROUGH ALTERNATIVE EPISTEMOLOGICAL LOCATIONS: INDIGENOUS & AFRICAN-CENTERED PERSPECTIVES

D Mango

The International Mental Health Association

Bipolar disorder (BD) is classified as a chronic illness that can cause sufferers a lifetime of mood variations and debilitating symptoms (Leahy, 2007; McCormick et. al, 2015). However, the epidemiological location of mood disorders, more specifically bipolar disorder, originates exclusively from Western countries. Modern psychiatry began during the period of colonialism and was originally utilized as a form of social control, racial dominance, and ultimately, epistemicide (Barstow, 2019). In recent years, psychiatry implemented the process of including non-Western practices within treatments in the form of teaming with local healers to collaborate on interventions that utilize traditional cultural practices (Fernando, 2014). Unfortunately, many of these interventions, although seemingly collaborative, are still Western-led, dominated, and implemented. The traditional healers then serve as tokens, which erases their contribution to the potential healing benefits of their long-held cultural practices (Heaton, 2013). The author of this paper, a mental health clinician and someone with lived experience with a severe bipolar 1 diagnosis, experienced such epistemic injustice, which is "the idea that [one] can be unfairly discriminated against in [their] capacity as a knower based on prejudices about the person's cultural practices" (Byskov, 2020). Through the exploration of his own cultural heritage's traditional practices (Native American & African), defied his Western caregiver's prognosis and began to heal and cope with his severe bipolar diagnosis without medication. This paper explores the methodologies, practices and knowledge sources that he engaged with to enact his healing process by disrupting the hegemony of Western psychiatry dominance within mental health.

THE ROLE OF PSYCHO-ONCOLOGY IN TREATING CANCER PATIENTS AND THEIR FAMILIES

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Since many years, there has been an increase in the number of new cancer cases each year, and this trend is anticipated to continue. A cancer diagnosis is no longer automatically a death sentence due to advancements in cancer treatment. However, cancer patients not only show physical health issues but also a variety of existential, social, and psychological issues that lead to stress and can result in psychiatric disorders.

Cancer is typically thought to be a significant source of stress also for caregivers especially family members who share the patient's traumatic medical journey. Thus, in many cases, cancer should be treated as a family issue and a family problem. Family members should be considered as "second order patients".

Psychological distress is common in the first years of cancer diagnosis but can differ by country and region. To avoid or manage its effects, it is crucial to comprehend the degree to which cancer patients and their caregivers experience psychological discomfort, as severe psychological distress might seriously affect treatment's results due to postponed decisions related to treatment and/or nonadherence to treatment.

Psycho-oncology helps cancer patients, and their caregivers deal with their emotional and psychosocial challenges during a cancer journey. It should be considered as a crucial part of the clinical management of cancer patients. Every new cancer patient should be assessed for signs of distress using tools like the Distress Thermometer and Problem List as a preliminary global screen and referred to an appropriate resource, if needed. It is equally crucial to educate patients and their families to help them understand how crucial distress management is to their overall cancer care.

Although overcoming cancer is not simple, advancements in psycho-oncology may make it possible for some people to have fulfilling life even after receiving a cancer diagnosis.

IMPACTS OF SOCIAL MEDIA ON MENTAL HEALTH

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Examining the impacts, both positive and negative, social media can have on the user's mental health. Incorporating evidence from studies and papers, this input argues that social media can be used in a positive way to reduce isolation and loneliness and to target key demographic groups within the general population, however that use of social media can also lead to negative outcomes particularly in our young people.

Consideration of what is average in terms of social media usage, allowing us to see the grasp that social media has on our society and why we need to take into consideration its use particularly by our young people.

Discussion will include findings from 'Dove Global Beauty and Confidence Report 2017' relating the use of filters on social media and the use of manipulated images on social media setting an unrealistic standard of beauty which, is widely unachievable in reality, and the NHS C2DE government targeted campaign where social media has been successfully used to reach specific socioeconomic groups with campaigns such as 'Stoptober' and '10 Minute Shake Up'.

Discussion will also include reflection on the study by researchers Adam Kramer, of Facebook; Jamie Guillory, of the University of California, San Francisco; and Jeffrey Hancock, of Cornell University which set out to study "emotional contagion through social networks", to see if positive feeds led to positive posts from users and vice versa.

BARRIERS IN MENTAL HEALTH SERVICES IN ALBANIA (PARENTS' PERCEPTIONS)

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Timely access to specialistic services is an essential element in the treatment of children and adolescents with mental health problems. Parents for practical and legal reasons play an important role in meeting the needs of their children and consequently, their perceptions seem to be closely related to the use of services. For this reason, investigating what parents perceive as barriers to receiving services for their children's mental health problems is a very important element in the overall care of young people.

The purpose of this study is to identify the barriers perceived by parents regarding the provision of mental health services for their children in Albania and the factors influencing these barriers in demographic and psychopathology terms.

This is an observational, cross-sectional study conducted at two of the main centers for diagnosing and treating children's mental health problems in Albania, QSUT, and QKMZHRF. 80 semi-structured interviews were conducted with the parents of the children referred to these centers asking them about the symptoms, the pathway to care, and the obstacles encountered during this process.

The most frequently referred barrier was concern about the costs of receiving help, reported by 76.3% of the parents surveyed. It was followed by a lack of information on who can help with 51.2% and a lack of available services with 51.2%. Parents who referred greatest difficulties for their children were also those who referred to the highest number of barriers encountered ($p = 0.0001$).

Parents encountered several difficulties in seeking help for their children, a fact that may explain the significant gap between need and access to services and may constitute an essential point of intervention to minimize this gap.

DURING THE COVID-19 PANDEMIC EVALUATION OF STRESS AND DEPRESSION AMONG UNIVERSITY OF GEORGIA STUDENTS: A PILOT CROSS-SECTIONAL STUDY

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Background: The students encounter issues relating to their pursuit career which can be associated to mental disorder. This study aimed to evaluate the prevalence of perceived stress and depressive symptoms among the undergraduate students from school of health sciences, University of Georgia (UG), Tbilisi, Georgia.

Method: This study used the Beck's Depression Inventory (BDI), and Perceived Stress Scale (PSS) questionnaire. The data was collected on January 22nd until February 26th, 2022, among international undergraduate students. The logistic regression analyses were used to measure the strength of association between the variable. All tests were two-tailed and statistically significant at $p < 0.05$.

Results: A total of 220 responses were collected, with the response rate of 12.74%. The participation of the female students (62.7%; N=138) were mostly from medical department (73.2%; N=161) which was higher than the males (37.3%; N=82). The mean age group category was between 20 and 25 years old (SD \approx 0.51). 55.8% (N=77) and 87.7% (N= 121) of depressive symptoms and perceived stress, respectively were observed among the female students. The prevalence of depression and stress in this study was 48.6% and 79.5%, respectively. The female students studying medicine were more likely to report depressive symptoms (47.1%; $p < 0.05$) and perceived stress (69.6%; $p < 0.05$). Age and countries were not statistically significant in predicting disorders among the male and female students.

Conclusion: Gender difference can be a contributing factor to stress and depression among the students, educational plans to prevent increase in prevalence should be implemented as further studies are recommended.

WHO IS IN OF OUT-PATIENT MENTAL HEALTH TEAM? IS THERE ANY DIFFERENCE?

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Mental health care is in continuous transformation process depending on various visible and nonvisible factors. Covid-19 pandemic has revealed weakness of almost all health systems and even make even bigger gap in mental health provision. The demands of the community mental health teams have been changing, structure and roles as well, but are all they taken into account or only lead to burn-out. Starting from "blessing" and "obstacles" of the community care to ultimate need for structured balanced mental health care.

LESSONS LEARNED OR FORGOTTEN? IMPACTS OF COVID-19 ON THE FUTURE DIRECTION OF GLOBAL (E-)MENTAL HEALTH CARE

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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).

NEW TRENDS IN TECHNOLOGY AND THE FUTURE OF MENTAL HEALTH

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Introduction: It is obvious to everyone that 2020 has been the threshold of global and profound changes. Paradigm shifting ideas or peculiar concepts related to this timeline are noticed at the interface between technology and mental health

Material and Methods: We reviewed the academic literature on mental health published after the time threshold of March 2020, with a focus on the new technological research trends in this area.

Results: We have identified an explosion of scientific articles, innovations, products or mass media articles regarding the use of new technologies in the field of mental health. In this respect, we define new technologies as those that although they have been announced in the last decade, their presence until now has been rare. Long before COVID era, the convergence of nanotechnology, biotechnology, information technology, and cognitive science was already announced and a new term was coined (NBIC). New technological trends in mental health during last two years encompass topics as genetic engineering, neural signal processing and neural interfaces, validation and usage of telehealth and e-health. In the same flow of development venture capital and mental health have become more connected through technology. A consistent array of advocacy in favor of these new technology and involvement of key opinion leaders in this area were noticed

Conclusions: There have been identified changes in the paradigm of mental health research and paradigm envisioning, with the shift of interest towards machine learning and artificial intelligence, big data usage, genetics and human-machine convergence. The research is more advanced in the technical literature than in the purely medical one. There is a greater tendency recently to new approaches as pandemic, climate, gender or race studies.

MEDICAL STUDENTS AND PEER SUPPORT GROUPS, AN EXAMPLE FROM CROATIA

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Introduction: College is a period with many adjustment challenges. For most students that means new environments especially for those who study outside their main residence. Peer support groups are recognized as a model for building student resilience in dealing with college related adjustments, stress and anxiety.

Methods: A peer support group of freshmen students from School of Medicine, University of Zagreb, was tracked from March 2021 to March 2022. Group of four to eight students meet regularly twice per month discussing their current situation with exams and other college related issues. After one year they were given the task to write essays on their impressions of their so far study and their experience in the group they participate in. The questions we wanted to get an answer were: How will students react to that kind of group support? What issues will they mention during participation? How is that experience going to affect their viewpoints, their expectations from college and their exam related anxiety?

Results: The students referred in their writings to the difficulties regarding insecurity, a sense of inferiority, questioning of their choice to study medicine, problems with sleep and a high level of stress and anxiety in the first year. The peer support groups gave them insight that other people are dealing with the same thoughts and obstacles which had a positive effect on their approach to future college related tasks with reducing the amount of stress and anxiety.

Conclusions: Peer support groups have a positive effect on students in reducing stress and anxiety and can improve resilience capabilities.

MOBILE TEAMS AS A RESPONSE TO MAJOR CIVIL PSYCHO-TRAUMA

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A series of earthquakes have affected the habitant's mental health in Sisak-Moslavina County in Croatia starting from December 2020, putting additional pressure on their resilience capabilities already debilitated from the Sars-CoV-2 pandemic. Early trauma-based intervention was needed to prevent future re-traumatization. Mobile teams are recognized as one of possible approaches. The aim of this paper is to show the mobile team's basic structure, algorithm, results as well as gaps and on-field related issues we had approached.

For this project three mobile teams were mobilized consisting of psychiatry specialist, resident, and a psychologist. They follow up the people in need once per week from May to August 2021.

In total there were two-hundred-thirty individual counseling/support given in ninety-four home visits. Most common conditions on the field were adjustment disorder, problems with sleep, anxiety and panic with exhausted adaptation mechanisms and lack of resilience.

Mobile teams can have a positive impact in dealing with major civil trauma events and its short- and long-term consequences on mental health. A good established logistic is needed for the best possible outcome.

MOBILE TEAMS AS A RESPONSE TO WAR REFUGEE CRISIS, LESSONS LEARNEDR Muzic¹, D Stimac Grbic^{1,2}, I Pavic Simetin¹¹Croatian Institute of Public Health, Zagreb, Croatia; ²School of Public Health *Andrija Stampar*, School of Medicine, University of Zagreb

Ongoing war in Ukraine resulted in millions of refugees seeking safety for their families and the psycho-social support of other countries. Direct or indirect war related psycho-trauma can cause mental disorders in previous healthy individuals as well as deterioration in those with previously unrecognized and recognized disorders. Early intervention is needed to detect those conditions, treat them adequately, and to prevent additional future damage. One way to approach this is through establishing mobile teams. The aim of this paper is to show the mobile team's basic structure, algorithm, results as well as gaps and on-field issues we have approached.

For this project psychiatrist, psychologists and interpreters were mobilized in a form of mobile teams from April to June 2022 in the City of Zagreb, Croatia. As a technical support phone lines were established with Ukrainian speaking mental health professionals.

In total there were only eight individuals who contacted our services for psychological issues. The rest of the queries were mostly social service related.

Although the number of people who called is relatively small, we consider the exact number of people in need much higher. Mobile teams are one possible approach to deal with the war refugee crisis and its related mental health impact, but good logistics is necessary for the best possible outcome.

THE HERITAGE OF SOCIALIST BULGARIA - THE DISPENSARY METHOD. ANALYSIS OF THE CURRENT STATE OF THE PSYCHIATRIC SYSTEM IN BULGARIAV Nakov¹, I Dimitrova²¹National Center of Public Health and Analyses, Sofia, Bulgaria; ²University *Paisii Hilendarski*, Plovdiv, Bulgaria

Although there are studies by various authors on the history of medicine, the history of psychiatry in Bulgaria is still incomplete, with many blanks. Mental health was never a priority in Bulgaria – before the coup d'état of 9 September 1944 there were very few treatment facilities for the mentally ill. The new regime did not recognize it as a priority either – mental healthcare is conspicuously absent in the first program of the Fatherland Front, the communist-dominated coalition that came to power after the coup. From the early 1950s onwards, the new and major undertaking was to develop an outpatient system, which was epitomized primarily by the dispensary approach. As the embodiment of social psychiatry with its “prophylactic orientation”, the dispensarization project had to accomplish many tasks and to fulfill the high hopes of the Bulgarian psychiatric community for “bringing psychiatry close to society”. The aim of this study is to show the general – mostly paternalistic – paradigm within which the dispensary model was deployed, as well as to describe the broader context in which this occurred, namely the formation of a professional community, the construction of psychiatric institutions, and the attitudes of psychiatrists and society towards people with mental health issues during the period of state socialism in Bulgaria.

THE CORRELATES OF CAREGIVER BURDEN IN INFORMAL CAREGIVERS FOR PEOPLE WITH DEMENTIA

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Introduction: Dementia is one of the major public health challenges in the elderly populations. However, it fundamentally affects not only a person living with dementia (PLwD), but also an informal caregiver, often resulting in a high caregiver burden. The aim of this study was to investigate the associations of care intensity, social support, and caregiving experience with the caregiver burden in dementia care.

Methods: The study was carried out from September 2021 to February 2022 among 115 'informal caregiver – PLwD' dyads in the community settings in Slovakia. Measures included the care intensity in hours per week (≤ 8 , 9-39, > 40), the Oslo Social Support Scale (OSSS-3), and the Positive Aspects of Caring Scale (PACS). The Zarit Burden Interview (ZBI-12) was chosen to measure caregivers' burden. Pearson's and Spearman's correlations and ANOVA tests were used to analyse the data (IBM SPSS 27).

Results and discussion: The mean age of informal caregivers was 54 ± 12.4 years (81.7% of women) and of care receivers was 80.5 ± 8.3 years (73.0% of women). The higher perceived burden of informal caregivers was significantly associated with lower social support ($R = -.52$, $p < 0.001$) and with negatively perceived caregiving ($R = -.51$, $p < 0.001$). The association between caregiver burden and care intensity was not significant ($F = 1.591$, $p = 0.209$).

Providing long-term care for a PLwD is very demanding. Implementation of tailored interventions focussed on preventing low psycho-social support and negative caregiving experience can help to reduce the increased risk of burden in informal caregivers of people with dementia.

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NEW ANTIDEPRESSANT PRESCRIPTIONS IN THE POPULATION OF BRESCIA (ITALY) BEFORE AND AFTER THE COVID-19 PANDEMIC (2018-2021)

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The province of Brescia in Italy was one of the most dramatically hit by the COVID-19 pandemic. From March to June 2020, the Italian Government imposed a national lockdown to limit the spread of the infection. In the following months and throughout 2021, phases of partial reopening alternated with new lockdowns, depending on the trend of the infections. The aim of this study was to assess the impact of the pandemic on the mental health of the general population.

This retrospective, observational study, analyzed antidepressants prescription data from Health Protection Agency of Brescia. New antidepressant prescriptions in 2018-2019 were compared with the pandemic years 2020-2021, through time-series analysis. A logistic regression was applied to test for associations with age, gender, nationality and physical morbidity.

Of 958.722 included subjects, 74.103 (7.7%) were antidepressant users at baseline. The monthly raw incidence rate of new users was 186.1/100.000 in the pre-lockdown years, 106.2 in march 2020, and 192.4 in the post-lockdown period. The significantly higher risk of new prescriptions after lockdown was due to new cases in 2021 (relative risk 1.07, $p < 0.05$), while in 2020 the relative risk was not significant. In the logistic regression analysis new prescriptions of antidepressants were predicted by female sex, higher age, Italian citizenship, and more physical comorbidity.

Data suggest that new cases of depression may need a longer than expected time to show up, and clinicians should be careful in monitoring subjects with more risk factors for depression.

GUT MICROBIOTA AND THE EMERGING INTEREST IN EFFECTS OF PROBIOTICS ON DEPRESSION: WHAT DO THE STUDIES SHOW?

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Introduction: Host organisms and their microbiota have co-evolved, with some commensals evolving as pathobionts and others as symbionts. The physiology of normal gut microbiota alters when the human microbiome is exposed to a different diet, stress, hormonal changes, inherited genes, and overuse/inappropriate use of antibiotics. This alteration leads to dysbiosis, which is associated with the pathogenesis of both intestinal and extra-intestinal ailments. Emerging evidence indicates that Gut-Brain-Axis plays a crucial role in the pathophysiology of depression. Probiotics are live bacteria that colonize the gastrointestinal tract which seem to influence a variety of pathways associated with depression.

Method: Several studies were analyzed and evaluated for the effectiveness of probiotics on participants with depression.

Results and Discussion: Many studies concluded that probiotics seem to considerably reduce symptoms of depression, however, the strain of the probiotic, dosing, and duration of treatment varied widely. The fact that probiotics can help with depression is intriguing, but more double-blind, randomized control trials in clinical populations are needed to fully assess efficacy.

Conclusions: These studies may provide a basis for advanced therapeutic approaches, along with current therapeutic modalities for depression, as well as the identification of novel biomarkers, for early diagnosis and intervention of depression. Further studies are needed to fully evaluate the therapeutic potential of probiotics.

IN AND OUT OF YOUR MIND

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Mentality is a subtle fabric with a magnificent power over what brings experience closer to our being and demarcate the others. Fantasy is a state of being in and out of your mind. It is something simultaneously perceived and construed that engenders uncanny feeling where it comes to difficult psychological states and psychic phenomena. Imagination is seen as a meaningful territory of affect, play and phantasy and a focal point of human experience beyond language and cognition. Imaginative activity inspires with awe in the works of Michelangelo Buonarroti or anguish and eeriness in a state of insanity. As art forms, religion and science provide us with meanings and corresponding universal order to guide ourselves in life, fantasy invokes images and experiences that envisage our puzzling human nature. The study offers psychoanalytically informed investigation of the inner world as an endeavor to reflect mental structures and dynamic processes in a conventional art form. The report introduces David Fincher's "Fight club" (1999) as a depiction of sense of radical double within and exploration of the foreign components of our psyche. On the ground that the film presents us with the idea of over-accentuation of mental reality, I will argue that fantasy is a sensual experience of otherness within the self. I shall further explore phantasies and imagination with reference to the film cinematography and text.

THE EFFECTS OF INFLAMMATORY BOWEL DISEASES ON THE PSYCHOLOGICAL STATUS OF AFFECTED INDIVIDUALS

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Background: Due to their chronicity and unpredictable clinical course, Inflammatory bowel diseases (IBD), including Crohn's disease and ulcerative colitis (UC), are associated with psychological comorbidity and impaired quality of life. Psychological comorbidities (anxiety, depression, somatization, perceived stress) could affect the natural history of IBD by playing a role both in the pathophysiology and course of IBD and in how patients deal with these chronic and disabling diseases.

Methods: For all patients we assessed: social and demographical data (age, gender, marital status, living environment, education, professional status, presence of risk behaviors); clinical status (diagnosis and disease activity with MAYO/CDAI scores, duration of evolution, comorbidities, personal medical history, previous and present therapy, level of pain with Numerical rating scales); psychological status (presence of psychological trauma in personal history, presence of stress with PSS scale, anxiety or depressive disorder at the moment of evaluation with HADS scale, coping mechanisms with COPE questionnaire).

Results: The study sample comprised 28 patients, diagnosed with IBD and hospitalized between January 1st and June 30th, 2019 in the Gastroenterology Department of SCJU Craiova. The average age was 38.21+16.87 years; majority males (64.29%); predominantly with UC (85.71%); 78.57% from urban area; 71.43% professionally active; 50% higher education; 35.7% with family psychotrauma; 50% with duration of evolution under 5 years; 14.3% with a moderate level of perceived stress; depression and anxiety as assessed through HADS was present in 14.3%. Coping mechanisms were developed by the subjects, especially on the areas of planning, acceptance and use of social support.

Conclusions: The inflammatory disease has significant effects on the psychological status of the individual affected and our patients have developed coping mechanisms.

DISCOVERING THE VALUE OF FEAR, SOUL PAIN, BITTERNESS AND VOID IN COUNSELING AND PSYCHOTHERAPY. CASE STUDY - DEPRESSIVE DISORDERS.

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The statement "Where's an emotion, there's a value" (Längle A) opens a different perspective in psychiatric practice (either in counseling or in psychotherapeutic interventions).

We tried, based on the consultation notes, to discover simple definitions for five emotions (fear, soul pain, bitter, inner emptiness and guilt) frequently found among the signs and symptoms described by the patients.

The discussions, based on a phenomenological, existential approach, were followed for periods of 9, 7, 6 and 6 years, respectively, for four persons (P1-bipolar disorder; P2&3&4-recurrent depression with severe episodes). In all four cases drug treatment was associated and 2nd axis elements were present, with a psychotraumatic etiological component.

The evolution was favorable with overcoming the initial obstacles, with a significant improvement in the degree of freedom and personal satisfaction, with a lot better social anchoring (both subjective and objective evaluation). In all four cases, the family antecedents were significant.

The obtained correlations were: in fear I lose a value; in soul pain I lost a value; in bitterness I gave up a value; in inner emptiness I do not recognize a value. Guilt appeared as the pain of bitterness.

INDIVIDUAL AND ORGANIZATIONAL RESOURCES FOR MANAGING THE PROFESSIONAL STRESS OF ROMANIAN HEALTH SOCIAL WORKERS

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Introduction: As part of the essential workforce during public health crises, social workers often face unwanted psychological effects due to professional stress. The aim of this paper was to identify the main sources of job-related stressors as well as the individual and organizational strategies for managing professional stress among Romanian social workers employed in healthcare settings.

Methods: We conducted 20 semi-structured interviews with social workers in health care public institutions (n=12: emergency, infectious disease, and maternity units) and NGOs (n=8: school-based health programs, home care, day centers for drug users, palliative care, residential care for children with intellectual disabilities).

Results: The job stressors indicated by the respondents fall into three main categories by sources: relationships dynamic (difficult communication with patients and their families, with superiors, co-workers and other professionals), systemic constraints (oversized paperwork, large caseload, late hours, lack of technical equipment, scarcity of local social services) and individual/psychological challenges (the emotional burden of hard cases, death of clients, delivering difficult diagnoses). The coping strategies reported by social workers employed in health settings involved mainly individual approaches, such as distancing oneself from work-related issues, self-care, and leisure activities. Internal organizational support was channeled mainly as impromptu inter-vision activities (e.g. team and individual discussions on cases when necessary) and much less as coordinated activities such as supervision, individual counseling, and specialized training.

Discussion: Our study confirms the existence of a gap in organizational resources for tackling the professional stress of social workers, despite their essential role in health care social intervention.

RECENTLY FROM CROATIA: COMMUNITY MENTAL HEALTH APPROACH EXAMPLE OF THE RECOVER-E PROJECT

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Introduction: We will provide an overview of the developments of the community mental health approach in the last years focusing mostly on the results of the RECOVER-E project (LaRge-scale implementation of COmmunity based mental health care for people with seVere and Enduring mental ill health in EuRopE).

Methods: The project was implemented in several European countries, including Croatia from 2018 to 2022. The goal of the project was to implement multidisciplinary community mental health teams (CMHT) for the treatment of patients suffering from severe mental illnesses, and to evaluate them through comparison with the standard care. We conducted 1) the situational analysis of the current situation in Croatia and the assessment of needs of team members and patients in local context; 2) comparison of patient treatment outcomes via CMHT vs. treatment as usual in a sample of 171 patients during 18 months.

Results and discussion: In Croatia, after 18 months of treatment, patients in CMHT group had a significantly higher quality of life and a significantly lower score on the disability scale. There is also a significant difference in the number of days of hospital treatment between the groups. The analysis of part of the sample that we conducted during the COVID-19 pandemic indicates a significantly higher utilization of medical services in the CMHT group. The use of CMHT significantly increases the availability and quality of care for patients with severe mental illnesses compared to standard care.

Research support: The project was funded by the programme EU Horizon 2020, No 779362.

MONITORING MENTAL HEALTH IN AUSTRIAN DURING THE COVID-19 CRISIS: LATEST DATA

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Introduction: The COVID-19 pandemic has brought multiple psychosocial burdens to the population and heterogeneous effects on different population groups are to be expected. However, psychosocial burden cannot be quantified easily. Unlike infection figures or bed occupancy rates there is no generally established indicator for mental health that can be reported daily. It is thus necessary to look at several different indicators together regularly.

Methods: Commissioned by the Austrian Federal Minister of Social Affairs, Health, Care and Consumer Protection a concept was developed to improve the data situation and explore which data is suitable and available for a regular monitoring. Data from the areas of psychosocial stress within the general population, family stress and violence, unemployment, (treated) mental illnesses and suicidality is included in an ongoing monitoring process.

Results and discussion: The data included indicates a continuing increase in psychosocial stress in the population. Among children and adolescents' hospital admissions due to certain mental disorders and suicidal behavior have increased significantly since the beginning of the pandemic, with the situation worsening in 2021.

Discussion: Despite limitations (e.g. limited data availability, bias in some data sources), the joint analysis of various indicators makes it possible to depict developments in the psychosocial health of the Austrian population.

THE EFFECT OF THE COVID-19 PANDEMIC ON STUDENTS' MENTAL HEALTHAK Saktapov¹, DV Vinnikov², AT Dushpanova^{3,4}, ZV Romanova¹, AA Mereke³, KK Davletov³, SB Kalmakhanov⁵, AY Ualiyeva¹, GM Ussatayeva¹, MB Kulimbet³

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Background: Governmental restrictions during the COVID-19 pandemic might have had a crucial effect on students' health, including its mental component. The study aimed to estimate how depression and anxiety in Kazakhstani students were affected by the COVID-19 pandemic.

Methods: A cross-sectional study was conducted at al-Farabi Kazakh National University, in which data from 5440 students were collected. Depressive symptoms were assessed with the Patient Health Questionnaire-9 (PHQ-9), while anxiety symptoms were measured by the Generalized anxiety disorder-7 (GAD-7).

Results and discussion: The study sample (N=5440) comprised 1475 (27.1%) males and 3865 (72.9%) females. The mean age was 19.8±2.9 years. Depression was found in 35.9% (more in females, 38.1% vs. 30.2%, p<0.001), anxiety in 25.4% (more in females, 26.6% vs. 22.2%, p=0.001). Age predicted anxiety (p<0.001), but depression. Students who lived in urban areas had a higher prevalence of depression and anxiety than those in rural areas (38.3% vs 32.2% and 27.3% vs. 22.3%, p<0.001). We also found that year of study, living with neighbours and contact with infected people were significantly associated with depression and anxiety (all p<0.0001).

Conclusion: The prevalence of depression and anxiety among students was high during the COVID-19 pandemic. Psychological support should be provided for the students to diminish the negative consequences of the COVID-19 pandemic on mental health.

STRESS IN THE RADIOLOGICAL UNIT DURING THE COVID 19 PANDEMIC

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Introduction: Stress management in both medical staff and patients was a challenge during the period of the covid 19 pandemic, this was also reflected in radiological units, whether these units were dedicated to covid 19 positive patients or not. In this article, we want to consider the need that patients have for radiological examinations, the approach toward them, the stress level during the examination, and how this could affect the quality of the examination.

Objectives and methodology: To characterize the main causes of increased stress that patients who present for radiological examinations at the hospital of the UHC" Mother Teresa" in Tirana and staff members had during the pandemic period. The patients presented in our service in June 2020/August 2022 and the staff who served were addressed with a series of questions.

We wanted to understand the impact that the pandemic had on the stress of patients and staff, and also in a retrospective review of the questionnaires, to have the opportunity to compare the period before and after the application of vaccines.

Conclusions: Patients with chronic pathologies had a high level of stress related to the fear of falling in contact with the virus during the entire time when the survey was conducted. Patients in units dedicated to covid 19 had a higher level of stress than those who went to non-dedicated units, and stress was higher in the period before vaccination or before becoming infected than after it. The medical staff was very stressed both in the units dedicated to covid 19 and in other units before the vaccination of the medical staff and their level of stress at work decreased after the application of the vaccine or after they had passed the disease.

MENTAL HEALTH PROGRAMS: RESPONDING TO THE CHALLENGES OF TODAY AND TOMORROW

N Sartorius

Association for the Improvement of Mental Health Programmes (AMH), Geneva, Switzerland

The presentation will list the advances made in the development of mental health programs as well as the challenges to which these programs – and health care in general – have to respond. Among them are the commercialization of health care and society, the horizontalization of social connections, urbanization, the changes of the demographic structure of society and others. In order to respond to these challenges, the mental health programs will have to change many of its goals and strategies of work. The new goals – and action necessary to reach them - will be outlined.

IMPLEMENTATION OF A MOBILE DBT APP AND ITS IMPACT ON SUICIDALITY IN TRANSITIONAL AGE YOUTH WITH BORDERLINE PERSONALITY DISORDER: A QUALITATIVE STUDY

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Medical University of Vienna, Center for Medical Statistics, Informatics and Intelligent Systems, Institute for Outcomes Research, Vienna, Austria; University of Vienna, Faculty of Psychology, Department of Clinical and Health Psychology, Vienna, Austria.

Background: Contemporary performance and accessibility are features that enable mobile devices to be increasingly beneficial in the context of optimizing the treatment of psychiatric disorders, which is why smartphones have the potential to effectively support psychotherapeutic interventions among adolescents and young adults who require them.

Method: The use and subjective influence of a smartphone app with content from dialectical behavior therapy (DBT) was investigated among transitional age youth with borderline personality disorder, focusing on suicidality and non-suicidal self-injury. Using a longitudinal qualitative approach, participants were interviewed before and after an app testing period of 30 days. A total of 13 transitional age youth with a diagnosed borderline personality disorder between the ages of 18 and 23 were included, and the interviews were manually transcribed and analyzed using thematic qualitative text analysis according to Kuckartz.

Results: Six overarching themes were identified. These included: (1) experiences with DBT skills, (2) phenomenon of self-harm, (3) feelings connected with self-harm, (4) dealing with disorder-specific symptoms, (5) prevention of self-harm, and (6) attitude towards skills apps. Although some respondents expressed concerns about the functionality of the app and the potential difficulties in providing non-personal help, their attitudes toward a skills-providing app were generally positive.

Discussion: In general, the provision of an app with DBT content achieved a positive response among participants. Despite a small change in the perception of suicidality and non-suicidal self-injury, participants could imagine its benefits by integrating their use of the app as a supportive measure for personal psychotherapy sessions.

THE INFLUENCE OF PHYSICAL ACTIVITY ON COGNITIVE DEVELOPMENT AND MENTAL HEALTH IN CHILDREN AND ADOLESCENTS

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Compared to previous generations of children and adolescents, we are witnessing a change in lifestyles worldwide, with newer generations of young people becoming predominantly sedentary. Physical activity is rapidly declining while research on its benefits is increasing. Continuous physical activity has been shown to be associated with a number of health benefits, including cognitive development and mental health. In children and adolescents, regular physical activity can positively contribute to cognitive development and provide numerous psychological and physiological benefits. These benefits apply particularly to childhood and adolescence, as they represent life stages that are receptive to the adoption of healthy habits and lifestyles by preventing the onset of various forms of disease and promoting positive mental health. In addition, physical activity prepares children and adolescents for the mental and physical challenges of adolescence and adulthood. The aim of this paper is to provide a critical overview of the contribution of physical activity to the cognitive development and mental health of children and adolescents and to draw conclusions based on a comprehensive analysis. The objectives of this paper will be achieved through a review of the current literature and a synthesis of current knowledge in the field of physical activity, cognitive development, and mental health promotion. It is important to raise awareness and encourage children and adolescents to be physically active to positively impact their development. It is also important to focus on creating opportunities and investing in evidence-based interventions to promote the growth and development of children and adolescents.

ANXIETY LEVELS BEFORE SURGERY IN CHILDREN 5-13 YEARS OLD, AN ALBANIAN EXPERIENCE

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Introduction: Preoperative anxiety in children is common. This study assessed anxiety in children aged 5 to 13 in the pediatric surgery department of a tertiary hospital in Tirana.

Methods: The questionnaire used to assess children's anxiety was the State-Trait Anxiety Inventory for Children (STAI-CH), performed on all children 5-13 years old, who performed surgical procedures in the pediatric surgery department in *Mother Teresa* University Hospital Center, from April 1, 2022, to June 30, 2022. All children were accompanied by parents, did not have diseases related to mental disability, and were scheduled to undergo surgical intervention. The same questionnaire for adults, STAI was used to evaluate the anxiety status of all parents together with a social demographic questionnaire, before the surgery.

Results: The average age of the children was 7.8±1.5 years old, and there is no difference between genders among the 60 children who participated in the study. Almost 70% of the children experienced any level of anxiety before surgery. The most frequent pediatric surgery diagnoses are inguinal hernia, Cryptorchidism, Appendicitis, phimosis, hypospadias, hydrocele, peritonitis, ileus, tonsillectomy, and adenoidectomy, gastrointestinal endoscopic and colonoscopy under general anesthesia. Anesthesia was with a face mask, laryngeal mask, and endotracheal tube. They did not receive preoperative sedation on the day of the surgery such as midazolam. Induction of anesthesia was then done with midazolam and propofol. Then it was continued with sevoflurane, fentanyl, vecuronium, and prodexa (antiemetic). The children's stay in the hospital was from 24 hours to 5 days. Children whose caregivers felt very worried experienced an increased risk of preoperative anxiety compared to children whose caregivers were not worried about the surgery at all. Other characteristics of children with a high level of anxiety were: having educated parents, from urban areas, being the only child in the family, and being over 8 years old. The most frequent behavioral reaction of children was irritability, followed by emotional reactions such as worry and fear.

Conclusions: The incidence of preoperative anxiety in children in this study, is comparable to other similar studies in other countries. The fact that parents' anxiety greatly affects children's anxiety before surgery is similar to studies in other countries. What is curious in our study is the fact that this influence is more prominent in children aged 8 years and older. Recommendation: The need for psychological counseling for the parent and the child before the operation is high and beneficial in the process.

TREATMENT FROM AN ATTACHMENT PERSPECTIVE: PERSONS WITH A MODERATE TO SEVERE INTELLECTUAL DISABILITY, WITH AND WITHOUT VISUAL IMPAIRMENT

P Sterkenburg

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Clients with moderate to severe and persistent behavioural problems who do not respond to regular therapies form a small but problematic target group within the care for people with an intellectual and visual disability. Some of the clients have a history of disordered attachment, which may be at the core of this problem. These clients do not have an attachment figure who supports the emotion regulation. For these clients the 'Integrative Therapy for Attachment and Behaviour' was developed. This treatment has shown to be an evidence-based intervention. During this presentation the theory, treatment phases and tips from practice will be presented.

RESILIENCE AND MENTAL HEALTH CONDITIONS – AN OVERVIEW

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Introduction: Depression and anxiety are influenced by several factors such as sociodemographics. Less is known whether and how resilience is associated with depression and anxiety. We aim to provide data on resilience, depression and anxiety in a representative sample in Germany.

Methods: We conducted a longitudinal study with two measurement points using a standardized assessment instrument. The standardized instrument was used to assess sociodemographic data (gender, age, marital status, education, employment status, type of employment and household income), depression (PHQ-9), anxiety (PHQ-D modified) and resilience (state resilience: BRS, trait resilience: CD-RISC). To investigate the resilience trait and state and the association with depression and anxiety at the first measurement point we estimated linear regression models.

Results: The analytical sample for this study includes n=472 (male: n=194, female: n=278) individuals (age: M=44.54, range: 18-65). Most participants showed medium state resilience (66.3%, n=181; high: 29.3%, n=80, low: 4.4%, n=12) and medium trait resilience (48.8%, n=147, high: 24.9%, n=75, low: 25.2%, n=79). Employment status and household income were positively associated with state resilience, gender, family status, employment status and household income were positively associated with trait resilience. Depression (M=5.36, SD=4.86) and anxiety (M=3.55, SD=3.98, n=449) were associated with state resilience (depression: $\beta=-0.411$, $p<.001$; anxiety: $\beta=-0.521$, $p<.001$) and with trait resilience (depression: $\beta=-0.420$, $p<.001$, anxiety: $\beta=-0.389$, $p<.001$)

Discussion: Data from other countries are needed to better understand the factors which have an impact on depression and anxiety. Fostering resilience traits and states might be helpful to reduce the burden of depression and anxiety.

THE COMMUNITY MANAGEMENT OF A MOTHER WITH PSYCHOTIC DISORDER

AS Stanescu, CL Duica, L Seprodi

Psychiatric Hospital *Doctor Gheorghe Preda* Sibiu; *Lucian Blaga* University of Sibiu, Faculty of Medicine, Sibiu, Romania

Patient P.M., 41 years old, married, from Ocna Sibiului, unemployed, mother of 8 children, presented to the Sibiu Psychiatric Hospital in the emergency service for mystical and grandiose delusions, complex auditory and visual hallucinations, delusional hallucinatory behavior. The family reports that 2 years ago, shortly after the death of her brother, the patient became very suspicious, with ideas of jealousy, over time the other elements being added, functionality being relatively good. Paraclinical investigations revealed hypochromic normocytic anemia and brain MRI showed mild, inactive internal hydrocephalus with normotensive ventriculomegaly. The evolution of symptoms during hospitalization was slowly favorable with disappearance of hallucinations in short time and improvement of delusional ideas in about 4 weeks.

The diagnosis of Psychotic disorder without other specification was established with the perspective, depending on the evolution, of changing the diagnosis to Paranoid schizophrenia. During hospitalization, the patient received treatment with Risperidone 6 mg/day, Clonazepam 4 mg/day. It was also found that the patient had a posthemorrhagic anemia secondary to a neglected vaginal prolapse. In this case, the clinical management of the case must be accompanied by a psycho-social management. The community nurse of this patient would have in mind the monitoring of the psychiatric treatment, the facilitation of the gynecological surgical treatment, the dynamic monitoring of the neurostructural changes and last but not least, assisting the patient in fulfilling her maternal role. Depending on the patient's functional status, the social services of the community assistance should include, from obtaining a disability pension to providing help and support to the children and even the measure of placement the minor children to a foster caregiver.

DROPOUT FACTORS IN PATIENTS TREATED FOR BIPOLAR DISORDERS AND SCHIZOPHRENIAE Sotiri¹, F Elezi¹, T Mana¹, A Como²¹Psychiatric Emergency, University Hospital Center Tirana *Mother Teresa*, Albania; ²Psychiatric Service, University Hospital Center Tirana *Mother Teresa*, Albania.

Background: Drugs don't work in patients who don't take them (C. Everett Koop). We can expand this concept to: treatment don't function if the patient doesn't follow it. Adherence to medication and treatment has a significant role in the outcomes of physician work and patient wellbeing. Drop out of treatment is common in patients with psychiatric disorders. An interplay of factors influences this topic. Patient background, socioeconomic status, access to healthcare and medications, type of medication, diagnosis, physician's attitude, stigma, denial, etc. are some of the factors influencing treatment adherence. Our traditional culture is more associated with treatment compliance, the patient passively follows physician orders. This attitude does not provide qualitative follow up and best results.

Objective: Analyzing the factors influencing treatment drop out for patient treated for bipolar disorders and schizophrenia.

Method: 195 patients suffering from both disorders and in need for long term treatment have been evaluated by the physician they met after dropping out of treatment. Many factors have been evaluated as influencers of drop out. Patient data such as diagnosis, years of suffering of the disease, number of pills taken daily, frequency of pills taken daily, education, awareness about the disease, time spent to physician's office, access to physician, family support, have been taken into account.

Results: Stigma, severity of symptoms, lack of insight, adverse effects, family support, lack of alternative medications in the reimbursement list, specific type of medications, education, treatment setting, are all factors associated with drop out from treatment for bipolar disorder and schizophrenia. Dropout rate of bipolar disorder results lower compared to schizophrenia. Schizophrenia with negative symptoms associated with strong family support had lower rate of dropout then the type with positive symptoms. Higher rate of adverse effects medications has higher rate of dropout. Other factors include: relationship with physician; social activities, substance use, patients without "experience" about the disease report higher dropout rate.

Discussion: Treatment dropout of patients with psychotic disorders is strongly related with patient, provider and health care system factors. While the factors are qualitatively comparable, this observation involves a significant degree of local factors differing from other studies. There are also typical local factors involved.

THE IMPLEMENTATION OF BEST EU MENTAL HEALTH CARE PRACTICES IN CROATIA: JA IMPLEMENTAL PROJECT.

D Stimac Grbic

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Mental health care is becoming a global priority, especially during the SARS CoV-2 virus pandemic. The EU Joint Action ImpleMENTAL project aims to support member states, i.e. project partners, in the implementation of two examples of good practice in the field of mental health protection and suicide prevention. With its participation in this project, Croatia has undertaken to implement both above-mentioned best practices. Recognizing the importance of combating mental health risks and disorders, the Republic of Croatia is in the process of adopting important policy documents related to the improvement and protection of mental health. Strategic Framework for Mental Health 2022-2030 is drafted and is expected to be adopted. Several action plans for the implementation of the Strategic framework are being developed, such as: the Action Plan for community based mental health service and the Action Plan for mental health promotion and the early detection and treatment of mental disorders. The main objectives of these policy documents are in line with the objectives of the WHO and European initiatives for the protection and promotion of mental health. In our fight for improvement of mental health, the emphasis is on destigmatization, early detection and effective treatment of mental disorders. In the process of mental health care reorientation toward client's needs, emphasis is on strengthening civil society. People with mental disorders and their families are invited to actively participate in the development of effective community-based interventions with the aim to improve mental health of the population. The aim is to build client oriented, destigmatizing and inclusive mental health care system in which everyone has the same chance to be a valuable and accepted member of community.

CO-OCCURRING EPILEPSY, AUTISM SPECTRUM DISORDERS, INTELLECTUAL DISABILITY REGARDING GENETIC FEATURES IN ALBANIAN CHILDREN.

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Introduction: There is increasing recognition of clinical overlap in patients presenting with epilepsy, autism spectrum disorders (ASD), and intellectual disability. Several biological pathways appear to be involved in both disease processes, including gene transcription regulation, cellular growth, synaptic channel function, and maintenance of the synaptic structure.

Aim: to identify the screening tools available for practicing neurologists to help determine which patients should be referred for ASD diagnostic and genetic evaluation.

Method: We review several genetic disorders in Albanian children where ASD, intellectual disability and epilepsy frequently co-occur. Two children with TSC2 syndrome, two children with 16p11,2 microdeletion syndrome, one with 16q12,1 q21 syndrome, one with COL4A2 syndrome, two with Shukla Vernon disease, one with FOXP1 gene, one with ZBTB18 gene.

Results: We found that majority of children who resulted to have genetic disease, have been followed by Community Developmental Center and were diagnosed with ASD non otherwise specified. More than 50% of them came to child neurologist after the first convulsion, only 2 of them were referred due to specific body features and global developmental delay. The majority of our group in study had never performed a neurological examination before the age 3 years old.

Discussions: it is necessary to assess as early as possible, children with developmental delay, not only by pediatrician in the ambulatory service but also from child neurologist and child psychiatrist. In children with ASD, epilepsy and intellectual disability we recommend to perform whole genome sequencing test.

PLEASURE, RATIONAL CHOICES AND DRUGS

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Pleasure is a high-yield target in the individual path, strongly related to a good quality of life. And drugs are part of this pleasure-seeking journey. But drug researchers are focused merely on the human side effects of the drugs, as well as on the social and personal problems related to the use. Even when some notions of pleasure or fun are "allowed" to break the picture, they are mentioned merely to be denied or negated. Pleasure is considered the great unmentionable, unseeable, the peccable...

The aim of this work is to analyze substance use from a different viewpoint, definitely not as a medical doctor. Stepping on the shoes of a drug consumer, can help understand better his world, his insights. Travelling through history, through different disciplines or observing gender differences, can help everybody accept in an easier way the reality of a drug user.

The brain disease model tries to offer an explanation on drug relapse and mental comorbidity. But do we use drugs only as a self-treatment, or do we choose to use them for pleasure, to reward ourselves after a hard work, or to share with friends the pleasure of the ritual consumption?! Can we see alcohol or cocaine use, not just a disorder, but a pleasure orientated behavior, as well? The rational choice model can give many explanations, even if sometimes contradictory. To conclude: Pleasure is good. Pleasure is right, as long as the maximizing behavior doesn't turn us into mindless creatures, handing over our free will.

INCREASED INTERNET AND INTERNET-SPECIFIC ACTIVITIES USAGE DURING PROLONGED STRESS PERIOD IN CROATIA

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Introduction: Studies show that trauma-related events are risk factors for the development of addictive behaviors. Thus, the aim of our study was to investigate the effect of the first three waves of the COVID-19 pandemic and concurrent earthquakes on the overall Internet (IU) and Internet-specific activities usage (ISAU) (online gaming, pornography viewing, social media activities, online shopping) in the Croatian adult population and its relation to the prior IU and ISAU and sociodemographic factors.

Methods: 1,118 participants (220 men and 898 women) completed survey providing sociodemographic data, COVID-19 and earthquake-related stress factors, overall, IU and ISAU before and during the first three waves of the pandemic and earthquakes.

Results and Discussion: A more significant increase in overall IU ($p < 0.001$), online gaming ($p < 0.001$), pornography viewing ($p < 0.001$), social media use ($p < 0.001$) and online shopping ($p < 0.001$) during the pandemic and earthquakes was higher in the group using the Internet before the pandemic and earthquakes. Women ($p < 0.001$), less educated ($p = 0.001$) and single participants ($p = 0.027$) increased overall IU. Online gaming was associated with younger ($p = 0.001$), less educated ($p < 0.001$), single participants ($p = 0.006$), those with no children ($p = 0.001$) and living in less urban places ($p = 0.032$). Increased pornography viewing was associated with younger ($p < 0.001$), male ($p < 0.001$), less educated ($p < 0.001$), single participants ($p = 0.001$) and those with no children ($p < 0.001$). Increased social media use was associated with women ($p < 0.001$) and lower education ($p < 0.001$).

To reduce the negative impacts of prolonged stress, experts should consider sociodemographic risk factors associated with IU and ISAU.

INCREASED INTERNET USAGE DURING THE FIRST THREE WAVES OF THE COVID-19 PANDEMIC AND EARTHQUAKES IN CROATIA

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Introduction: Research have shown an increase in Internet usage (IU) and Internet-specific activities usage (ISAU) (online gaming [OG], pornography viewing [PV], social media activities [SM], online shopping [OS]) during the COVID-19 pandemic. In the period of the first three waves of COVID-19 pandemic, Croatia was hit by two devastating earthquakes. Thus, we examined the overall amount of problematic Internet use (PIU) and problematic ISAU before and during prolonged stress (the COVID-19 pandemic and earthquakes) and their association with the COVID-19 and earthquakes-related stress, depression, anxiety, stress symptoms in Croatian adult population.

Methods: 1,118 participants completed survey providing COVID-19 and earthquakes-related stress, depression, anxiety, stress symptoms, overall, IU, and ISAU before and during the first three waves of the pandemic and earthquakes.

Results and Discussion: Our results show that the overall amount of PIU, the problematic SM and problematic OS increased during the pandemic and earthquakes. A significant correlation between PIU and problematic SM use, anxiety, depression, intrusion, avoidance symptoms was found in more than half of the participants who experienced both pandemic- and earthquake-related stress. The association between anxiety, depression, stress, PIU or problematic ISAU varied depending on the source of experienced or perceived stress (no perceived stress, only pandemic-related stress, only earthquake-related stress, both pandemic- and earthquake-related stress).

These findings provide substantial evidence of the increased overall amount of PIU among Croatian adults during the COVID-19 pandemic outbreak and earthquakes. Further research is needed to access problematic Internet behaviors in prolonged stress situations.

AUTISM SPECTRUM DISORDER IN GENETIC SYNDROMES. CLINICAL ASPECTS.

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Autism spectrum disorder (ASD) is a condition that appears very early in childhood, and is characterized by impaired social skills, communication problems and repetitive behaviors. These difficulties can interfere with people's ability to function in social, academic, and employment settings. Genetic causes are thought to contribute to about 40-80% of the risk for autism, with 2-4% of those with autism thought to be caused by rare gene mutations or chromosomal abnormalities (Rylaarsdam et al, 2019).

The presence of autism is described in individuals with a number of genetic syndromes such as: tuberous sclerosis, X-fragile, Cornelia de Lange, Down syndrome, Angelman, Coffin-Lowry, Cohen Laurence-Moon-Biedel, Marinesco-Sjogren, Moebius, Rett and Williams syndromes.

At least since 2013 with the release of the DSM-5, the concept of the autism spectrum emerged, where several diagnoses that were classified as separate disorders were grouped together under the diagnosis of autism spectrum disorder. The broader diagnosis of ASD was established since many affected individuals have a more varied clinical picture than the strict definitions of diagnostic criteria, and their intellectual and communication abilities may change over time.

The presentation will elaborate on some of the clinical aspects that are termed "ASD-like characteristics" or "ASD features", which suggest that there may be some similarities to individuals with ASD, but that the observed impairments, abilities, and behaviors are not exactly the same as those identified in individuals with ASD who do not have a genetic syndrome. Also, the clinical features of neurodevelopment and the time of diagnosis of autism in these children with genetic syndromes or the time of appearance of psychiatric comorbidities will be clarified.

SEASONAL PATTERN OF SUICIDE IN MENTAL DISORDERS - RESULTS FROM A REGIONAL STUDY IN BULGARIA

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Background: Suicide is an important medical and social problem responsible for nearly one million deaths per year globally. However, distal and proximal risk factors for suicide, expect being mentally diagnosed, are not enough studied. The aim of the study was to analyze the dynamics, structure, socio-demographic and clinical characteristics of all suicides committed by persons with mental disorder for 10-year period (2009-2018) in Pleven district.

Methods: Retrospective analysis of medical records of all mentally ill persons who committed suicide was done. Data were extracted from the databases of all in- and outpatient mental health centers in the region. Data processing was performed by IBM SPSS Statistics v.25. Statistical associations between a number of socio-demographic and clinical characteristics and the age of suicide victims was studied by dispersion analysis and Mann-Whitney test. Statistical significance was set at $p \leq 0.05$.

Results: Among all 281 registered suicide cases during the studied period, 77 (28%) were with mental disorders. The most common were mood disorders (44%), followed by schizophrenia, anxiety disorders, substance abuse disorders and organic mental conditions. The mean age of all suicides was 55.62 years; significantly lower in males than in females ($p=0.042$); lower in divorced or never married/single living persons compared to married or who had lived with a partner ($F(2,74) = 17.682$, $p < 0.001$); the lowest in patients with schizophrenia (44.62 years), and the highest in organic disorders (66.83 years). Higher educational degree was associated with lower age of suicide ($U=3.713$, $p < 0.01$) and the earlier age of onset of the psychiatric disorder ($r=0.754$, $p < 0.001$). Most of the suicide cases had occurred in March and September. Tuesdays and Fridays were most suicidal.

Conclusions: Severe mental disorders are major risk factors for suicide with the additional contribution of certain socio-demographic and disease related characteristics. Message 1: Suicide monitoring should be constant in all patients with chronic and severe mental disorders. Message 2: Suicide registration in Bulgaria needs to be improved in terms of collecting sufficient and reliable information about the mental health of suicide victims.

EVERYTHING OF VALUE IS VULNERABLE. IN SEARCH OF INTEGRITY IN PROFESSIONAL CONDUCT.

A Verbruggen

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If working with people doesn't give ethical knots, one should stop doing the work. Ethical sensitivity is an important compass to keep us attached and involved. But it needs to be mastered and therefore it deserves nutrition.

The morality in the work, seems to be a personal burden, carried on own strength. But doing the good work is NOT a question of personal moral, good work is meeting the standards and values of the profession. These values go beyond effectivity, efficiency and certainly beyond 'making profit' and opportunism.

In this contribution I present a framework – based on Habermas- that enables to think and talk about the why of the work and install a shared internal guardianship that hats it.

A framework is presented to explicit this ethical dimension and the questions that this entails. This allows the issue to be clearly unraveled and shared among peers. Besides the presentation of the framework, there is a possibility to try it out with personal ethical knots in the own professional context.

E-PROFESSIONALISM OF PSYCHIATRISTS

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Introduction: The digital revolution has had a profound impact on medicine and patient care. As the use of social media (SM) has greatly increased among health professionals, it is necessary to investigate their use of SM. New standards are forming in the context of e-professionalism. The term “e-professionalism” is defined as “attitudes and behaviors (some of which may occur in private settings) reflecting traditional professionalism paradigms that are manifested through digital media”. The development of technology, novel communication, and social networking can positively or negatively affect the therapeutic alliance between patients and psychiatrists. The objectives of this study were to assess the level of and to characterize e-professionalism on publicly available Facebook (FB) profiles of psychiatrist in Croatia.

Methods: Content analysis of FB profiles of psychiatrist was performed. A search was performed via a new FB account using a publicly available Directory of physicians in Croatia, available at the web-site of the Croatian Chamber of Physicians. All psychiatrists listed in the directory were included in the analysis. Each profile was subsequently assessed with regard to e-professionalism based on previously published criteria and compared using the SMePROF coding scheme.

Results and discussion: The sample of psychiatrist's list of names included 175 names. FB profiles were identified for 30.9% (54/175) psychiatrists. Displayed relationship status was found for 13 % (7/54). Among psychiatrists with identifiable FB accounts, potentially unprofessional content was observed for 5.6% (3/54). None of the accounts had any unprofessional content. The level of e-professionalism on Facebook profiles of Croatian psychiatrists available for public viewing has shown a high level of understanding of e-professionalism.

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EXISTENTIAL (PEER) LEARNING - ABOUT EXPERIENCES ON PERSONAL AND PROFESSIONAL DEVELOPMENT BY MEANS OF THE TRILOGOS METHOD

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In this presentation the so-called Trilogos Method is briefly outlined and described how it is used in self-guided peer-learning groups. By means of different research projects and results it is shown how such a self-guided approach can foster existential learning. Finally, future potentials of approach are discussed, both in terms of personal as well as professional development.

CHARACTERISTICS OF VIOLENT AND HARASSMENT BEHAVIOR REPORTED IN PSYCHIATRIC PATIENTS IN JAPAN

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The purpose of this presentation is to introduce the reality of violence and harassment behavior from patients to nurses in Japanese psychiatric hospitals.

Among health care worker, it has been reported that nurses were at high risk of being subjected to violence and harassment. Nurses were found to be mental disorder in certified cases of work-related accidents, and 44.2% of them cited "violence from patients" as the reason. Therefore, measures against violence and harassment from patients are an urgent need.

However, most of the previous studies distributed questionnaires to nurses and investigated the number of times they experienced violence and harassment in the past year. Few studies have analyzed the characteristics of nurses who were victims of violence from incident reports, and the details of the incidents have not been clarified.

In this research, through an analysis of incident reports suffered by nurses from patients in Japanese psychiatric hospitals for seven years, I will introduce the times, places, and situations in which violence frequently occurs. From these results, it is possible to formulate measures against violence and harassment that are in line with the actual situation of violence.

THE PLACE OF NONINVASIVE BRAIN STIMULATION IN THE TREATMENT OF DEPRESSIVE DISORDERS

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Noninvasive Brain Stimulation (NIBS) represents a new type of intervention that has been used in the treatment of depressive disorders. Transcranial magnetic stimulation is one of these techniques. Based on the principle on electromagnetic induction, it involves the use of a coil that generates low intensity magnetic field, placed in contact with the head. Magnetic pulses are applied repetitively (repetitive TMS. rTMS), the frequency of stimulation influencing the effect – low frequencies are considered inhibitory, higher frequencies are considered excitatory. Various protocols are used in the treatment of depressive disorders, the most frequent involving the stimulation of left dorsolateral prefrontal cortex with high frequency or of right dorsolateral prefrontal cortex with low frequency. rTMS received a class A indication in the treatment of treatment resistant depression. Its efficacy (remission or significant improvement in symptomatology) reaches up to 90% in drug naïve patients and up to 50% as adjunctive treatment to medication in treatment-resistant depression. rTMS is a well-tolerated technique with mild side effects. Other NIBS technique is transcranial direct current stimulation (tDCS). It involves application of low intensity direct current at the level of scalp through the placement of electrodes. Studies show the efficacy of tDCS in the treatment of depressive disorders, comparable to antidepressants but smaller than that of rTMS. It's important advantage is portability and the good tolerability. Alternative NIBS techniques are transcranial alternating current stimulation (tACS), vagus nerve stimulation (VNS) and transcranial ultrasound stimulation (TUS).

EXECUTIVE DYSFUNCTION IN ADULT PATIENTS WITH ADHD: FROM THEORY TO PRACTICEMV Zamfir¹, M Simion²¹Carol Davila University of Medicine and Pharmacy, Bucharest, Romania; ²West University of Timisoara, Romania

Executive dysfunction constitutes a frequent problem in adult patients with ADHD, being present in an unknown percent of these patients. Executive function (EF) has been conceptualized as the mental abilities needed to sustain problem solving toward a goal. Studies show that the majority of patients with ADHD are impaired in EF domains: time management, self-organization and problem solving, self-restraint, self-motivation, and self-regulation of emotions. Several hierarchical levels of EF have been described: the instrumental–self-directed, the methodical–self-reliant, the tactical–reciprocal, the strategic–cooperative, and the extended utilitarian stages of EF as it is deployed in everyday life.

ADHD in adults is thought to impair executive functioning, however research using executive functioning tests shows that such deficits exist in only a minority of ADHD patients. The low ecological validity of some of these EF tests is partly to blame for this discrepancy. Findings support the conclusion that executive functioning tests are not the gold standard for establishing the presence of such deficits. The evaluation should be focused more on behavioral rating scales such as BRIEF-A, Brown Executive Function/Attention Scales or Barkley Deficits in Executive Functioning Scale and less on performance tests like DKEFS, WCST.

Although not considered a criterion to diagnose ADHD, executive dysfunction represents an important associated feature with significant functional impact. Treatment of ADHD and executive dysfunction involves altering essential elements of the environment at key points of performance where problems in functioning and possibly also the use of medication.

ASSOCIATION BETWEEN PARENTAL AGE AND AUTISM SPECTER DISORDER IN ALBANIA

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Introduction: The prevalence of Autism specter disorder is reported to have increased in the last decades and the possible explanations for this phenomenon include greater awareness, better case identification, changing diagnostic criteria and changes in age of diagnosis. But another possible factor, investigated in some research, is thought to be also the advanced parental age, although these studies are quite inconsistent.

Objective: We wanted to investigate if there is a possible connection between advanced parental age at conception and the diagnosis of autism in the children that meet the criteria for autism specter disorder and are treated in the National Center for Children Treatment and Rehabilitation in Tirana.

Method: We conducted a descriptive observational study. The data were collected from medical records of patients that visited our center within the last 3 years. We included in this study only patients that met the criteria for autism specter disorder according to DSM-5. Afterwards, the data collected were analyzed using SPSS 22.

Results: We found that there was a gender difference between children diagnosed with ASD where it seems that the prevalence among boys is higher than girls. We noted that the age of the parents at the time they conceived a child later diagnosed with ASD was higher than 30 years old, especially the age of the fathers was older than 35.

Conclusions: Although the parental age seemed to be higher in these children, we can't conclude that this is a factor for increased risk for autism and the underlined possible mechanism for these and more studies need to be conducted.

TASKS OF ORGANIZING PSYCHOLOGICAL ASSISTANCE IN PRIMARY HEALTHCARE IN KAZAKHSTAN

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Introduction: In Kazakhstan, psychologists and social workers were included in the staff of primary health care (PHC) organizations more than 20 years ago. However, the effectiveness of this intervention is low. One of the reasons may be the imperfection of the regulatory framework for the good psychological assistance.

Method: an analysis of the national rules of practice and education in the field of psychological care in PHC was carried out.

Results: According to the orders, PHC doctors provide medical and social assistance to patients with psychiatric disorders such as mild depressive episode etc. The list of their medical services does not include psychological assistance. Educational programs for doctors do not provide for the development of psychological counseling competencies and basic psychotherapy skills.

Social workers and psychologists are required to conduct classes on the prevention of childhood suicide, admission in cases of suspected behavioral and psychoactive disorders, self-management teaching for patients with chronic diseases.

Some documents mandate more advanced features for psychologists: restoring mental health and correcting deviations of patients, psychoprophylaxis, psychological counseling of patients, assistance to patients and their relatives in solving personal, professional and everyday psychological problems, training medical personnel on issues of psychology.

Nowhere is it said about the development and application of such important competencies as a scientific approach and research skills, a systematic approach, and professionalism.

Conclusion: Our results underline the importance of conducting research in this field, developing of the competencies of medical workers and detailed rules for organizing psychological care in PHC.



IN AND OUT OF YOUR MIND