

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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