

functional recovery. It will then discuss when and how to assess cognition and present some new feasible screening tools for cognitive dysfunction. Finally, it will highlight some novel candidate cognition treatments.

*Disclosure of interest* I have acted as a consultant and received honoraria from Lundbeck and Allergan.

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## Symposium: Human based psychiatry: from theory to practice

S027

### Evidence-based medicine - A critical review

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Evidence-based medicine is a method to establish best practice recommendations based on graded recommendations for diagnostic and therapeutic issues in health care. In mental healthcare, evidence-based medicine has shown that the therapeutic procedures are efficient and can help to not only ameliorate the symptoms of mental disorders, but also to improve the quality of life of those affected by mental disorders. Evidence-based medicine is not, however, cookbook medicine. While evidence is mostly generated in larger group trials and should be applicable to the majority of cases, aspects of the personal situation, social support systems and legal boundaries all affect mental healthcare and may modulate the interpretation of the findings of evidence-based medicine. A human-based psychiatry will therefore need to use the methods of evidence-based medicine as a basis for diagnostic and therapeutic recommendations, but will also need to extend into the acknowledgements of personal accounts, traditions and the cultural framework, in which mental healthcare is provided. This presentation will highlight some of the issues associated with the questions of the roles of evidence-based medicine in mental healthcare, and in a human-based approach towards mental healthcare.

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S028

### Theoretical background of human based psychiatry

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Every medical intervention is embedded in the prevailing spirit of its particular time. The world of modern medicine that is still shaped by positivism is often revered as a world of rational calculation and reason, a world in which mathematical calculation and so-called objectivity are prized above all else. Indeed, today's modern medicine in general and its battlewagon evidence-based medicine is a world of sober number games, reduction and fragmentation, of demystification and de-subjectification. As important and indispensable the achievements of EbM are, it nevertheless

needs to be expanded by a medicine, which focuses not just on illness and its treatment but which places the concrete individual with all his or her sufferings and potentials. Such a human-based medicine (HbM) is no longer indebted to modern positivism, but seeks its foundations in the maxims of post-modernism. Moving away from classical "indication-based medicine" toward a medicine based on human sufferings and potentials necessarily requires a fundamental change in diagnostics and treatment.

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S029

### Human based psychiatry in clinical practice

L. Küey (Associate Professor of Psychiatry)

World Psychiatric Association

Human based medicine and human based psychiatry are contemporary approaches to the theory and practice of medicine and psychiatry. It is a post-modern way of re-thinking psychiatry enriched by humanities, especially philosophy. In questioning the current research and praxis of psychiatry, it shares the statement by Wittgenstein, "what a curious attitude scientists have": 'We still don't know that; but it is knowable and it is only a matter of time before we get to know it as if that went without saying. So, here, our problematic is not only 'what and how much we do' but also 'how and why we do'. The clinician's main challenge is harmonizing the current available 'scientific universal knowledge' and the 'uniqueness' of that specific person in need of help. In achieving this task, the importance of the synthesis of the clinician's perspective and patient's perspective will be elaborated using depression as a case example. It will be stated that an empathetic understanding of depression, through a subjective, experiential and narrative-centered approach must become a primary concern by building a joint, ongoing, re-construction process of clinical assessment, formulation and treatment. There is no meta-theory explaining "the clinical truth". From the perspective of a human based psychiatric practice, in fact, we do not need such a meta-theory, but instead, we need multi-level/multi-dimensional approaches, also taking the narrative into consideration. We suggest the clinicians to be modest, honest and respectful towards "the clinical truth".

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S030

### Current hot topics in working with service users and family carers towards a human based psychiatry

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*Context* The significant role of family as a resource for mental health, psychiatric care and recovery and rehabilitation is well documented. However, despite ongoing family advocacy the situation in most settings is still characterized by significant unmet needs and lack of resources and expertise in working with families.

*Key messages* This presentation will highlight pertinent issues and present data, concepts and experiences towards an improvement of partnership work with users of services and their families in a human based context.

Topics will include the needs of specific types of relatives, such as siblings, children, partners, grandparents, members of the peer group of friends as well as the need for support for families without patient consent. Recent developments with regard to individual

and group therapy as well as multilevel interventions to further family advocacy and the fight against stigma and discrimination will be presented and discussed.

Special attention will be given to new roles and responsibilities arising from the historical challenge of the UN-Convention on the Rights of persons with disabilities for mental health professionals, users of services as well as relatives and friends including changes in national guardianship laws, new rights to patient autonomy as well as new entitlements for support for living in the community including the right to family life, reasonable accommodation and supported decision-making.

**Conclusion** Current developments with regard to needs and rights of users of services and their families and friends urgently warrant attention and common efforts in Trialogue and other participatory approaches.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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## **Symposium: When forensic-psychiatric care becomes a matter of culture: Challenges of trans-cultural psychiatry in forensic settings**

S031

### **Working with traumatized immigrants with a PTSD diagnosis**

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*Sehnde/Hannover, Germany*

Graef-Calliess Iris (Germany).

Germany has always been an important host country for asylum seekers. Although recently an increasing number of investigations about mental health of specific migrant groups have been published in Germany, there is a paucity of research concerning mental health of traumatized asylum seekers. The aim of the presentation is to present study results which describe socio-demographics, types and frequency of traumatic experiences, psychiatric diagnoses, suicidality and time to access to mental health care in traumatized asylum seekers who applied to an outpatient department of a clinical center with high expertise in transcultural psychiatry and psychotherapy in Hannover, Germany. The study shows that most of the traumatized asylum seekers had experienced multiple pre-migratory traumatic events, had unfavorable post-migratory conditions, had PTSD and depressive disorders as diagnoses, and had high suicidality and late access to mental health care. This is indicative of the mental health situation of asylum seekers in Germany in general. Ways of dealing with this challenge for the mental health care system and options for clinical management will be presented.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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S032

### **Pathways to violent extremism and risk assessment of terror detainees**

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**Introduction** Violent extremism has become an important challenge for forensic professionals in prisons. In Belgium, cities like Brussels and Antwerp saw the rise of recruitment hotspots for violent extremism and foreign fighters. Prisons are well-known places

where radicalization occurs. Belgium has the most foreign fighters that left to fight in Syria in Europe. Subsequently, incarcerations of radicalized men and women rose for joining terrorists groups. These events have triggered a need to train psychosocial services in prisons into understanding radicalization and the risk assessment of terror detainees. Mental illness in contrast, is known to be rare amongst violent extremists, and risk assessment as well as advising on reintegration will need specific tools for psychosocial services to advise on reintegration.

**Aims** The current presentation aims at showing insight into pathways towards violent extremism and introduce risk assessment of terror detainees.

**Methods** We assembled literature on follow-up and pathways that lead to radicalization and even to violence extremism. Radicalization is not new, whether it stems from religious, political or other motives. This resulted in important literature on different trajectories towards radicalization.

**Results** We will give an overview of the pathways towards violent extremism (Dean, Moghaddan, Bjorgo) and on risk assessment tools (VERA-2, Pressman)

**Conclusions** Radicalization happens stepwise in different ways and leads to different types of violent extremists. Pivotal points follow a cognitive opening in the minds of people that might push and pull people towards radicalization and violence. Cases will be used to describe the different types and pathways.

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S033

### **Role of detention in the process of radicalization**

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Role of detention in the process of radicalization and opinions about detention regime and approach for the prevention of radicalization in jail.

Following the terrorist attacks in Paris and Brussels, more attention is being paid to the factors, which play a role in the radicalization process of some Western youth. It was found that a large number of radicalized youth have a history of detention and that often this period of detention played a key role in radicalization. As a psychiatrist working in a prison with a high security department where many suspects of terrorism are incarcerated stay, I was asked to advise on the detention regime and on the way of dealing with difficult inmates. In this presentation I would like to elaborate on the elements during detention which determine the process of radicalization of certain prisoners, based on the current knowledge about the radicalization process and on the knowledge about the background of radicalized individuals in combination with own observations and findings about the detention regime in prisons.

**Disclosure of interest** Nils Verbeeck.

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