

specific levels of cannabis consumption. This talk will overview a number of international initiatives to improve the current metrics of cannabis use.

The Standard THC Unit was created to objectively measure cannabis potency across all products, mode of administration, jurisdictions, contexts and over time.

To build upon the notion of the Standard THC Unit, additional multidisciplinary, international consensus based frameworks have been created.

One such ongoing initiatives, seeks to reach expert consensus on how cannabis potency should be reported in cannabis products in order to clearly and effectively inform consumers. The talk will overview preliminary results of the Delphi.

A similar Delphi methodology was used to establish internationally agreed-upon minimum standards to measure cannabis consumption in research (iCannToolkit), the results of which will be outlined.

Overall, it is imperative for cannabis researchers to join forces with multidisciplinary experts in order to improve metrics of use to inform consumers, general practitioners, researchers and public health experts on the harms and benefits associated with cannabis use.

**Disclosure of Interest:** None Declared

## WS0011

### Implementation of the self-sufficiency matrix (SSM) to support diagnosing people with complex social needs at the Social Services of Catalonia

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**Abstract:** The Department of Social Rights of the Generalitat de Catalunya considered using a unique tool to identify people with complex social needs at Social Services centres and to support the diagnosis processes. After conducting a thorough search and selection process for various tools, the self-sufficiency matrix (SSM), a Dutch tool, was ultimately chosen.

The tool was adapted to the Catalan context through a transcultural translation process, which included a pilot and validation process. This resulted in the creation of the Catalan matrix (SSM-CAT).

A comprehensive implementation program was defined to start the adoption of the tool at basic social services. This program included training trainers and providing online training with practical cases. The implementation process was accompanied by support and monitoring to ensure success.

Through this process, over 3,468 professionals (including 334 trainers) received training on the self-sufficiency matrix, and 31,354 individuals who received basic social services in Catalonia were evaluated. In Barcelona, a more thorough monitoring of the implementation was conducted, assessing a representative sample of the care provided (6,916 individuals attended) generating a more

accurate description of the situation of the people attended by social services in the city of Barcelona.

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## WS0012

### Innovation in the treatment, interventions and systems of care for opioid use disorder: opportunities to understand multimorbidities

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#### Abstract

**Introduction:** Opioid use disorder is still the main presenting illicit substance use disorder that patients present within Addiction and Mental Health Services even though the majority of the patients are polysubstance users. Innovation in the field will allow providers to understand better how systems work to support a population with physical and psychological morbidities

**Method:** We will present novel narratives in describing:

1. Standards and principles
2. Pharmacology
3. Delivery systems
4. Neuroscience based interventions
5. Systems and implementation

**Results and Discussion:** The above descriptors will allow a landscape that is less stigmatising and better in responding to the needs of the people who are highly stigmatised and multidisadvantaged.

**Disclosure of Interest:** None Declared

## WS0013

### Organized professional response to a large-scale disaster: Earthquakes in Türkiye

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**Abstract:** In February 2023, a series of earthquakes with high magnitudes affected 11 cities in Türkiye, a region with a population of over 13 million. With more than 50000 recorded deaths and more than 3 million survivors replaced, rescue and recovery efforts were challenging. The Psychiatric Association of Türkiye (PAT) immediately launched a “Disaster and Crisis Management,” which urgently formed and installed a program for psychosocial support and psychiatric care. The program included immediate, medium, and long-term actions. Hundreds of recruitments followed a call for volunteers for on-site and online support. An online “Earthquake and Mental Health” library was launched immediately, and a series

of webinars on psychological first aid and disaster psychiatry were organized in the first two weeks. Furthermore, in three major cities, separate interactive meetings where question and answer sessions with trauma experts have been possible were held weekly with smaller groups. Almost a hundred volunteer PAT members served in the region in the first few months after the earthquake. All colleagues in the field, including those who survived the earthquakes, benefited from the resources of the PAT for their needs in housing, food, and mobilization. Starting from the first days, the PAT organized regional centers for coordination, which required financial resources and staff. The demand was high and could only be met with close collaboration with the Turkish Medical Association and the financial support obtained from international agencies, WPA, and other national psychiatric associations. The PAT started an online support system with technical support from a professional company, targeting healthcare professionals and first responders in the earthquake area. Volunteering psychiatrists provided appointment slots, rendering the system available 12 hours a day, seven days a week. With time, as the national healthcare delivery recovered, the PAT activities transformed into coordination, education, and supervision. Furthermore, the psychiatry residency training, which was interrupted due to the disaster, has been supported through a nationwide mentorship program launched by the PAT. The experience of the Psychiatric Association of Türkiye with disasters paved the way for an organized response, which was made possible through national and international solidarity.

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## WS0014

### The impact of natural disaster on mental health and how to deal with it?

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**Abstract:** Natural disasters are and will continue to represent a great challenge in addressing mental health issues globally. The most devastating recent (earthquakes on 6th February 2023 in Turkey and Syria) caused death of more than 55,000 people, injury of about 100,000 people and loss of property, overall affecting millions of people. Moreover, in the last several years in Europe, they came in a form of double disasters (for example coupled with the COVID-19 pandemic) and pointed out the unpreparedness of the health (including mental health) sectors for the emergency situations.

However, in going through these experiences, we also learnt some of the practices that proved effective – including the fast creation of collaborative networks on a larger scale that also allowed fast spread of good practices and practical organisation of help. As a practical example of it - verbalized by the mental health professionals from Turkey through the Council of National Psychiatric Associations of the European Psychiatric Association, we organized a webinar delivered by experienced clinicians, trauma experts and experts with lived experience in the earthquake zones. However, structural -implementation of mental health policies that focus on prevention and improving crisis response in care delivery are important to support populations affected by natural disasters to prevent the trauma sequel.

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