

Improving care for patients with co-occurring addictive disorders through personalised and integrated addiction psychiatry

S0018

Suicidal behaviour and addiction: An inseparable couple? Mechanisms underlying the association and targets for interventions

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Suicidal behaviour is common in people with substance use disorder or behavioural addictions, and vice versa. Suicidal behaviour and addiction share many risk factors, such as increased allostatic load, and are associated with dysregulations of reward processing and impaired prefrontal cortex functioning, resulting in decision-making problems, loss of cognitive control, and impulsivity. Trait impulsivity predisposes the individual to increased sensitization to stressors or addictive stimuli. Addiction emerges when the motive for a pleasurable substance or activity transitions from positive to negative reinforcement. At this point, the stress response system is activated, and the main motivator shifts from pleasure to the escape from an aversive stimulus –withdrawal and craving. In parallel, insufferable psychological pain is the core component of the suicidal process, and a suicide attempt has been conceptualized as a way to reduce or escape it. Both states are associated with increased pain perception, stress system activation, inflammation, and anhedonia. However, while addiction generally reflects a shift from pleasure to the avoidance of negative stimuli, the pleasure is less identifiable in the suicidal process. Furthermore, not all individuals that engage in suicidal behaviours are impulsive or have an addiction, and not all individuals with addiction engage in suicidal behaviours. Yet, the understanding of the shared neurobiological component of addiction and suicidal behaviours may inform possible interventions in some individuals. Reward, pain, and stress systems are possible targets. Promising substances related to these systems that could reduce suicide risk include buprenorphine, lithium, ketamine, and psychological interventions aimed at psychological pain reduction and resilience.

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Keywords: Suicide; Addiction; Substance Use Disorder

S0015

Temperament, bipolar disorder and addictive disorders: Which personalized and integrated approach?

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Affective Disorders are on a clinical continuum in which temperaments and other coexisting or emerging mental conditions may cover the role of risk factors or determinants of specific dimensional aspects of Bipolar Disorder. Overall, it is important to better characterize the psychopathological conditions associated to the clinical picture of an affective disorder in order to perform more personalized and integrated approach for the assessment, diagnosis and treatment of individuals with dual disorder.

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Keywords: bipolar disorder; temperament; Affective disorders; Substance Use Disorder

Implementing digital mental health across europe

S0017

Managing the challenges in implementing digital mental health in europe

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Abstract Body: The demand for mental health care is increasing globally as a result of societal challenges such as automation, increased economic competition, unemployment and the growing impact of climate change. The direct and indirect economic costs of mental health problems are substantial, totalling over € 600 billion yearly across the EU (OECD 2018). The COVID-19 crisis has led to an additional increase in demand and has changed the way care is delivered. Since March 2020 there has been a significant increase in the use of e-mental health (eMH), telemental health in particular. eMH can contribute to keeping services, accessible, affordable and patient focused. The eMEN project (funded by the EU Interreg North-West-Europe programme) is promoting the latter through a European cooperation platform for eMH development, research and implementation. This platform focuses on high quality and professional 'blended care', which combines face-to-face and online treatment. The implementation of eMH has been slow and varies considerably between EU countries, even though this technology has been on the market for over 20 years. The reasons for this are related to quality problems (e.g. validation, usability), resistance from clinicians, lack of blended care treatment protocols, digital skills, reimbursement systems and policies and other barriers. Many service providers and public health authorities are increasing their efforts to overcome these barriers. This presentation will give a short overview of how the eMEN project is trying to overcome these barriers and accelerate the eMH implementation process.

Disclosure: No significant relationships.

S0018**The EPA-council of national associations in implementing digital mental health across Europe: Opportunities and challenges**

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Abstract Body: Digital solutions and interventions for mental health have increasingly been taking place in many societies in the last several decades. There are significant differences among countries due to economical and organizational situations. On the other hand, despite digital gap, there is a significant increase in the use of telepsychiatry and e-mental health applications with the Covid-19 pandemic throughout the world. Experiences of this pandemic times make many opportunities and challenges more apparent in this field. Safety and security, legislation, regulations, good practice standards, evidence based data, ethics and education are several of main areas of needs. EPA with the Council of National Psychiatric Associations (NPAs) is one of the crucial organizations in Europe which may play an important role to work on these challenges and opportunities. EPA-Council of NPAs consists of 44 associations represent psychiatrists (and other mental health workers in some) from 40 European countries. NPAs are crucial organisations in contact with local and national mental health stakeholders; competent in national, local, authentic and cultural issues and sensitivities; and could serve as crucial junctions for Europe-wide policies and their widespread implementations. Some reflections on challenges and opportunities from the Council of NPAs will be presented, based on a rapid survey and personal communications with presidents and official representatives of NPAs for future perspectives.

Disclosure: No significant relationships.**S0019****The role of research in evaluating and implementing digital mental health**

Lecture title:

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Abstract Body: The clinical evidence and cost-effectiveness of digitalised prevention and treatment of mental disorders such as depression, anxiety and alcohol misuse have been steadily growing over the last two decades. However, bridging the gap between evidence-based eMental-health interventions and their actual delivery, evaluation and implementation in routine care has proven to be more difficult and a longer process than previously expected thereby reaching the

estimated forecast of Roger's innovation cycle of 20 years. In contrast, during the appearance of COVID-19 in 2020 for many patients and therapists digitalized treatment was the only option. Meanwhile from a scientific and policy perspective the implementation and upscaling of digital mental health care innovations in routine care have gained momentum in terms of theoretical perspectives on organizational change, empirical research into how to effectively implement digital innovations from the perspective of a variety of stakeholders and organizational levels (micro, macro and meso). In this presentation an overview of these issues will be presented, and it will be discussed whether COVID-19 might act as a turning point for the provision of large scale access to and implementation of digitalized mental health care in the near future.

Disclosure: No significant relationships.**S0020****The integrative function of a transnational policy and roadmap for action planning in implementing digital mental health**

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Abstract Body: In times of global crisis like the present Covid-19 pandemic, digital technology is rapidly conquering the health and mental health & care sector, speeding up e-Mental Health (eMH) implementation on a regional, national and global scale. Making this an organized move, guidance and regulation, legislation and training, but basically also awareness and acceptance building need to ensure the use of efficient, safe and high-quality eMH products and services. Special attention needs to focus on broadening public and professional eMH literacy, providing needs-tailored approaches for target groups, and training mental health workforce and services. Guidance, evaluation and involvement of relevant stakeholders should help to identify how citizens will best benefit from eMH&Care in its various forms. The Transnational Policy for e-Mental Health, a guidance document for European policymakers and stakeholders has been developed by the Interreg-funded eMEN project (www.nweurope.eu/emen) in six EU countries to promote implementation of high-quality eMH & care across NW-Europe. Project partners from Belgium, France, Germany, Ireland, the Netherlands and the UK contributed to product and policy-guidance development, promoting communication and research. eMEN is currently continuing its work in the Interreg-funded Capitalisation phase to scaling up the implementation of eMH&Care. The Transnational Policy within the scope of national information and training sessions on eMH will be promoted for action planning and implementation by policymakers and stakeholders at the national level. Further meetings will also take place at the European level to promote and support implementation of eMH&Care in NW-Europe and beyond.

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