

supporting self-determination and promoting social inclusion. The implementation of recovery-oriented plans requires an in depth understanding of key factors influencing real-life functioning, health status and quality of life. Recently published data from the Italian Network for Research on Psychoses have provided evidence that baseline variables associated with functional outcome at follow-up included domains not routinely assessed and targeted by intervention programs in community mental health services. As pointed out by experts in schizophrenia research and care, the management of subjects with schizophrenia has not significantly improved and only a minority of them receives integrated and personalized treatments. Shared decision-making and integrated pharmacological and psychosocial treatments, tailored on subjects' needs, might significantly improve the outcome of subjects with schizophrenia, supporting independent living and inclusion in the community.

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Clinical/Therapeutic

Best of 2021: Research that Advanced Psychiatry and Changed our Practice

S0009

Forensic Psychiatry

B. Völlm

University Medicine Rostock, Forensic Psychiatry, Rostock, Germany
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In this session I will discuss recent publications that have advanced the field of forensic psychiatry or changed clinical practice. Content will be current so that it is not possible to specify at present.

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S0010

Eating Disorders

J. Treasure

King's College London, Department Of Psychological Medicine, London, United Kingdom
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Covid had a profound impact on services for eating disorders because of the huge increase in demand. Nevertheless, services quickly adopted a virtual form of working. This rapid change in prevalence was attributed to a number of factors, including a general increase in fear and fragmented social functioning, with a

specific accentuation of higher risk associated with body weight. Recent advances in the conceptualisation of eating disorders include a move from a transdiagnostic to a more to a personalised approach. For example, it has been further demonstrated that reducing the duration of untreated illness within three years of onset is associated with a better outcome (1). This has led to the rollout of FREED, an early intervention service in the UK. Genetic associations have been compared and contrasted across the spectrum of eating disorders. People with binge eating disorders share a profile with those at risk of metabolic syndrome whereas people with anorexia nervosa have the opposite profile (2). This reconceptualization of eating disorders as conditions with both brain and body underpinnings has led to new treatment approaches. For example, there have been small proof of concept studies in which metreleptin has been administered. These show promise with rapid reductions in depression and other symptoms (3, 4). Meanwhile the value of "experts by experience," in co designing and delivering services is an area of active investigation which offers the much needed potential of improving treatment outcomes (5).

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Mental Health Policy

The Impact of Racism and Discrimination on Mental Health of Ethnic Minorities

S0011

What do Health/Mental Health Professionals Have to do With Racial Discrimination?

L. Küey

Istanbul Bilgi University, Department For Psychology, Istanbul, Turkey
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There is a growing evidence that social determinants of health influence the health outcomes. These non-medical factors, i.e., social determinants of health / mental health, are defined as the conditions in which people are born, grow, live, work and age, including the factors shaping these conditions. They either have direct effects on health and ill health or work as mediators. In this respect, racial discrimination is a fundamental social determinant of ill health / mental health and health inequalities. A strong correlation between reported experiences of racial discrimination and poor general health and poor mental health has been reported. Besides, racial discrimination may lead to risk taking behaviors increasing poor health / mental health especially in vulnerable disadvantaged populations. A leading factor mediating the negative effects of any biopsychosocial factor on mental ill health is the degree of discrimination. Furthermore, racial discrimination is one of the processes explaining and reinforcing racial disparities in health and ill health. From a conceptual point of view, racial discrimination and its effects on ill health could be discussed in the context of the issue of othering and related dehumanization and violence. Psychiatrists and mental health workers have

accumulated considerable knowledge and experience on understanding and overcoming some of the consequences of racial discrimination, especially via anti-stigma studies. The unfair and avoidable influences of racial discrimination on mental health are neither fated nor inevitable. As Gramsci had said, we have the pessimism of the intellect and optimism of the will.

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S0012

Multiple Discrimination and Its Consequences for the Mental Health of Ethnic Minorities.

M. Schouler-Ocak* and J. Moran

Charité – Universitätsmedizin Berlin, Psychiatric University Clinic At St. Hedwig Hospital, Berlin, Germany

*Corresponding author.

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Discrimination is a violation of human rights. The Universal Declaration of Human Rights proclaims in Art. 1 the equality of all human beings without distinction as to race, colour, sex, sexual orientation, religion, age or health. International law assigns three main characteristics to discrimination: disadvantageous treatment, based on unlawful grounds, and lack of reasonable and objective justification. Thus, it must be based on an unlawful characteristic: Ethnicity, religion, national or social origin, language, physical appearance, descent, gender, sexual orientation, age or disability. A growing body of literature has recognized health disparities and has investigated the relationship between discrimination and poor health outcomes. Ethnic minority groups across the world face social and psychological challenges linked to their minority status, often involving discrimination. Furthermore, cumulative exposure to racial discrimination has incremental negative long-term effects on the mental health of ethnic minority people. Studies that examine exposure to discrimination only at one point in time may underestimate the contribution of racism to poor health. Lower patient-centered care was associated with higher perceptions of discrimination, despite experiences of continuous discrimination or discrimination experienced as different types. Further, dissatisfaction with care was associated with discrimination, particularly when experienced in various forms. These findings reinforce a need for patient-provider communication that is inclusive and eliminates perceptions of discrimination and bias, increases patient-centeredness, and improves overall clinical care. Additionally, these results stress the need for more research investigating the relationship between discrimination and outcomes in patients, as perceived discrimination manifests as a significant barrier to effective disease management.

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Clinical/Therapeutic

Comorbidity of Mental and Physical Disorders: Focus on Cardiovascular Disease

S0013

The Complexity of Comorbidity in Patients with Severe Mental Disorders

N. Sartorius

Association for the Improvement of Mental health Programs (AMH), President, Geneva, Switzerland

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Comorbidity of severe mental disorders and physical illness: issues arising Comorbidity of mental and physical illness is a major, perhaps main problem facing medicine in the years before us. In addition to shortening the life expectancy of people with mental illness comorbidity with physical illness comorbidity significantly and negatively affects the quality of life of the people who experience the mental and physical illnesses and their carers and increases the cost of health care. What makes the problem even more and challenging is that medicine is currently in the process of fragmentation into ever more narrow specialties which adds difficulty in the provision of care, Most of the solutions which have been proposed – collaborative care, in-service education of general practitioners and others did not turn out to be effective solutions in dealing with the problems of comorbidity. A significant revision of undergraduate and postgraduate training in medicine is most probably an essential component of the answer to the challenge of this type of comorbidity which will also require a reorganization of health services and their financing.

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Keywords: psychiatry; Physical disorders; Management of Comorbidity; comorbidity

S0014

How to Improve the Physical Health in Patients with Severe Mental Disorders

P. Falkai

Ludwig-Maximilians-Universität München, Department Of Psychiatry And Psychotherapy, Munich, Germany

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Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be regarded as a disorder of impaired neural plasticity. This lecture focusses on the beneficial role of exercise in schizophrenia and its underlying mechanisms. Apart from the established pharmacological treat-