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25th European Congress of Psychiatry

Symposia

Symposium: Promoting mental health in the health and non-health sectors

S001

Conceptual aspects of mental health in its intersection with human rights and development

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Introduction Improving mental health of people is an important goal of the present millennium. Community-based services programs for prevention of mental disorders and promotion of mental health have been implemented in several countries. However, the proportion of people suffering from mental disorders is significantly and persistently high, and psychosocial distress due to migration, natural disasters, and terrorism; in general, feeling of insecurity is unlikely to improve current figures.

Aims To highlight the interrelatedness of mental health, development and human rights, in particular in women and girls.

Methods The presentation will consider conceptual aspects of mental health in its intersection with human rights and development, with particular reference to women and girls.

Results Current definitions of mental health might be misleading and convey the false expectation that mental health coincides with happiness and productivity. An alternative conceptual framework will be presented, in which mental health is a dynamic state of internal equilibrium that enables individuals to use their abilities in harmony with universal values of society. Different factors concur to the dynamic equilibrium, and will be discussed in their intersection with human rights and development, with particular reference to the most frequent violations of human rights (e.g. trafficking, domestic abuse, sexual violence) that contribute to increase the risk of mental disorders in women and girls.

Conclusion Mental health is rooted in personal development and social context in which the person lives. Strategies aimed to address mental health in women and girls will need to consider gender, country and socio-cultural specificities.

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S002

Interventions in the health and non-health sectors aimed at promoting mental health

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The impact of social determinants on women's mental health is becoming clearer worldwide. Poverty, violence and communal insecurity are among the main challenges to women's mental health and the health of their families. Depression is one of the most common mental disorders experienced by women. It typically has an early onset in life and is more frequently found in women made vulnerable by trauma.

Improving mental health for women and girls requires early intervention for depression and other mental disorders; with gender sensitive clinical care and support for recovery in primary health care, and mother, child and reproductive health settings. Early intervention in primary health care and collaboration with patients and family carers encourage integration of mental health with the health care system, in turn protective of human rights.

In addition, gender equity and observance of human rights need to be embedded in policy and practice in health and non-health sectors to ensure that women's mental health is promoted and mental illnesses adequately prevented and treated. Effective promotion of mental health and prevention of mental disorders is possible in countries of all income levels.

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S003

The needs of women users of mental health services and their families

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Aim Understand the needs of women users of mental health services and their families and discuss consequences.

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Method Non-systematic review of concepts and data regarding the needs of women users of mental health services and their families.

Results inequity and inefficiency of mental health resources affect men and women all around the globe. Some important mental health needs as well as barriers to care are gender-specific. Women have specific needs in specific phases of life, e.g. the perinatal period, as well as specific risk factors, e.g. interpersonal violence and sexual abuse. Developments of women only services as well as the implementation of gender-specific approaches in routine care are underway and need to be evaluated, amended and expanded. Training as well as research requirements are numerous and urgent. Family carers are an essential mental health resource. A majority is female with significant unmet needs. Family advocacy in mental health is prominently supported by female activists as is the psychiatric user movement. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as those following the UN-Convention on the rights of persons with disabilities include specific provisions for women and girls with psychosocial disabilities.

Conclusions Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment. Clinical and scientific responsibilities in mental health essentially include gender-specific attention to the needs of women and girls and their families.

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S004

Women mental health and trafficking

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“Trafficking in persons,” “human trafficking,” and “modern slavery” have been used as umbrella terms for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion. Trafficking in persons is an insult to human dignity and an assault on freedom, and robbing basic human rights (US Report, 2015). Reliable data on trafficking are difficult to obtain owing to its illegal nature; the range and severity of trafficking activities; and variations in how trafficking is defined. It is supposed that 49 per cent of the victims are women, 21 per cent girls, 18 per cent men and 12 per cent boys. 53 per cent were involved in sexual exploitation and 40 per cent in forced labor (UN, 2014).

Research findings show that the limitations of current methodologies affect what is known about human trafficking and health. Moreover, findings demonstrate an urgent need for representative and non-purposive recruitment strategies in future investigations of trafficking and health as well as research on risk and protective factors related to human trafficking and health, intervention effectiveness, long-term health outcomes. The psychological impact of victimization may be more severe than the physical violence. Victims who have been rescued from sexual slavery, typically present with various psychological symptoms and mental illnesses, including the following: Post-Traumatic Stress Disorder (PTSD), depression, anxiety, panic disorder, suicidal ideation, Stockholm syndrome, and substance abuse. In this talk current findings will be presented and discussed.

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Symposium: Improving physical health in patients with severe mental disorders

S005

Comorbidity of mental and physical disorders: A major challenge for medicine in the 21st century

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Demographic changes and successes of medicine in preserving and prolonging life are among the main reasons for the significant increase of comorbidity of mental and physical illness. The simultaneous presence of these disorders leads to a worse prognosis of both types of disorder, significant increases of cost of treatment and heightened mortality.

Although these facts are becoming known among members of the profession and among decision makers in the field of health little is done to provide adequate and timely treatment and care for all the diseases from which a person suffers. The fragmentation of medicine into ever finer and more narrow specialties contributes to the decreasing quality of care for people who have the misfortune of having comorbid mental and physical illnesses as does the stigma of mental illness which decreases the probability of timely help and leads to well documented discrimination of those who have mental illness in health services.

The paper will present some information about comorbidity of mental and physical disorders and suggest reforms of health care that might help to resolve the problems which comorbidity produces.

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S006

Exercise Interventions for Improving Mental and Physical Health in Schizophrenia

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Schizophrenia is a severe mental disorder that carries a high personal and socio-economic burden. Especially negative symptoms and cognitive impairments affect the long-term outcome and are the main contributors to disability. An often underestimated aspect of the disease are somatic comorbidities and the very high mortality rates of those with the disorder. The life expectancy is approximately 20 years below that of the general population and there is evidence that persons with schizophrenia may not have seen the same improvement in life expectancy as the general population during the past decades. Among others, lifestyle factors like sedentary behaviour, unhealthy diet, body weight and tobacco smoking are considered modifiable risk factors contributing to this excess mortality. Exercise interventions may be useful not only in attenuating symptoms of the disease but as well in help reducing risk factors for somatic comorbidities.

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