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Debate

D001

Con

Clinical/therapeutic: debate: sexual addiction: does it exist?

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It has been argued that compulsive sexual behavior (CSB) similar to pathological gambling (PG), meets the criteria for addiction. There is evidence showing that compulsive sexual behavior has the characteristics of addiction such as salience, mood modification, tolerance, withdrawal and adverse consequences. There are studies that have shown that exposure to visual sexual stimuli in individuals with compulsive sexual behavior is associated with activation of reward mechanisms similar to drug addiction. Cross-sectional studies report high rates of co-morbidity between compulsive sexual behavior and other psychiatric disorders such as depression, anxiety; Attention Deficit Hyperactivity Disorder (ADHD), obsessive–compulsive disorder (OCD) and personality disorders. However, despite many similarities between the features of hypersexual behavior and substance-related disorders there are gaps in our knowledge on compulsive sexual behavior and its treatment which precludes a definite conclusion that this is a behavioral addiction rather than an impulse control disorder. Therefore, more research is needed before definitively characterizing HD as an addiction at this time. This talk will review the empirical evidence and it will summarize the arguments against considering sexual addiction as a behavioral addiction (the cons side).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

D002

Pro

Mental health policy: debate: do we need compulsory treatments in psychiatric practice?

T. Kallert
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Mostly based on the results of the EUNOMIA study, still the largest prospective study on the use and outcomes of coercive measures (involuntary hospitalization, mechanical restraint, forced medication, seclusion) in general hospital psychiatry ever conducted, the presentation will outline that

1. Coercive interventions are a medico-legal and clinical reality in Europe, but show significant variation across countries; further, patients' views on involuntary hospitalization also differ across sites
2. There might be a link between the extent to which national mental health legislation protects patients' rights and the extent to which patients retrospectively evaluate that their involuntary admission was appropriate
3. Patients who feel coerced to admission may have a poorer prognosis than legally involuntary patients
4. Effective treatment of positive symptoms and improving patients' global functioning may lead to a reduction in perceived coercion
5. Caregivers' appraisals of involuntary inpatient treatment correlate with patients' symptom improvement

Conclusion.– If compulsory treatments in psychiatric practice are needed is an open question. Many aspects of the use of such interventions deserve deeper attention in research and clinical practice. The complexity of this field is such that simple pro-con answers are not possible. In general, we have to work on a standard of clinical practice guided by respecting autonomy and rights of our patients to the utmost.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

D003

Con

Mental health policy: debate: do we need compulsory treatments in psychiatric practice?

G. Szmukler
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I shall argue that involuntary treatment can be unnecessary in the practice of psychiatry. This is the position taken by a number of UN treaty bodies, including the UN Committee for the Convention on the Rights of Persons with Disabilities (CRPD), the UN Working Group on Arbitrary Detention and the UN Commissioner on

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Human Rights. Other UN bodies' positions are less explicit about an absolute prohibition on involuntary interventions, but are framed in terms that support a central role for 'will and preferences', a key concept in the UN CRPD. They call for an urgent need to develop alternatives to coercive interventions. An important Resolution on Mental Health and Human Rights from the UN Human Rights Council calls upon States to "abandon all practices that fail to respect the rights, will and preferences of all persons, on an equal basis" and to "provide mental health services for persons with mental health conditions or psychosocial disabilities on the same basis as to those without disabilities, including on the basis of free and informed consent".

I shall note the huge variation, twenty- to thirty-fold, between European countries in the use of involuntary treatment, implying unacceptable arbitrariness in its use. Attention will be drawn to the negligible research effort devoted to developing treatment approaches for the avoidance of coercive interventions. I shall then show how a focus on supportive measures aimed at enhancing patients' involvement in their care, together with a focus on respecting the person's 'will and preferences' would result in involuntary treatment becoming unnecessary.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

D004

Con

Mental health policy: debate: should the UHR paradigm for transition to mental disorder be abandoned?

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Current clinical high-risk (CHR) of psychosis criteria – particularly criteria relying on attenuated or transient positive symptoms and cognitive basic symptoms – are associated with conversion rates many times higher than the general incidence of psychosis. Yet, non-conversions still outnumber conversions, and CHR-relevant phenomena are not uncommon in the community, fueling an ongoing debate about their justification. This debate, however, widely disregards main general findings: persons meeting CHR criteria already suffer from multiple mental and functional disturbances for those they seek help; they exhibit various psychological and cognitive deficits along with morphological and functional cerebral changes, whereby, the majority of them fulfils general criteria for mental disorders; and beyond their association with subsequent psychotic disorders, CHR criteria do not specifically associate with any other mental disorder. Furthermore, while CHR symptoms might not be uncommon in the general population, CHR criteria almost as rare as psychotic disorders and, already at mere symptom level, are considerably associated with proxy measures of clinical relevance on community level, including low psychosocial functioning. Hence, the clinical picture defined by current CHR criteria might not be perceived only in terms of a psychosis-risk syndrome alone but rather as a psychosis-spectrum disorder in its own right with conversion to psychosis just being one and likely the worst of several outcomes and still the best available starting-point for an early detection of psychosis. Thus, the UHR paradigm clearly should not be abandoned but might rather act as a model for the early detection of other mental disorders.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

ommendations of 2014 or new ones when necessary by three independent researchers.
The list of recommendations was finally sent to all participants of both congresses and other international stakeholders for a prioritization survey based on the feasibility and importance of each recommendation.
Results.– The first process collected 200 material from stakeholders that ended up in a list of 21 recommendations covering three areas: Protection of Human Rights; Participation in the organization and evaluation of services; Information and communication. Gaps of priorities for each kind of stakeholder arose.
Coding and prioritization of the recommendations from the 2018 congress is on-going but results will be ready for EPA 2019.
Conclusions.– Even though empowerment of users and carers is a common claim, its implementation needs practical recommendations built and approved by them.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Migration and Mental health of Immigrants

E-PP0676

Mental health need and psychiatric service utilisation of Syrian refugee children in Turkey

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Background and aims.– Turkey which hosting one out of every 8 refugees has been the leading refugee hosting country since 2014. Despite Studies which carried out with refugee children in Turkey revealed that one out of every two refugee children have at least one psychiatric disorder, We have no data on psychiatric service utilisation of refugee children in Turkey.
Methods.– The study was carried out at the Refugee Mental Health Unit of Marmara University Child Psychiatry Department in Istanbul. The files of all Syrian refugee children who admitted to the unit during the 1-year period were retrospectively evaluated. Findings of refugee children were compared with findings of Turkish children. The groups were matched for age and gender.
Results.– 66 children and adolescents have admitted to our service for psychiatric evaluation during the period. Of these individuals, 34.8% ($n = 23$) were females and 65,2% were males ($n = 43$). Mean age of our sample was 8.7 (18 months to 17 years). Attention Deficit/Hyperactivity Disorder (34.8%), Major Depression (25.8%), and PTSD (21.2%) were the most common disorders among refugee children. Psychiatric service utilization increased dramatically after opening of the specialized child psychiatry unit for refugees
Conclusions.– Our findings showed that refugee children are suffering from a broad spectrum of psychiatric disorders which requires ongoing psychiatric care. It also revealed that specialized child psychiatry units might increase utilization of mental health services by refugee children.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0677

Emotional isolation moderates social emotional gain in the everyday life of non-european migrants living in Germany: an ecological momentary assessment pilot study

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Background and aims.– Humans are hardwired to form social connections and depend on vital emotional support from social networks. However, visible minorities (i.e., migrants) may have difficulties in establishing these connections with the majority population, and consequently feel emotionally isolated (i.e., lack of intimate relationships). Feeling emotionally isolated can thus hinder emotional well-being (i.e., valence). In a pilot study, we used Smartphone-based Ecological Momentary Assessment (EMA) to investigate whether the effect of social contact on valence in real life, i.e., social emotional gain, is moderated by emotional isolation in non-European migrants.
Methods.– Across 7 days, 39 participants (22 German; 17 Migrants, 19 males, age: 20 ± 4) rated their valence (well/unwell, satisfied/not satisfied), and reported on social contact (in company vs. alone) on Smartphone e-diaries (9-24 prompts/day). Additionally, the UCLA Loneliness scale assessed emotional isolation.
Results.– Participants were matched in age, gender, and socioeconomic status. A multilevel model analysis showed that higher emotional isolation was associated with lower valence across both groups ($p = 0.02$). Next, being in the company of others compared to being alone increased valence within persons across both groups ($p < 0.001$). Furthermore, migrants, but not Germans, with lower compared to higher emotional isolation showed a stronger social emotional benefit, i.e., a higher difference of valence between being in the company of others and being alone ($p = 0.01$).
Conclusions.– Our findings suggest that social contact is important in fostering emotional well-being in daily social interactions, and this may be especially important for visible minorities (migrants) who are prone to discriminatory experiences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0678

Interdisciplinary treatment and complex rehabilitation of internally displaced persons with comorbid menthal and somatic disorders

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Background and aims.– Screening of IDPs' mental health who sought medical help in somatic clinic (University clinic KhNMU) and estimation of efficiency of interdisciplinary treatment and complex rehabilitation.

In the University Clinic asked 156 people displaced from areas of Lugansk and Donetsk regions. Only 65 of them had official status of IDPs. Reasons treatment all patients were somatic complaints. In screening using the scale hospital all patients were found higher rates of anxiety and depression. 48% of patients abandoned psychiatric examination, even 24% of psychological counseling.
Methods.– Psychodiagnostical, clinical-psychological, clinical and psychopathological.
Results.– Clinical examination during the period of acute stress reactions was observed, dominated by anxiety disorders, prolonged depressive reaction. Anxiety disorders were found in 56.5%, prolonged depressive reaction in 32.0%, post-traumatic stress disorder in 10.5% of patients. Psychosomatic disorders were 80% of patients. The treatment of the underlying disease, complex psychological and physical rehabilitation. Psychological rehabilitation included CBT, relaxation, art therapy. Physical rehabilitation includes kinesiotherapy and TRE. A set of measures of physical rehabilitation for 14 days led to reduction of anxiety to physiological levels in all mentally healthy patients, reduce the severity of psychosomatic symptoms in the structure of the underlying disease, increased satisfaction with the results of treatment by 28.5%.
Conclusions.– Analysis of Mental Health study of IDPs and evaluation of comprehensive rehabilitation in terms of the University Clinic show the need for screening mental state when applying for medical assistance and the desirability of psychological and physical rehabilitation of patients during hospital stay somatic profile.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0679

Translation and cross-cultural validation of the Turkish, Moroccan Arabic and Berber version of the 48 item symptom questionnaire (SQ-48)

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Background and aims.– SQ-48 is a valid and clinical useful measure of general psychopathology. First generation Moroccan and Turkish immigrants in the Netherlands have difficulty understanding Dutch questionnaires. This study aimed to translate and cross cultural adapt SQ-48 into Turkish, Moroccan Arabic and Berber and to examine their psychometric properties.
Methods.– Data was used from: (1) psychiatric outpatients with Turkish or Moroccan background ($n = 150$); (2) reference sample of non-psychiatric with Turkish or Moroccan background ($n = 103$); (3) native Dutch psychiatric outpatients ($n = 189$); (4) reference sample of native Dutch non-psychiatric ($n = 463$). Internal consistency, AUC's, means, standard deviations, percentiles, factorial structure, and measurement invariance across ethnic groups were determined.
Results.– Internal consistency of SQ-48 subscales across ethnic groups was adequate to high. Seven-factor structure fitted data adequately in total sample and each ethnic group. AUC's showed acceptable to excellent discrimination between psychiatric outpatients and non-psychiatric participants in ethnic groups, although mean differences between ethnic groups were higher. We established full configural and metric invariance for SQ-48 across ethnic groups, but only partial scalar invariance was supported. Two intercepts differed (items 8, 28) for combined Moroccan Arabic and Berber and Dutch group and five intercepts differed (items 24, 3, 26, 28, 44) for Turkish and Dutch group.
Conclusions.– We conclude that general psychopathology measured by SQ-48 can largely interpreted in the same way for patients from different backgrounds. On some subscales, ethnic groups tended on average to have higher scores than the Dutch group. The Dutch cut-off values can only be interpreted with caution for these ethnic groups.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0680

Exploring the association between migration and non-affective psychosis: a narrative review

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Background and aims.– The association between migration and psychosis has been described in several countries and backgrounds. Vulnerability varies according to individual features, migration context and host country. To date, several models tried to elucidate the etiopathogenesis of psychosis in this population. Our aim was to review the existing models on the etiopathogenesis of non-affective psychotic disorders in migrants.
Methods.– A critical review of relevant studies published in the last 10 years.
Results.– The Selective Migration hypothesis posits that increased rates of psychosis among migrants are due to the selective migration of predisposed individuals. A Socio-Developmental Model hypothesizes that exposure to adversity interacts with genetic susceptibility, disrupting normal neurodevelopment and creating an enduring liability to psychosis. Discrimination, as a model of social adversity, was found to induce delusional persecutory ideation. Similarly, the process of Westernization often leads to a breakdown of previously stablished world views, enhancing psychosis risk in genetically predisposed individuals. Adding to this theories, refugees present higher rates of psychosis; they are more likely to experience traumatic situations in their migration path: pre-migration political conflicts and violence, dangerous migration trajectories and forced family separation. In the host country, common stressors include uncertainty about asylum, unemployment and social exclusion.
Conclusions.– The increased incidence of non-affective psychotic disorders among migrants has been attributed to a complex interaction between genetic factors and distress. With the unprecedented levels of global humanitarian crises, elucidation of the etiopathogenesis and detection of early signs of psychosis in this population might favour improved mental health policies worldwide.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0681

Involuntary psychiatric treatment of first generation immigrants with acute mental disorders in Italy. The role of forced migration

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Background and aims.– Migration is a risk factor for the development of mental disorders. Immigrants in Europe appear at higher risk of psychiatric coercive interventions. Reasons include cultural, ethnic and language differences leading to communication problems between immigrants and mental health professionals. Aim of