

Abstract: In general, resilience is a process in which the interplay of risk and protective factors of the system itself and its environment is balanced in such a way that positive development opportunities open up. The resilience of a person, a system and a profession is therefore reflected in the ability to shape conditions in such a way that positive coping with challenges and crises is possible as a basis for positive further development. The time of the pandemic and the war in Ukraine has led to a large number of adjustments to psychology as a science, as a profession and as a perspective on life. This is associated with opportunities for positive further development of the discipline. European psychology has so far mastered the challenge of the pandemic and the war in Ukraine very well. The task now is to harness its successes as a multifunctional hub for other sciences, professions and society as a whole. The aim is to develop an identity that strengthens the unity of psychology in its diversity. With wisdom and resilience, psychology is also increasingly facing up to the challenges expressed in the United Nations Sustainable Development Goals (UN SDGs). In the discussion of social and professional change, the possibilities for a joint positive development of all professions in these stressful times become clear.

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Core Symposium

CRS0001

Community mental health services in Europe: the state of art

M. Rojnic Kuzman

Zagreb University Hospital Centre and the Zagreb School of Medicine, Zagreb, Croatia

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Abstract: In Europe there is significant variability of attitudes, procedure and strategies in clinical care between psychiatrists and settings across different regions and countries. However, there is a significant overrepresentation of data from mental health services from Western and Northern European countries, due a lack of data from Eastern and Central European countries as it has been suggested the Eastern and Central European regions are a “blind spot on the global mental health map”. In respect to community mental health services, Northern and Western countries introduced a large array of multidisciplinary community-based services for people with mental health problems and reorganized the mental health care services towards the community mental health care, replacing largely large hospitals and hospital-based care following recovery-oriented care models with introduction of numerous services which supported full recovery, including supported employment and housing. This process is only in the beginning in the majority of countries in the South and East of Europe. Here we present the data from these countries including the results of the RECOVER-E study (Large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe), which incorporated the implementation of community mental health services in five South-eastern European countries.

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CRS0002

Opportunities and challenges of community mental health centers in Türkiye

E. Mutlu

Hacettepe University, Ankara, Türkiye

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Abstract: In 2011, Türkiye restructured the mental health care system in community-based settings following the announcement of the National Mental Health Action Plan. Community mental health centers (CMHCs) are the major element of this approach. As of now, the total number of CMHC have reached 186, and the service users have almost reached 100.000.

Mental health care system gained significant advantages through CMHCs, such as 1) improvement in the conditions of mental health services, 2) better follow-up of patients with chronic severe mental disorders, 3) capability of in-home services, 4) decrease in the number of hospitalizations, 5) increased social involvement of patients with severe mental disorder. CMHCs also played a significant role in promoting social rehabilitation, including employment status, development of social relationships, and redress of stigmatization. All these advantages were put into practice by community mental health teams comprising a psychiatrist, psychologists, nurses, social workers and ergotherapists, if available.

Community mental health centers come with severe challenges and shortcomings despite their ameliorations. First, CMHCs need trained mental health professionals. However, only 52% of the CMHC teams completed the CMHC trainings currently. Second, standardized work flow algorithms should be developed for CMHCs. Third, there should be a strong relationship between CMHCs, primary health care system and inpatient units as a complementary part of essential mental health care. In addition, hospital administration should be trained in terms of CMHC policy since every CMHC is affiliated with a state hospital. For instance, the ongoing issue of defining quality standards for CMHCs contributes to a misconception, portraying these centers as profit-making units rather than dedicated rehabilitation facilities.

In conclusion, community-based settings and CMHCs significantly advance mental health services despite the challenges confronted in practice. To optimize the effectiveness of community mental health care facilitated by CMHCs, it is imperative to review the implementation process with the active involvement and support of non-governmental organizations, including patient-driven organizations and national psychiatric associations.

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CRS0003

Microdosing psychedelics in the treatment of ADHD and comorbid disorders

K. P. Kuypers

Neuropsychology and Psychopharmacology, Maastricht University, Maastricht, Netherlands

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