

## Mental Health Policy

## Abstract

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## PL0001

## Implementing Alternatives to Coercion in Mental Health Care

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**Abstract Body:** The use of coercive measures in Medicine represents a controversial issue. Even when they comply with all rules and procedures and are enacted with the intention to address the health needs of the patient, and/or protect the patient and/or others, they always represent an infringement of fundamental personal rights and require strong ethical justification.

In Psychiatry the debate around coercive measures has led to a theoretical impasse, as the attempt to solve an ethical dilemma may expose mental health care to other ethical challenges and questions of competing rights. At the same time, the ongoing debate has contributed to raise the awareness that coercive practices are over-used, and mental health care is in need of a profound transformation towards recovery-oriented systems of care.

The implementation and dissemination of alternatives to coercive practices is an essential component of such transformation. Relevant research has provided tools and documented successful practices, and initiatives aimed at making these resources available and adapted to different contexts are being promoted by international organizations, professional associations and associations of users and carers.<sup>1</sup>

The profound transformation of current mental health care towards recovery-oriented systems of care requires resources and shared goals among the different stakeholders. Integrated and personalised care pathways, respect of human rights, shared decision making, and involvement of users and carers are essential components of this transformation.

<sup>1</sup>Discussion Paper from the WPA Taskforce October 2020; <https://www.wpanet.org/alternatives-to-coercion>

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## Pharmacology

## PL0002

## Psychedelic Psychiatry

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The last decade has seen a remarkable resurgence of interest in psychedelic drugs such as psilocybin (from magic mushrooms) LSD and DMT (dimethyl tryptamine – the active ingredient of ayahuasca). This has been driven by the discovery that these psychedelics all act agonists of 5-HT<sub>2A</sub> receptors. Human imaging studies have revealed this action leads to profound alterations in brain measures of activity particularly in terms of increased entropy of EEG MEG and fMRI signals and reduced within-network, but increased between-network, connectivity. In addition they all can increase synaptic growth and brain plasticity. These findings not only explain the subjective nature of the psychedelic experience but also have implications for the treatment of internalising disorders such as depression addiction anorexia and OCD that are characterised by increased within network connectivity especially of the default mode network. Subsequent trials, particularly of psilocybin, in these disorders has revealed significant clinical benefits from even just a single

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administration. A number of companies have now been set up to extend these discoveries with regulatory-level trials that could result in market authorisations within a few years. My talk will explore these brain mechanisms and clinical data and discuss the potential place of psychedelic medicine in the future of psychiatry.

**Disclosure:** I am an advisor to Compass pathways and Beckley Psytec two companies that are developing psychedelics for depression and other psychiatric indications. Several members of my research group receive support from these companies and also from Small Pharma.