of solidarity and generosity, but at the same time with the awareness that the needs are much beyond reaction capacity of individual people and states. The direct and indirect consequences of this humanitarian catastrophe cannot be estimated at present. Mental healthcare services are suddenly faced with major challenges and need to develop or expand strategies to address them. In this presentation, strategies from Germany will be presented and discussed.

Disclosure of Interest: None Declared

W0023

Psychopathological consequences of war and armed conflicts

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Abstract: *Armed conflicts produce a wide series of distressing consequences, including death, all of which impact negatively on the lives of survivors. This presentatiin focuses specifically on the mental health consequences of war on adults and child/adolescent refugees or those living in war zones basing upon review of all systematic reviews and/or meta-analyses published from 2005 up until the current time, that is Fifteen systematic reviews and/or meta-analyses conducted in adult populations, and seven relating to children and adolescents. Prevalence rates of Anxiety, Depression and Post-traumatic Stress Disorder (PTSD) were two-three-fold higher amongst people exposed to armed conflict compared to those who had not been exposed, with women and children being the most vulnerable sujects. A series of war-related, migratory and post-migratory stressors contribute to short- and long-term mental health issues in the internally displaced, asylum seekers and refugees. Based upon these evidences psychiatrists and psychiatric associations should take also the ethical responsibility for raising awareness of political decision-makers as to the mental health consequences caused by armed conflicts as a further reason for improving peace-keeping initiatives.*

Disclosure of Interest: None Declared

W0024

Helping the forcely displaced persons - situation in Hungary

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Abstract: In recent years, the state-funded side of the Hungarian psychiatric system has been struggling with a serious lack of resources. During the pandemic the level of organization, which was also not perfect, continued to deteriorate. Immediately after the breakout of Ukrainian war the civilians started to make significant efforts to support refugees. From the beginning our Association joined activities of Solidarity Network organized by EPA. We made efforts among other things to find Ukrainian-speaking psychiatrists to tackle the language barriers, connect the needs with the offers psychologists. When a refugee is admitted to a psychiatric unit as a patient, they receive all mental health care as any Hungarian citizen would. Overall however, mental care is insufficiently organized and the patient pathways for refugees - as those of the population - are not well-defined. The coordination between government services and civil organizations helping refugees is unsatisfactory. There is no steady support system that could provide regular, professional mental health care for those in need, thus a mental triage process is also missing to uncover the perhaps less severe mental problems, that nevertheless might require professional attention. Consequently there also seems to be a lack of assistance in trauma processing. There are some official civil organizations (e.g. Maltese Charity Service, Hungarian Red Cross) that are doing all they can for the refugees, but most of their staff is not professionally equipped to provide mental health care or to reliably identify when it is needed. When refugees show symptoms of a severe nature (psychosis, mania, severe depression, suicidal thoughts) they reach out to the professional mental health care system, but refugees struggling with less obvious mental health problems generally stay out of sight of professional psychiatric or psychological care.
Keywords: civilian efforts, unmet needs, lack of human resource

Disclosure of Interest: None Declared

W0025

You are not alone…Polish Psychiatric Association supporting Ukraine

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Abstract: Immediately after Russia commenced aggression against Ukraine, the Polish Psychiatric Association publicly called for humanitarian support for Ukraine and initiated meetings with representatives of Psychiatric Societies operating in Ukraine in order to identify current needs in the war-stricken areas and coordinate aid.
The PPA allocated its financial resources to humanitarian aid and, through the EPA, appealed for condemnation of military operations as well as support for Ukraine by individual NPAs.
According to the UHNR data over 4 million displaced people, refugees, came to Poland so far and some of them benefited from such help.
The Polish Psychiatric Association supports the initiatives of non-governmental organizations supporting refugees and monitors and responds to the needs reported by the Ukrainian side on an ongoing basis. At present, the PPA activities focus on the following priorities:
1. Need-adapted-help: Provision of customized aid - not only medications but also power generators, technical equipment. And so, the PPA shipped to Ukraine some basic equipment, sleeping mats, bedding, mattresses, backpacks, cleaning products, personal hygiene products, as well as tools for renovation and construction.
2. Awareness - highlighting the consequences of Russia's aggression on people with mental disorders in Ukraine and its impact on the

entire population (PTSD, grief). Inviting and lobbying for dissemination of personal reports of Ukrainian health care workers and patients at international conventions, forums, events

3. Empowerment of personnel - strengthening competences required in provision of assistance in war-related disorders, training, projects of activities both across Poland and Ukraine

4. Supporting and responding to the needs reported by local psychiatric assistance centers facilitating and strengthening the competence of personnel in helping refugees

Disclosure of Interest: None Declared

W0026

Digital approaches for predicting posttraumatic stress and resilience: promises, challenges, and future directions

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Abstract: Digital technologies and advances in computational methods have become key drivers of innovation in many medical fields. In precision psychiatry, accurate and reliable measures of mental health are critical for informing patient care and clinical research. There has been growing concern over the limitations of traditional mental health assessments that are typically grounded in nosology defined by the DSM and are based on interviewer-led assessments or patient self-report questionnaires. Whereas such gold-standard clinical assessments can be cost-prohibitive, insensitive to change, and prone to subjective biases, the use of digital technologies provides an opportunity to improve the practical feasibility as well as the inter-rater and test-retest reliability of repeated mental health assessments. The key promise of this approach is to unlock the clinical potential of digital technologies in ways that foster research of high clinical relevance and impact on clinical care. I will discuss these promises and challenges for the future use of machine learning approaches for predicting and monitoring post-traumatic stress and resilience.

Disclosure of Interest: None Declared

W0027

Generative models as computational assays for psychiatry

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Abstract: Psychiatry faces fundamental challenges with regard to mechanistically guided differential diagnosis, as well as prediction of clinical trajectories and treatment response. This has motivated novel approaches that aim to develop "computational assays" for inferring patient-specific disease processes from neuroimaging data, which can then be incorporated into decision making in everyday clinical practice. Such computational assays are often based on generative models, which describe how measured data may be caused by a particular mechanism. Combining generative models with machine learning allows translating the inferences from computational assays into patient-specific predictions, an approach referred to as generative embedding.

Here, I illustrate the clinical potential of generative embedding for the exemplary case of a generative model of whole-brain effective (directed) connectivity: *regression DCM* (rDCM). First, I introduce rDCM to the audience and highlight its relevance for understanding the pathophysiology of psychiatric disorders. I then provide an initial demonstration of the clinical utility of rDCM. Specifically, we assessed the ability of rDCM for predicting future episodes of depression in never-depressed adults, using a large dataset (N=906) of resting-state fMRI data from the UK Biobank. Over a 3-year period, half of the participants showed indications of at least one depressive episode, while the other half did not. Using nested cross-validation for training and a held-out test set (80/20 split), we found that a generative embedding procedure based on rDCM in combination with a support vector machine enables statistically significant predictions of future depressive episodes, both on the training (accuracy: 0.63, area under the curve (AUC): 0.66, $p<0.001$) and test set (accuracy: 0.62, AUC: 0.64, $p<0.001$). Interpreting model predictions based on SHAP (Shapley Additive exPlanations) values suggested that the most predictive connections were widely distributed and not confined to specific networks.

In summary, generative models of brain connectivity in general, and rDCM in particular, show initial promise to serve as computational assays for psychiatry. Our analyses suggest that (i) fMRI-based generative embedding approaches have some capacity for early detection of individuals at-risk for depression and (ii) achieving accuracies of clinical utility may require combination of fMRI with other data modalities.

Disclosure of Interest: None Declared

W0028

Quantifying computational mechanisms in psychotherapy

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Abstract: Despite extensive research, the cognitive processes mediating the impact of psychotherapeutic interventions remain poorly understood, and as a result difficult to quantify. Identifying such mechanisms is likely to be extremely helpful: it could help target interventions better, could support dosing therapy through monitoring, and could heighten the speed at which new interventions can be developed. Mechanisms research in psychotherapy has described a number of key difficulties to achieving this. In this and the next talk, we ask whether advances in cognitive computational neuroscience might provide some support. Specifically, the question is whether precise cognitive probes might identify specific mechanisms of interventions. In support of this, I will first describe a pilot study in participants undergoing an adapted behavioural activation therapy. I will then move to present results from two strands of experiments examining whether interventions derived from components of cognitive-behavioural therapy (CBT) are able