lower mortality rates, including suicides in young people with schizophrenia.[4]
Higher doses of antipsychotics are associated with poorer outcomes and with potential structural brain changes, while adequate (lower) doses of antipsychotics are associated with lower side effect burden and better overall outcomes[5]. A significant proportion of patient may benefit from polypharmacy (combination of 2 antipsychotics)[6]. Antipsychotic treatment discontinuation strategies are associated with the development of treatment resistance.[7]
Conclusions: Adequate (low dose) antipsychotic treatment is part of the complex early intervention programs and long term treatment of schizophrenia, which are associated with higher rates of recovery and good outcomes. The role of polypharmacy (combination of 2 antipsychotics) may need a reconsideration in the treatment guidelines of schizophrenia.

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SP0018

Recovery in Schizophrenia: The Role of Psychosocial interventions

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Abstract: Recovery in Schizophrenia: The Role of Psychosocial interventions Recovery is individual and so needs individual responses from the mental health services. Different interventions are useful at different stages and of course they only "work" for some people. The paper will describe some psychosocial interventions and the role they might pay in the patient's journey to their expected recovery. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. The process of considering which one to start with is a choice and this paper will describe some decision making to ensure that patients have the best options.

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SP0019

Does war increases the risk for psychoses?

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Abstract: The World Health Organization (WHO) has stated that in situations of armed conflict, "Around 10 percent of the people who experience traumatic events will have serious mental health problems, and another 10 percent will develop behavior that will hinder their ability to function effectively." Problems include post-traumatic stress disorder, anxiety, depression, substance misuse, and possibly precipitation of psychosis. War has a catastrophic effect on the health and well being of nations. Studies have shown that conflict situations cause more mortality and disability than any major disease. Only through a greater understanding of conflicts and the myriad of mental health problems that arise from them, coherent and effective strategies for dealing with such problems can be developed.

Disclosure of Interest: None Declared

SP0020

Mental Health Policy Name: War and mental health (Croatian experience)

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Abstract: War represents one of the major traumatic events for humans and comes with enormous consequences for individuals and society over a long period of time. War causes acute psychological trauma, but also results in subacute, chronic psychiatric disorders for all those experiencing or witnessing direct war trauma and to those experiencing indirect war trauma resulting from losing the safety of home and financial income, to losing family members and close ones. Therefore, acute reaction to trauma may result in maladaptive disorders and PTSD within days of experiencing trauma and with chronic posttraumatic stress conditions even years after the traumatic experience. Chronic PTSD is associated with higher morbidity of somatic conditions, including hypertension, hyperlipidemia, metabolic syndrome, all resulting in cardiovascular and cerebrovascular disorders. Additionally, according to reports from World Health Organisation (WHO), it has been projected that in emergencies, on average, the percentage of people with a severe mental disorder increases by 1 per cent over and above an estimated baseline of 2–3 per cent. In addition, the percentage of people with mild or moderate mental disorders, including mood and anxiety disorders (including PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent. Furthermore,

research indicate the possibility of a transgenerational effect of trauma, via maternal psychosocial stress and socioeconomic disadvantage during pregnancy but also through adverse parenting practices, as parenting style may change when exposed to war traumas.
As war affects mental health of different population groups dramatically and long-term, establishment of long term and coordinated mental health care is necessary. In the presentation, examples of practices from Croatia will be discussed.

Disclosure of Interest: None Declared

SP0021

Mental health needs of defendants with intellectual disabilities presenting at court

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Abstract

Background: Studies in different countries of defendants with mild to borderline intellectual disability found they have distinct characteristics from other defendants. The aim of this study was to examine several characteristics among defendants with intellectual disability comparing to those defendants without intellectual disability presenting to court services in London, England.
Method: This was a retrospective data analysis of routine administrative data collected by the Liaison and Diversion services across five Magistrates courts in London, England. Data were analysed on defendants identified through screening to have an intellectual disability and compared to defendants without an intellectual disability.
Results: 9088 defendants were identified and of these 349 (4%) had an intellectual disability. Defendants with intellectual disability were over four times more likely to have comorbid attention deficit hyperactive disorder and over 14 times more likely to have autism spectrum disorder. There was an increased odds ratio of self-reported suicidal/self-harming behaviour for those defendants with intellectual disability compared to those without intellectual disability.
Conclusion: This study has highlighted the increased vulnerability of defendants with intellectual disability for other neurodevelopmental disorders.

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SP0022

Clinical / Therapeutic Name: Care and treatment of prisoners with intellectual disabilities

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Abstract: Care and treatment of prisoners with intellectual disabilities I will describe what is the care, from different points of view when an offender with intelledtual disabilities entry in the penitentiary system. As a vulnerable population, people with intellectual disabilities have to be treated in a more specific manner, and both prison managers and clinciacal staff have to be aware of of that. This prisoners, sometimes, also belongs to another vulnerable population (illegal inmigration, fenmales, ehtnic groups ,etc) that make this cases as a complex ones. The care have to be as a comprehensive, with thr higest standards of care a nd avoid neglicence en treating this cases. We have to emphasize about rehablitation and a goodl coordnation with the intellectual disability community services to avoid relapse and recidivism

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SP0023

Essential components of pre-electroconvulsive therapy assessment

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Abstract: A thorough pre-electroconvulsive therapy (ECT) assessment is a integral to ECT preparation. Usually, the assessment encompasses elements such as medical history, cognitive assessment, laboratory tests, imaging diagnostics, and consultation with an anesthesiologist. However, there is currently no universally standardized minimal or optimal pre-ECT evaluation at the international level. Recent results show a high variability of the pre-ECT evaluation practice across Europe. Establishing a standardized approach to pre-ECT evaluation would be of great interest for both patients and practitioners.

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