

Abstract

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DB001

Use of smartphone and social media under 15 year should be forbidden/regulated Con Speaker

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Abstract: Worldwide, social media and touch screen device use has rapidly increased over the past decade and are particularly popular among young people. To obtain more insight in the potential negative associations with compulsive social media use and touch screen devices in Dutch children, we assessed its relation with self-reported well-being and cognitive function in primary school children. We found social media to be negatively associated with life satisfaction and increasing touch screen device use with increased reaction time. This suggests that the compulsive social media use and touch screen device use have negative consequences on mental well being and cognitive performance already at a young age. Therefore the use of social media in children under the age of 15 years should be restricted or forbidden.

Disclosure of Interest: None Declared

DB002

Do we need psychiatric asylums again? - Pro Speaker

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Abstract: Currently, there are few affordable, high-quality long-term care options available for a significant segment of people with serious mental disorders. This population includes adults characterized as poor insight, chronically ill, lacking autonomy, consuming drugs, and severe behavioural disturbances. These individuals frequently suffer from schizophrenia, bipolar disorder, toxic psychosis, severe personality disorders and substance abuse disorder, comorbidity being common. The void is ethically unacceptable and societally costly. Progressive reformers, consumers, civil libertarians, and health economists all advocated for a similar goal—the closure of publically funded psychiatric institutions. But deinstitutionalization has actually been trans-institutionalization. As psychiatric hospitals closed, patients with chronic psychiatric illnesses who lacked family support were moved into nursing homes or other forms of non-specialized residential care, occasionally visiting the psychiatric units of general hospitals. Many became homeless and intermittently used hospital emergency services for urgent care. Most disturbingly, prisons have become the largest mental health care facilities in some countries. The number of people affected may increase as a result of the crisis of the family institution, immigration and the epidemic of drug use.

Realistically, the deployment of both private and public resources is now imperative to provide appropriate care for a number of seriously mentally ill persons. They deserve a safe place to live with proper supports—not cycling between the streets, emergency departments, and prisons. Of course, psychiatric hospitals are a necessary but not sufficient component of a reformed spectrum of psychiatric services, where palliative psychiatry should have a role. A return to asylum based long-term psychiatric care will not remedy the complex problems of the mental health system, especially for patients with milder forms of mental illness who can thrive with high quality outpatient care. However, reforms that ignore the importance of expanding the role of such institutions will fail mental health patients who cannot safely live alone or care for themselves.

Disclosure of Interest: None Declared

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