

integrate research into clinical practice to ease implementation II) embed equity in mental health intervention research III) use complexity science and bottom-up approaches to improve relevance of science and implementation IV) base implementation less additional methods beyond traditional RCT-based research V) use a transdisciplinary approach in development and implementation of research on new interventions.

Disclosure of Interest: None Declared

SP037

A systematic review of theories, models and frameworks used to guide or evaluate the implementation of coercion reduction programs

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Abstract: Coercive practices in mental health care can infringe upon human rights, necessitating urgent global action to eliminate them. However, inconsistencies in clinical practice, fragmented research on effectiveness, and limited understanding of barriers and facilitators hinder the real-world transformation of services. As part of the COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services), Working Group 4 Implementation Science conducted a systematic review to examine the models, theories and frameworks employed by studies in implementing programs aimed at reducing coercion in mental health settings and the reported implementation outcomes. A comprehensive search was conducted across multiple databases, resulting in the inclusion of eight studies (nine papers). The identified coercion reduction programs utilized holistic approaches, risk assessment methods, staff training, and sensory modulation interventions. All of them were conducted in inpatient settings. Eight different implementation tools were identified, but none of the studies reported all sought implementation outcomes. The most frequently reported outcomes were acceptability and adaptation, while no studies provided data on implementation costs. Overall, the quality of the studies assessed was relatively low. The review highlights the underutilization of systematic implementation models, theories and frameworks when embedding coercion reduction interventions in routine mental health care, especially in emergency psychiatry settings. Further research, incorporating the perspectives of service users and carers, is needed to address this gap and determine the costs and resources required for implementing complex interventions with implementation models, theories and frameworks guidance.

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SP038

Open-door policy in urban acute wards: results and implementation experiences from a five-year staff co-created in-clinic RCT

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Abstract: Open-door policy is a WHO-recommended framework to maximise safety, prevent coercion, and enhance recovery-based practices during admission to mental health wards. This talk will describe the open-door policy intervention, present results from our 1-year RCT and preliminary 5-year results from the Lovisenberg Open Acute Door Study (LOADS). LOADS is a 5-year in-clinic dual RCT study of open-door policy co-created with user representative and staff in our inner-city acute mental health wards in Oslo, Norway. By combining random allocation, effectiveness outcomes and implementation research, LOADS aims to address the need for faster development of clinically relevant knowledge in mental health.

Disclosure of Interest: None Declared

SP039

Excessive Alcohol Consumption, Alcohol Use Disorder and Women

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Abstract: Alcohol is a major risk factor for mortality and morbidity worldwide (Agabio et al., 2017). Women are affected by specific alcohol-related consequences, including a dose-dependent increased risk of breast cancer from relatively low levels of alcohol consumption, of which many women remain unaware (Agabio et al., 2022), and risk of foetal alcohol syndrome, in their offspring, if alcohol is consumed during pregnancy (Minozzi et al., 2024). Alcohol use disorder (AUD) is a severe and frequent mental disorder with devastating consequences (Agabio et al., 2017). In US, approximately one out of 4 women suffer for this disorder during their lifetime (MacKillop et al. 2022). Although effective treatments are available (Agabio et al., 2024), AUD is undertreated, with stigma being one of the main reasons for not seeking medical treatment (MacKillop et al. 2022) Women usually experience more severe barriers to AUD treatment than men, with pregnant women experiencing more severe barriers than non-pregnant women (Agabio et al., 2017). Another reason of the scarce use of medical treatment is constituted by the widespread belief that available medications are not effective, or rather, are not