EPV1026

Impact of Pandemics on Primary Care: Changes in GP Antidepressant Prescriptions and Mental Health Referrals During Lockdowns in England, UK

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Introduction: The COVID-19 pandemic disrupted primary healthcare services, affecting mental health support and antidepressant prescriptions in England. This study examines shifts in GP referrals and antidepressant prescribing patterns during different phases of lockdown.
Objectives: This research aims to (1) analyze changes in the rates of antidepressant prescriptions across lockdown periods, and (2) investigate how GP referrals to mental health services, including social prescribing, evolved, with a focus on disparities among ethnic groups.
Methods: Using a retrospective design, we analyzed electronic health record data from GP practices in North England, covering March 2018 to June 2023. We employed a two-level negative binomial-logit hurdle model for antidepressant prescriptions and a multinomial logit regression model for referral types.
Results: Antidepressant initiation decreased during lockdowns, while ongoing prescriptions showed minor increases. GP referrals to social prescribing rose significantly, especially among ethnic minorities who also had fewer medical treatments. Lockdown phases influenced referral patterns, with reductions in secondary care referrals and growth in community-based support.
Conclusions: The study highlights a shift towards social prescribing amid the mental health strains of the pandemic, suggesting its role in a social model of health. Ethnic disparities in mental health care access emphasize the need for culturally inclusive, non-clinical mental health support.

Mental Health Policies

EPV1028

Innovative Strategies in Precision Psychiatry: Merging Artificial Intelligence with Psychoneuroimmunology for Enhanced Mental Health Outcomes

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Introduction: The paradigms of diagnosis and evaluation in mental health are changing due to the incorporation of artificial intelligence (AI) into other fields. Understanding mental health conditions is greatly aided by insights from neuroscience, immunology, social and clinical psychology, and cultural theories. According to Martyn Evans' commentary, interdisciplinary work generates new issues and solutions while multidisciplinary work preserves unique viewpoints. In this sense, the interdisciplinary field of psychoneuro-immunology has contributed significantly to our understanding of mental health. It has also contributed significantly to the interplay between the immune system, the endocrine system, and the nervous system. This field could rapidly emerge as a key component of integrative diagnosis and assessment.
Objectives: This review emphasizes the need for comprehensive biopsychosocial assessment frameworks and the importance of harmonizing disciplines through multidisciplinary and interdisciplinary methodologies to enhance diagnostic possibilities via AI.
Methods: A critical review of clinical psychology was conducted, as well as a discussion of the necessity of using integrative methodologies in order to address the interconnected nature of both medical diseases and mental disorders, in light of recent advancements in artificial intelligence.
Results: It has been explored how PNI can serve as an interdisciplinary ground for cross-disciplinary dialogue and how stakeholder perspectives may resolve complexities in clinical assessment and psychiatric diagnosis through extending PNI with AI and applications. Integrating AI into PNI is crucial for revolutionizing mental health care, utilizing machine learning to consolidate diverse data streams and predict outcomes.
Conclusions: Lastly, it was outlined some pragmatic frameworks for clinical assessment, taking into account time, budget constraints, and stakeholder interests. Ethical, governance, and practical challenges of AI integration are discussed. The paper proposes innovative AI-driven enhancements in psychiatric assessment, diagnosis, and treatment, fostering transformative developments in clinical psychology and promoting a humanistic approach to mental health care.

EPV1030

The "Polo Cassia" project: a mental health service for integrated treatments of co-occurring disorders in adolescents and young adults

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Introduction: The term "co-occurring disorders" (COD) refers to the coexistence of two or more psychiatric disorders especially substance use disorder (SUD) and other psychiatric disorders. In particular, the prevalence of COD increases globally and is linked to a higher risk of worse outcome. Furthermore, especially in adolescence, the goal is to provide an early and proper answer both in terms of care and prevention. On the opposite, there is a lack of integrated management strategies requiring an effective collaboration of different mental health disciplines in order to receive appropriate care. Although European countries have established mental health policies, a lack of comprehensive and structured

mental health intervention programs remains.To answer these needs we developed an Integrated Mental Health Service for patients with co-occurring disorders aged up to 30 years, lining varied challenges, including both the interception of patient's needs and the practical organization of interventions.

Objectives: This study aims to identify the impact of an Integrated Mental Health Service, "Polo Cassia", coordinated by a team of professionals based in the same physical location, on the outcome of co-occurring disorders in patients aged up to 30 years at their first contact with mental health services. Furthermore, we aim to identify which transversal clinical dimensions and risk factors might benefit from an early integrated and tailored treatment.

Methods: The project is carried out at the Community Mental Health Center (CMHC) of District 15th, ASL Rome 1. The final study sample will include all the patients referred in one year to "Polo Cassia". Clinical and socio-demographic parameters are collected in details, Global Assessment Functioning (GAF), and Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) are administered at baseline (To), after 6 months (T1) and 1 year (T2).

Results: Among the study sample referred to Polo Cassia (53% male, mean age 20,33 ±4,47), 50% of the patients comes directly from a first triage evaluation, 35% from other mental health services and 15% from other health services (e.g. diabetes centre). The 60% of the patients have SUD coexisting with other psychiatric disorders. From updated results, we expect to be able to verify the impact of an early integrated treatment on global function and quality of life in our sample of patients. Furthermore, we expect to characterize the transversal clinical dimensions which will actually respond to an early integrated treatment with positive clinical outcomes and subjective satisfaction.

Conclusions: The experience of structured integrated models of care for co-occurring psychiatric disorders is necessary to inform the future development of Mental Health Services.

Disclosure of Interest: None Declared

EPV1031

Brazilian Psychiatric Reform: Evolution and Challenges (2001-2024)

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Introduction: The Brazilian psychiatric reform, initiated by Law 10.216 in 2001, brought a significant shift in the treatment of individuals with mental disorders. Focusing on deinstitutionalization and psychosocial care, the reform aimed to replace the hospital-centered model with a community-based services network. Over the past 23 years, this transformation has faced challenges, including the implementation of public policies, the guarantee of human rights, and the effective integration of mental health services.

Objectives: To analyze the advances, challenges, and impacts of the Brazilian psychiatric reform from 2001 to 2024, with a focus on deinstitutionalization and psychosocial care.

Methods: A documentary and bibliographic review was conducted, including legislation, government reports, scientific articles, and data from the Unified Health System (SUS). The research covered publications from 2001 to 2024 in the PubMed, Scielo, and Lilacs databases. The search terms used were "Brazilian psychiatric reform,"

"deinstitutionalization," and "psychosocial care." The qualitative analysis highlighted legislative changes, service implementation, and challenges.

Results: The psychiatric reform led to significant advances in the structuring of the Psychosocial Care Network (RAPS), including Psychosocial Care Centers (CAPS) and therapeutic residential services. There was a substantial reduction in psychiatric hospital beds and an expansion of community-based services. However, challenges persist, such as regional disparities in service provision and a shortage of qualified professionals.

The implementation of RAPS varied between regions, with the Southeast and South being more developed compared to the North and Northeast. Deinstitutionalization brought benefits, such as social reintegration of patients, but also revealed gaps, including the lack of support for families and strategies for managing crisis situations.

There is an ongoing need for public policies to support the reform, including adequate funding and a focus on human rights. Recent debates on the reintroduction of psychiatric hospitals indicate tensions in mental health policy, underscoring the need to reinforce the principles of the reform.

Conclusions: From 2001 to 2024, the Brazilian psychiatric reform made progress in mental health care, emphasizing deinstitutionalization and the creation of a community-based network. However, challenges such as unequal service provision, a shortage of professionals, and political tensions indicate the need to strengthen the reform's principles. Public policies should ensure humanized, integrated care based on the rights of individuals with mental disorders, ensuring the expansion of RAPS across the country.

Disclosure of Interest: None Declared

EPV1032

Equitable Access to Mental Health Services in Brazil

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Introduction: Equitable access to mental health services is a challenge in Brazil, marked by socioeconomic and regional inequalities. Despite advances in policies such as psychiatric reform and the Psychosocial Care Network (RAPS), barriers persist, especially for vulnerable populations. Issues such as the unequal distribution of resources, stigma, and a lack of professionals impact both access and the quality of care.

Objectives: To analyze the inequalities in access to mental health services in Brazil and identify strategies to promote equity.

Methods: A systematic review was conducted using the PubMed, Scielo, and Lilacs databases, covering studies published between 2015 and 2023. The keywords used were "mental health access," "health equity," "Brazil," and "mental health inequalities." Inclusion criteria focused on studies addressing access to mental health services in Brazil, highlighting barriers, facilitators, and strategies to promote equity. Data were qualitatively synthesized to identify trends and challenges.

Results: The review revealed significant disparities in access to mental health services, influenced by socioeconomic, geographic, and cultural factors. Remote regions, such as the North and Northeast, suffer from a lack of infrastructure and specialized professionals. While urban centers offer more services, rural areas face