

of the TCI-R ($p=0.054$). Logistic regression analysis showed to ascertain the effects of all TCI-R subscales, on the likelihood of developing legal problems. The logistic regression model was statistically significant, $\chi^2(1)=4.020$, $p=0.045$. The model explained 14.6% (Nagelkerke R^2) of the variance in patients with ADHD who have legal problems and correctly classified 91.9% of cases. Having legal problems was significantly predicted by TCI-R spiritual acceptance subscale ($\exp(B)=1.150$, $p=0.045$).

Conclusions: The study highlights the significant psychosocial burden of ADHD in adulthood, particularly the increased likelihood of legal problems. Key risk factors include lower educational attainment, substance use, and specific temperamental traits, such as elevated problem-solving and self-transcendence tendencies, alongside lower self-acceptance.

Disclosure of Interest: None Declared

EPV1035

Integration of mental healthcare into primary healthcare: a European perspective

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Introduction: The 2009 WHO and WONCA report (Integrating Mental Health in Primary Care: A Global Perspective) outlined best policies and practices for the integration of mental health into primary care. The arguments in favor are reduced stigma, improved access to care, holistic management of comorbidities, improved prevention and early detection of mental disorders, reduced losses to follow-up, lower costs, easier communication, improved social integration, protection of human rights, and improved uptake of the healthcare system (Greenhalgh T, 2009; Petersen et al, 2016). Nevertheless, mental health care in many countries remains separate from primary care, limiting access and equitable distribution. However, since the COVID-19 pandemic, the global need for mental health services has surged, causing a 25 to 27 per cent increase in the prevalence of depression and anxiety around the world, accelerating the demand for integrated care (Bower et al, 2023). So, the process of integration outlined in the 2009 WHO and WONCA report warrants an updated discussion.

Objectives: International experts from Hungary, Greece, and Cyprus and of WHO, WONCA and WPA present different models of integration of mental health into primary care with special respect to public health crises.

Methods: Challenges, opportunities and best practices of each country will be presented, including policy recommendations, capacity building and advocacy strategies for mental health integration and public health crises, and monitoring, evaluation, and research for integrated services.

Results: In all three countries, stigma, insufficient training of primary care providers, and inadequate policy frameworks present

problems. In Greece, the dominance of a medically oriented health policy has hindered interdisciplinary integration (Lionis et al., 2019). Cyprus grapples with stigma surrounding mental health issues, which affects service utilization (Nikolaou & Petkari, 2021). Opportunities are leveraging community resources and enhancing collaboration among stakeholders to foster inclusive health services (Pinaka et al., 2022). Best practices involve training programs for primary care providers, promoting awareness, and developing evidence-based policies that prioritize mental health (Ashcroft et al., 2021). Advocacy strategies should focus on engaging policymakers and the community to address mental health needs, particularly in light of public health crises like COVID-19, which have exacerbated mental health issues (Galanis et al., 2020; Maulik et al., 2020). Monitoring and evaluation are crucial for assessing the effectiveness, ensuring accountability, and adapting strategies based on research findings (Glover-Wright et al., 2023; Saxena & Kline, 2021).

Conclusions: The need of updating the 2009 WHO and WONCA report is considered to include the latest evidence, experiences, and recommendations on mental health integration into primary care.

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EPV1036

Barriers to Effective Implementation of Mental Health Policies in India: A Comprehensive Analysis of Challenges and Solutions

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Introduction: India is facing a growing mental health burden, with significant disparities in access to services despite the introduction of the National Mental Health Program (NMHP) and the Mental Healthcare Act (MHA). While these policies aim to improve mental health care, their implementation remains inconsistent due to a range of challenges. Understanding these barriers is crucial to enhancing mental health services across the country.

Objectives: This study aims to identify the key challenges impeding the effective implementation of existing mental health policies in India, with a focus on rural-urban disparities, resource constraints, and sociocultural factors.

Methods: A comprehensive literature review was conducted, examining peer-reviewed articles from databases such as PubMed, Scopus, and WHO policy documents, and reports from government and non-governmental organizations. Data was analysed to assess the primary obstacles related to funding, workforce shortages, stigma, policy integration, and infrastructure issues. Qualitative insights from key stakeholders in mental health services were also included.

Results: The review revealed five primary challenges. Firstly, the insufficient financial allocation for mental health programs, leading to limited-service availability; secondly, a shortage of trained mental health professionals, particularly in rural areas; thirdly, a pervasive stigma surrounding mental health, hindering service uptake; fourthly, the poor integration of mental health care into primary health systems; and lastly, the bureaucratic inefficiencies and lack of infrastructure. These challenges disproportionately affect rural

populations, exacerbating the urban-rural divide in mental health care delivery.

Conclusions: The effective implementation of mental health policies in India is undermined by systemic challenges such as inadequate resources, workforce gaps, and sociocultural barriers. Addressing these issues requires targeted interventions, including increased investment in mental health services, enhanced training programs, stigma reduction campaigns, and better integration of mental health care into general healthcare frameworks. A coordinated, multi-level approach is essential to overcoming these barriers and achieving meaningful improvements in mental health outcomes across India.

Disclosure of Interest: None Declared

EPV1037

Enhancing the cost-effectiveness of mental health services in Georgia-research proposal

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Introduction: In Georgia, the psychiatry system is predominantly institutionalized, with limited community-based services and inadequate funding for psycho-social rehabilitation. Government finds it challenging to refocus psychiatry care towards deinstitutionalization, often failing to understand the high importance of such a step and the reasoning behind turning it. This research proposal aims to explore strategies to enhance the cost-effectiveness of mental health services in this context.

Objectives: Assess the current landscape of psychiatry services in a middle-income country, focusing on institutional care versus community-based services. Identify barriers and challenges faced by key actors in transitioning towards community-oriented psychiatry care. Investigate the cost-effectiveness of community mental health interventions compared to institutional care, considering long-term outcomes and societal impacts. Develop evidence-based recommendations to advocate for policy changes and resource allocation towards community-oriented services.

Methods: Literature Review: Conduct a comprehensive review of existing literature on cost-effective analyses and community interventions in middle-income countries. Policy Analysis: Examine existing mental health policies and budget allocations to identify gaps and opportunities for reallocating resources toward community-based care. Stakeholder interviews: interview policymakers, mental health professionals, and patients to collect information from different perspectives. Quantitative Analysis: Use health economics methods to analyze the cost-effectiveness of community-based mental health services compared to institutional care.

Results: Insights into the economic impact of transitioning towards community-oriented mental health services in middle-income countries. Policy recommendations aimed at increasing investment in community-based interventions and resocialization programs. Increased awareness among key actors about the long-term benefits and cost savings associated with community-oriented mental health care. Improved understanding of societal attitudes and barriers towards mental health reform.

Conclusions: Key discussion points include: How can advocacy efforts be reinforced to persuade governments that community mental health care is more affordable and beneficial? What obstacles might stand in the way of expanding community-based services, and how might they be overcome? How can stakeholders work together to guarantee resocialization programs receive ongoing financing and support? What role can international partnerships and collaborations play in supporting mental health reform in Georgia? By addressing these critical questions, this research proposal seeks to provide a roadmap for enhancing the cost-effectiveness and accessibility of mental health services in Georgia and similar middle-income contexts.

Disclosure of Interest: None Declared

Migration and Mental Health of Immigrants

EPV1038

Hypnosis and Virtual Reality in the treatment of a MSNA (unaccompanied foreign minor)

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Introduction: 11 years old, Syrian, he arrives alone in Italy after disembarking in Lampedusa, coming from Libya where he reports having stayed for a year. He is assigned to a community by the Juvenile Court of Catania.

A few days later, he exhibits multiple episodes of chest pain, difficulty breathing, drooling, muscle rigidity and tremors, and in the most severe case, he is taken to the emergency room and then hospitalized in pediatric neuropsychiatry.

Diagnosis ICD 10: Dissociative disorders (Code F44); Post-traumatic stress disorder (Code F53.1). Trazodone hydrochloride (60 ml) is prescribed, 5 drops three times a day.

Objectives: Care of the person and resolution of symptoms through psychotherapeutic management by the “Medicina delle Migrazione e delle Emergenze Sanitarie” of ASP 3 Catania (Italy).

Methods: Hypnosis combined with virtual reality, a technique already experimented with by the writer, the procedure consists of: trance induction; awakening; application of the visor; re-induction of the trance through conditioning, simultaneously with the departure of the virtual stimulus; continuous feedback with peripheral device. The stimulus situations transmitted by the viewer have as object setting such as: Abstract: lights, colors, geometric shapes; Concrete: naturalistic and aquatic landscapes, animals, guided tours, etc.

Results: He is a good hypnotic subject, responds well and after initial disorientation, benefits from psychotherapy, showing a slow but continuous improvement in behavior: anxiety progressively decreases, oppositional and rebellious behavior in the community wanes, conduct at school becomes appropriate where there were previously conflicts, sleep changes from disturbed to regular, and he interacts positively with adults and peers.

Marked interference is noted via phone from the family of origin, urging him to go to Germany where a half-sister resides (the procedure is feasible but very complex), leading to a resurgence