

approach such as the one designed by Iván Pavlov besides the Volga and improved by some followers.-highlight the differences between researching in psychopathology, a true science, or doing it in clinical psychiatry, its practical application. This distinction is essential.

Methods: The works of some authors who have approached this conflict with dedication and rigor will be reviewed. Research lines followed during last hundred years in psychiatry will be contrasted with the results obtained.

Results: New points of view and new tools need to be incorporated to solve this conflict that confuses experts so much are proposed. Ways of working are indicated that should avoid confusion between psychopathology and clinical psychiatry

Conclusions: A psychiatric diagnosis must be established on solid conceptual basis that we currently lack.-Both Kraepelin and Kurt Schneider are two key figures to recover and keep current in our daily practice.-The importance of patient's subjectivity when taking an anamnesis of their problems seems very important. The question is how to manage that subjectivity in order to analyze it from a classical scientific model, Pavlov's great desire.-A revisiting of Husserlian phenomenology is essential in the training plans of young psychiatrists and in daily psychiatric care. But this is not enough. We need new tools and new conceptual frameworks so that the phenomenological perspective can contribute to put light in problems as important as those generated by the constant change of diagnosis that is carried out with many patients. If we want a scientific psychiatry we cannot handle with tools that have failed since their creation.

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Climate change

EPV0231

Definitions and scope of the mental health burden of global climate change

F. Vergunst^{1*}, R. Williamson², A. Mazzazza³, H. Berry⁴ and M. Olf⁵

¹University of Oslo, Oslo, Norway; ²University of Montana, Bozeman, United States; ³London School of Hygiene and Tropical Medicine, London, United Kingdom; ⁴Macquarie University, Sydney, Australia and ⁵Amsterdam University Medical Centre, Amsterdam, Netherlands

*Corresponding author.

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Introduction: Climate change is increasing the frequency of extreme weather events – such as heatwaves, droughts, floods, and wildfires – and undermining the mental health and wellbeing of global populations, but the dimensions and scope of this burden remain under-studied.

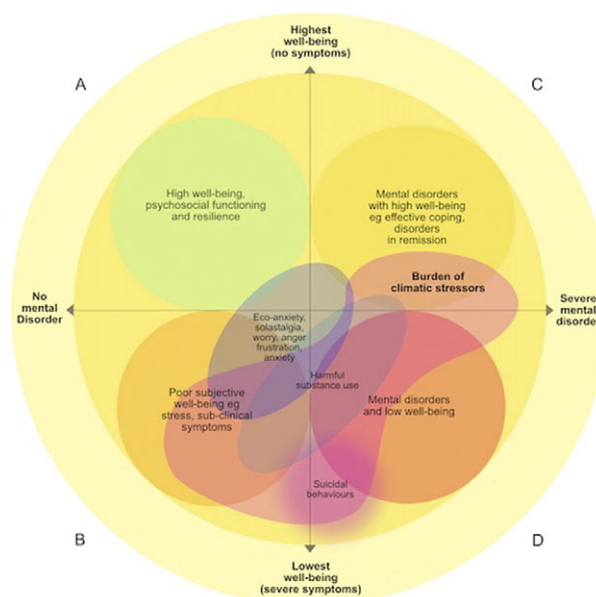
Objectives: To identify the distinct but overlapping mental health domains that are being impacted by climate change-related stressors and how these domains relate to and interact with one another.

Methods: A narrative synthesis of conceptual and empirical studies of climate change and mental health.

Results: We find strong empirical evidence that climate change is already harming mental health across multiple mental health domains, including through increased rates of psychiatric disorders

(e.g., PTSD, depression, anxiety), sub-clinical psychological distress, harmful substance use, self-harm/suicidal behaviors, and worry about the observed and anticipated impacts of climate change. Most of the mental health burden is likely to occur in the form of sub-clinical symptoms, including lowered resilience and subjective well-being, while negative psychological states (e.g., eco-anxiety) are likely to constitute a smaller proportion of the overall burden. We argue that the mental health burden can be helpfully conceptualised within a dual-continuum model that considers the presence/absence of psychiatric diagnosis on the one hand, and high/low psychosocial wellbeing on the other.

Image:



Conclusions: Climate change is already harming the mental health of global populations across multiple functional domains. Defining and tracking the scope of this growing burden is essential so that effective preventive and adaptive action can be taken.

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EPV0232

Psychotropic drugs and the environment: a comprehensive analysis of surface water concentrations and associated risks

J. Luykx

MUMC+, MUMC+, Maastricht

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Introduction: For most countries it is currently unknown to what degree concentrations of psychotropic drugs in surface water exceed environmental threshold concentrations (ETCs) [MOU1] for ecosystems and what risk mitigation could be applied. ETCs are