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S050

### The NYMPHA-MD project: Next generation mobile platforms for health, in mental disorders

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Bipolar Disorder is a common and complex mental disorder with a prevalence of 1-2% and accounts as one of the most important causes of disability at age 15-44 years worldwide.

Electronic versions of self-monitoring tools and symptom registration using computers, personal digital assistants (PDAs), text messages, and web interfaces have been described in the literature and a large number of commercial Smartphone applications for patients with bipolar disorder are available.

The Next Generation Mobile Platforms for Health, in Mental Disorders project (the NYMPHA-MD project), funded by the European Union's Seventh Framework program for research, technological development and demonstration, focuses on the implementation of a Pre-Commercial Procurement of mobile e-health service for supporting physicians and patients in the treatment of bipolar disorder through continuous patients monitoring in order to dynamically support illness management and potentially identify early warning signs.

The NYMPHA-MD project will define the framework of a Pre-Commercial Procurement for the provisioning of next generation services advocated for mental health treatment with a special focus on bipolar disorder based on the use of new technologies, open standards and open platforms.

The NYMPHA-MD project will focus on identifying requirements involved in the structuring of mental health services with a focus on bipolar disorder treatment including medical, technological, patients, legal, ethical, policy, risk management and business-orientation needs in order to construct a reference model of service provisioning useful in different European contexts.

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S051

### Neuropersonaltrainer-mh: A new computerized platform for the cognitive remediation in schizophrenia and bipolar disorders

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Schizophrenia and mood disorders -including unipolar depression and bipolar disorder-, are severe mental diseases with a highly heterogeneous symptomatology, among which cognitive dysfunction has progressively emerged as a key cornerstone. Patients suffering from these illnesses show significant deficits in different neurocognitive and social cognition domains. These deficits are evident during acute episodes, and in a high percentage of patients persist in periods of recovery, playing a decisive role on functional and clinical outcome. Nowadays, different pharmacological therapies have been tested, obtaining non-conclusive results. In this context, non-pharmacological strategies, such as neurocognitive remediation, have emerged as promising therapeutic intervention. Neurocognitive remediation comprises a program to rehabilitate cognitively impaired subjects, aiming either to restore their

cognitive functioning or to compensate them in specific cognitive domains. One evolving approach, beginning to receive attention for its initial promising results, is computerized cognitive training. This technique employs tasks or games that exercise a particular brain function which target specific neural networks in order to improve cognitive functioning through neuroplasticity in a given neural circuit. In this scenario, we report our recent results with neuropersonaltrainer<sup>®</sup>-MH; a module for neurocognitive remediation consisting in a computerized telerehabilitation platform that enables cognitive remediation programs to be carried out in an intensive and personalized manner. Our group has applied NPTMH<sup>®</sup> in a pilot study treating patients with early onset psychotic disorder with positive and promising results, involving an improvement in functionality, neurocognition, and social cognition performance. Furthermore, new trials in bipolar disorder and major depressive disorder have been recently started.

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## Symposium: shame and guilt in clinical practice

S052

### Shame & guilt: Definitions, antecedents and structure of experience

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*Aims* In this lecture I will define and distinguish between shame and guilt. I will then discuss the potential causes of shame and guilt and how these emotions manifest in behavioral and phenomenal terms. I will conclude by introducing a classification that deals with the varieties and nature of the pathologies of shame and guilt that are evident in clinical practice. I will rely on concepts developed by Karl Jaspers, Hans Jonas and Bernhard Schlink. In doing this I will be exploring the role of moral and juridical principles upon the experience of shame and guilt including the place of the imperatives of responsibility upon the experience of shame and guilt. I will argue further that shame and guilt are as important as other secondary emotions such as envy and jealousy but are not as examined and studied in clinical practice. I will make a case for the centrality of these emotions to an understanding of and response to particular clinical conditions in daily practice.

*Methods* N/A.

*Results* N/A.

*Conclusions* Shame and Guilt are both important emotions that are central to our understanding of and response to particular conditions in daily practice. Their antecedents and structure provide a basis for distinguishing between them.

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S053

### Shame and guilt in mental disorders - diagnostics and treatment

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Guilt and shame are important human emotions, which have been studied by several different disciplines. Seminal and recent inputs in Psychology (particularly Psychoanalysis) and Psychiatry are



briefly reviewed including cross-cultural considerations and developmental psychology studies on these emotions. Yet this keynote focuses in the phenomenology and epistemology of guilt and shame as complex emotions. This includes considering that guilt is experienced in two moments (decompressed into a moment of negligence and another of guilt) while shame only in one moment (prolonged in a “frozen now”). All the inputs have suggested an operationalization of epistemic and phenomenonic differences considering their context, formal object, particular object and action tendency. Lastly it refers to the relation of these experiences with psychopathology and nosology concerning their adaptive and maladaptive nature, their relation with empathy as well as their presence in several disorders such as anxious, depressive and obsessive compulsive sorts.

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#### S054

### Shame and guilt inducing drugs

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The Author in this presentation examines the role of two complex human experiences, the Guilt and the Shame, in the field of the substances addiction. The population of abuser can be divided between users of sedatives and users of stimulants. Sedative drugs and stimulant drug belong to two different way of being-in-the-world. Sedative drugs are able to medicate the internal pain, which is constitutive of the guilt. Stimulant drugs are able to medicate the dysphoria, which is constitutive of the shame. In the realm of psychopathology Tellenbach with the concept of premelancholic personality in the guilty man and Kohut with the concept of narcissism in the tragic man have put the bases for a different typification. In both cases, the common final result, from a psychopathological point of view, is a severe crisis of the temporalization.

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## Symposium: Challenges in Europe: refugees and asylum seeker patients in mental health

#### S055

### Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention

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**Background** Problems of asylum seekers are multiple and complex. Having experienced pre migration adversities, they face multiple post-migration living problems in the host country. In clinical practice suicidal ideations and suicidal behavior often occurs.

**Objectives/aims** To increase knowledge and give directions for preventive measures related to suicidal behavior among asylum seekers.

**Method** Literature, related to the subject, is summarized.

**Results** In this presentation the context of the reception of asylum seekers is explained. Data will be shown on suicides and suicidal

attempts among asylum seekers, in comparison with the Dutch population and with international data. Moreover an overview of qualitative and quantitative research findings will be shown on the many risk factors asylum seekers experience: traumatic experiences, loss, mental health problems, poor living conditions, fear to be expelled, uncertain future and post migration living problems. Attention will be given to the situation of imprisoned undocumented migrants in The Netherlands. Hobfoll's theory of the Conservation of Resources will be used to explain the increased risk for suicidal behavior and suicide among asylum seekers and undocumented migrants. Prevention strategies contain cooperation to decrease the risk factors, enhance the protective factors, early detection of signals, and good access to mental health care.

**Conclusion** Asylum seekers encounter many risk factors for suicidal behavior and suicide. The impossibility to get control over their lives and the lack of resources of resilience needs to be recognized as important risk factors. There is a need for cooperation between all professionals and volunteers to change this situation.

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#### S056

### How to deal with growing racism and discrimination against refugees and asylum seekers in Europe?



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The growing number of refugees and asylum seekers pouring in Europe due to wars and armed conflicts constitute a great challenge for psychiatry and the mental health field. This challenge also includes the growing racism and discrimination against refugees and asylum seekers. Discrimination could be defined as the attitudes and behavior based on the group differences. Any group acknowledged and proclaimed as ‘the other’ by prevailing *zeitgeist* and dominant social powers, and further dehumanized may become the subject of discrimination. In a spectrum from dislike and micro-aggression to overt violence towards the other, it exists almost in all societies in varying degrees and forms; all forms involving some practices of exclusion and rejection. Hence, almost all the same specific human physical and psychosocial characteristics that constitute the bases for in-group identities and reference systems could also become the foundations of discrimination towards the humans identified as out-groups. Added to this, othering, rising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination.

Albeit the widespread exercise of discrimination against refugees and asylum seekers, peoples and mental health professionals also have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation will mainly focus on the psychosocial aspects of the anti-discriminative efforts and search an agenda for the European Psychiatry in this regard.

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#### S057

### Action plan of the WPA: Action plan which follows the objectives of the association relating to refugees and asylum seekers



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