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Abstract: Alcohol use disorder (AUD) has a significant impact on the individuals affected, their relatives, and the society at large. Given the limited efficacy of currently available treatments, there is a pressing need for a more comprehensive mechanistic understanding. In particular, consideration must be given to the dynamical and real-world aspects. The objective of this study was to investigate the association of dynamic variations across menstrual cycle phases (indicative of progesterone-to-estradiol ratios) in women with AUD and progesterone-to-estradiol ratios in men with AUD with real-world problem drinking. To this end, longitudinal data from the German TRR265 cohort (comprising smartphone entries on alcohol consumption, craving, and loss of control, self-reports on menstrual cycle phases, and blood progesterone-to-estradiol ratios) were subjected to analysis. In women with AUD, the lowest levels of problem drinking, craving, and loss of control were observed during the late luteal phase, when the progesterone-to-estradiol ratios reached their peak. Similarly, in men with AUD, higher progesterone-to-estradiol ratios were associated with lower problem drinking, craving, and loss of control. Some of these effects were moderated by the severity of the AUD. The results highlight the progesterone-to-estradiol ratio as a promising future treatment target and point to the necessity of cycle phase-tailored treatments for women with AUD.

Disclosure of Interest: None Declared

SP043

Mental Health Liaison Program with Schools in Madrid

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Abstract: Mental health issues among children and adolescents have risen, particularly following the COVID-19 pandemic. Despite increased awareness, less than half receive necessary care, leading to long-term consequences. The World Health Organization advocates for integrated, preventive community interventions to address this gap. This paper presents the **Mental Health Clinical Liaison Programme for Schools** in the Community of Madrid, Spain, which provides school-based activities led by multidisciplinary mental health teams. The programme focuses on early detection, intervention, and prevention strategies for children and adolescents. We describe its implementation, review supporting evidence, provide preliminary data, and discuss its scope and challenges. Between 2023 and 2025, the programme has reached over 100 primary and secondary schools, identifying more than 1,700 cases, evaluating over 500 students, and referring 232 to specialized services. It has also supported interventions for more than 400 students already in mental healthcare and facilitated 45 reintegrations following psychiatric hospitalization. Additionally, anti-stigma workshops have engaged approximately 2,500 students. Ongoing research aims to assess the programme's effectiveness and cost-effectiveness to ensure continuous improvement in mental health services for young people.

Disclosure of Interest: None Declared

SP044

Mental Health Interventions in Special Education Schools

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Abstract: Children in special education schools are particularly susceptible to developing mental health issues. Specifically, it is estimated that 40% of individuals with intellectual disabilities have a comorbid mental disorder diagnosis (1). However, access to mental health services for patients with intellectual disabilities remains far below expectations. Numerous barriers impede this access, including a lack of coordination between professionals and service providers responsible for their care (2).

Therefore, interventions within special education schools, promoting early detection and intervention for psychopathology and facilitating coordination between educational and healthcare services, are critically important.

We present an innovative mental health care resource designed for special education schools in the Community of Madrid, Spain. This initiative combines multi-disciplinary expertise with flexible, hybrid care delivery to ensure accessibility for students across 14 public schools. The team consists of a psychiatrist, a clinical psychologist, and a mental health nurse who provide both in-person and remote assistance, addressing the psychopathology exhibited by their students.

Preliminary results suggest that this intervention has the potential to improve early detection rates of mental health issues and foster better coordination between education and healthcare systems. This model could serve as a blueprint for similar programs worldwide, addressing significant gaps in mental health care for children with intellectual disabilities.

References: (1) Cooper, S. A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *The British Journal of Psychiatry*, 190, 27–35. <https://doi.org/10.1192/bjp.bp.106.022483>

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SP045

Cost-effectiveness of Mental Health Interventions in Schools

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Abstract: Children and young people spend much time in school and therefore the school setting provides an important setting in which to intervene to promote, protect and enhance mental health. This presentation will provide an overview of the importance of making an economic case for action within schools. A scoping review has been undertaken to map the types of interventions that have been subject to cost-effectiveness evaluation. Aspects of the strengths and weakness of the existing evidence are presented. Implementation and sustainability challenges are also discussed, given the need for collaboration between the health and education sectors.

Disclosure of Interest: None Declared

SP046

Do No Harm: Potential Iatrogenic Harm of School Mental Health Interventions

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Abstract: In this talk I will discuss current findings related to therapeutically informed (e.g., Mindfulness and CBT based) universal school-based interventions for mental health. For example, I will highlight the evidence showing that many of these interventions often lead to null or unstained positive effects, have the potential to elicit negative effects and are not well liked by young people themselves. I will end by suggesting the field moves away from these universal interventions, towards more effective alternatives such as targeted, indirect and 1:1 interventions

Disclosure of Interest: None Declared

SP047

How can we improve the access of forcibly displaced people to mental health care in Europe?

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Abstract: A growing body of literature report, that vulnerable groups eg refugee, asylum seeker and forcibly displaced groups across Europe face social and psychological challenges linked to their minority status, often involving discrimination and racism. Moreover, they have to overcome many other barriers to accessing healthcare and preventive interventions. There is increasing evidence that a large proportion of refugees or forcibly displaced persons suffer from the consequences of traumatic events and

exhibit psychological problems or develop mental disorders, including post-traumatic stress disorder, depressive and anxiety disorders, and relapses in psychotic episodes. European countries are aware that psychosocial and health services face major challenges and need to develop or expand strategies to overcome them. The direct and indirect consequences of humanitarian catastrophes cannot be estimated at present. In this presentation, strategies to improve the access of forcibly displaced people to mental health care services will be presented and discussed.

Disclosure of Interest: None Declared

SP048

Long-Term Outcomes in First-Episode Psychosis: Insights from a 20-Year Cohort Study to Inform Recovery-Oriented Care Models

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Abstract: Background: Cohort studies in first-episode psychosis (FEP) provide crucial insights into the diverse trajectories of clinical and functional recovery. These studies are invaluable for evaluating the effectiveness of new intervention models and informing resource allocation and policy development.

Objectives: To synthesize quantitative and qualitative findings on mortality and clinical outcomes and to explore their interrelations in a multi-modal investigation of long-term outcomes in FEP. Specific objectives include appraising how this study's findings have influenced the development of new models of care.

Methods: Data were drawn from the iHOPE-20 study, comprising cohort analyses and qualitative interviews with 171 FEP participants diagnosed between 1995–1999 in Dublin, Ireland. Participants with lived experience contributed to the design of the 20-year follow up assessments. Mortality rates were calculated; symptoms, functionality and quality of life trajectories were analyzed using mixed models; and personal recovery themes were derived through thematic analysis. Ongoing analyses are addressing predictors of the number, timing and sequencing of relapses/readmissions among baseline variables as foci for service development.

Results: The study revealed substantial variation in long-term outcomes among individuals with FEP. Shorter DUP was consistently associated with better outcomes across all of the follow-up points. Mortality rates highlighted the importance of interventions to address physical health morbidity. Diagnostic instability over time underscored the dynamic nature of psychosis management. Employment status at follow-up highlighted the importance of strategies to support a return to education or employment after a first presentation.

Conclusions: Findings emphasize the enduring impact of DUP and the need for tailored interventions. Data from this cohort highlight the value of longitudinal insights as a benchmark for comparing the effectiveness of new intervention models. In such studies, addressing ethical and data protection challenges, incorporating the expertise of those with lived experience and harmonising outcome measures remain vital to advance recovery-oriented care models.