accumulated considerable knowledge and experience on understanding and overcoming some of the consequences of racial discrimination, especially via anti-stigma studies. The unfair and avoidable influences of racial discrimination on mental health are neither fated nor inevitable. As Gramsci had said, we have the pessimism of the intellect and optimism of the will.

Disclosure: No significant relationships.

S0012

Multiple Discrimination and Its Consequences for the Mental Health of Ethnic Minorities.

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Discrimination is a violation of human rights. The Universal Declaration of Human Rights proclaims in Art. 1 the equality of all human beings without distinction as to race, colour, sex, sexual orientation, religion, age or health. International law assigns three main characteristics to discrimination: disadvantageous treatment, based on unlawful grounds, and lack of reasonable and objective justification. Thus, it must be based on an unlawful characteristic: Ethnicity, religion, national or social origin, language, physical appearance, descent, gender, sexual orientation, age or disability. A growing body of literature has recognized health disparities and has investigated the relationship between discrimination and poor health outcomes. Ethnic minority groups across the world face social and psychological challenges linked to their minority status, often involving discrimination. Furthermore, cumulative exposure to racial discrimination has incremental negative long-term effects on the mental health of ethnic minority people.Studies that examine exposure to discrimination only at one point in time may underestimate the contribution of racism to poor health. Lower patient-centered care was associated with higher perceptions of discrimination, despite experiences of continuous discrimination or discrimination experienced as different types. Further, dissatisfaction with care was associated with discrimination, particularly when experienced in various forms. These findings reinforce a need for patient-provider communication that is inclusive and eliminates perceptions of discrimination and bias, increases patient-centeredness, and improves overall clinical care. Additionally, these results stress the need for more research investigating the relationship between discrimination and outcomes in patients, as perceived discrimination manifests as a significant barrier to effective disease management.

Disclosure: No significant relationships.

Clinical/Therapeutic

Comorbidity of Mental and Physical Disorders: Focus on Cardiovascular Disease

S0013

The Complexity of Comorbidity in Patients with Severe Mental Disorders

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Comorbidity of severe mental disorders and physical illness: issues arising Comorbidity of mental and physical illness is a major, perhaps main problem facing medicine in the years before us. In addition to shortening the life expectancy of people with mental illness comorbidity with physical illness comorbidity significantly and negatively affects the quality of life of the people who experience the mental and physical illnesses and their carers and increases the cost of health care. What makes the problem even more and challenging is that medicine is currently in the process of fragmentation into ever more narrow specialties which adds difficulty in the provision of care, Most of the solutions which have been proposed – collaborative care, in-service education of general practitioners and others did not turn out to be effective solutions in dealing with the problems of comorbidity. A significant revision of undergraduate and postgraduate training in medicine is most probably an essential component of the answer to the challenge of this type of comorbidity which will also require a reorganization of health services and their financing.

Disclosure: No significant relationships.
Keywords: psychiatry; Physical disorders; Management of Comorbidity; comorbidity

S0014

How to Improve the Physical Health in Patients with Severe Mental Disorders

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Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be regarded as a disorder of impaired neural plasticity. This lecture focusses on the beneficial role of exercise in schizophrenia and its underlying mechanisms.Apart from the established pharmacological treat-

ments in schizophrenia, aerobic exercise has a profound impact on the plasticity of the brain of both rodents and humans such as inducing the proliferation and differentiation of neural progenitor cells of the hippocampus in mice and rats. Aerobic exercise enhances LTP and leads to a better performance in hippocampus related memory tasks, eventually by increasing metabolic and synaptic plasticity related proteins in the hippocampus. In healthy humans, regular aerobic exercise increases hippocampal volume and seems to diminish processes of ageing like brain atrophy and cognitive decline.Several meta-analyses demonstrate the beneficial effect of exercise on function, positive as well as negative symptoms and brain structure in multi-episode schizophrenia.

Disclosure: No significant relationships.
Keywords: Mental Disorders; Treatment; exercise; physical health

Building Optimal Treatment Outcome through Enhanced Collaboration between Patients and Clinicians: Unlocking the Potential of Patient-Reported Measures

S0015

How to Integrate Patient-Centered Measures in Routine Care: Lessons from Belgian Experiences

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BACKGROUND Against the treatment gap and the long delays in seeking treatment for mental health problems, primary care psychology (PCP) was added to reimbursed outpatient mental health services in the Belgian healthcare system. PURPOSE Within the Evaluation of Primary Care Psychology study (EPCAP), which provides evaluation of the measure of reimbursement of PCP, the objectives were: (1) To describe the patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) of patients treated with PCP and (2) formulate guidelines to integrate patient-related findings and experiences within community mental health services. METHOD 428 patients participated in an online survey at the start of their PCP treatment in Belgium and after 3 and 6 months. Besides sociodemographic characteristics, DSM-5 mental disorders, suicidality, and service use, they were questioned about their findings (PROMs) and experiences (PREMs). RESULTS Almost 90% met the criteria of a lifetime as a 12-month DSM-5 mental disorder or STB at the start of PCP treatment. Both subjective well-being and the proportion of patients who had positive experiences regarding their PCP treatment increased with 46% resp. 23.2% after 3 months and remained stable after 6 months. CONCLUSION Although PCP in Belgium serves a clinical patient population with high proportions of lifetime and 12-month mental disorders and suicidality, their subjective well-being increased after 3 months and remained stable after 6 months. Despite differences between groups of patients, PCP seems to have a positive effect on subjective well-being of these patient in short term. Integration of PROMs and PREMs into PCP were recommended.

Disclosure: No significant relationships.
Keywords: Mental Disorders; Primary care psychology; Patient-reported outcome measures; Patient-reported experience measures

S0016

The Value and Challenges of Implementing Patient Centered Measures in a Psychiatric Hospital Setting.

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Background: Measuring and interpreting outcome is challenging in mental health services than in some other areas of health care. Objectives: The aims of this study were to (1) explore results of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) in psychiatric hospital settings, (2) describe the relation between generic PROMs (measure of well-being) and specific PROMs (disorder-specific symptom assessments), (3) describe the congruence between patients and clinicians evaluation of the care experience (based on Patients reported experience measures and Clinician reported experience measures). Methods: A total of 269 consecutive patients participated in this study. Results: (1) Subjective experience of well-being (outcome) improved after hospitalisation (+15%, avg). High satisfaction with subjective experience of care (85%, avg). (2) Significant correlation between patients' assessment of subjective well-being (generic PROMs) and clinical improvement (specific PROMs) ($p < 0.007$). (3) Significant correlation between patient and clinician experience of care ($p = 0.002$). Conclusions: One of the first French studies on the use of standardised PROMs and PREMs in psychiatric hospital settings. Results suggest that subjective well-being measures complement the assessment of the patient's clinical symptoms and social functioning. The effectiveness of care depends on the consideration of these three dimensions. The use of core patient-reported measures, as part of systematic measurement and performance monitoring in mental health care, provides valuable input to the clinicians' practice.

Disclosure: No significant relationships.
Keywords: Patient-reported outcome measures (PROMs); Patient-reported experience measures (PREMs); Value-Based Healthcare; Quality of Hospital Care

S0017

How to Optimise the Collection of Patient-Reported Outcomes in the Context of a Specific Disease such as Eating Disorders.

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Background: Eating disorders (EDs) are severe psychiatric disorders which, when left untreated, can lead to psychosocial impairment, physical disability and death. In the United Kingdom, many