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SPEAKERS



CORNELIA ADEOLA (Moldova)

Psychologist, psychotherapist, national trainer in mental health, within the MENSANA project; Master in Psychology, fellow of the Re-master program at the Nicholas C. Petris Center, University of California, Berkeley (USA), currently doing PhD at Medical University from Moldova. Author and co-author of diverse guidelines, manuals, and other publications. Clinical experience of over 20 years in the field of mental health (anxiety, depression, personality disorders, PTSD, complex traumas, addictions), outpatient and inpatient services, including with NATO military, in the Republic of Moldova and Netherlands. Professional skills: mentalization-based therapy, schema-based therapy, narrative therapy, and narrative exposure therapy for trauma (NET), positive psychology, CBT, and positive CBT.



DRAGOȘ OVIDIU ALEXANDRU (Romania)

Graduate degree (September 2004) both in Medicine (followed by MSc in Management of Health Care Units) and Informatics (followed by MSc in Artificial Intelligence and Communications Technologies). PhD in Medicine (Sep 2012). Employed at the University of Medicine and Pharmacy of Craiova (October 2005) in the Department of Medical Informatics and Biostatistics, currently Professor (March 2021). Specialist physician (October 2009) and senior physician in Public Health and Management (July 2015), working in the Clinical Emergency County Hospital Craiova within the Medical Statistics and Evaluation Service (2013-2015) and the Department of Quality Management of Health Services (2015-2023), with training as a quality auditor in the

field of hospital management (2016) and clinical audit (2019). Hospital evaluator for the National Authority of Quality Management in Health (since 2017). Specialist physician in Radiology and Medical Imaging (April 2022), currently working in the Radiology and Medical Imaging Laboratory of Clinical Emergency County Hospital Craiova (since November 2023). Contributions to many scientific papers from various fields of medical practice and research, published in international and national peer-reviewed journals, due to the involvement in Biostatistics, with special interests in Imaging and Eye Physiology, for practical applications in Image Processing.

OVIDIU ALEXINSCHI (Romania)

MD, PhD Coordinator of *No addict* programs, trained in alcoholology, addictions and drug addiction, psycho-pedagogy, cognitive-behavioral psychotherapy, and palliative care. Associate Professor at University of Medicine and Pharmacy *Gr. T. Popa* Iasi. International Certificate in Addiction Medicine. President of Bridging Eastern and Western Psychiatry Romania. Member of Editorial Board of the *Bridging Eastern and Western Psychiatry*, *Psichiatria e Territorio* and *American Journal of Psychiatry and Neurosciences*. Founding member of the World Association of Clubs for Alcoholics in Treatment (WACAT). Honorary member of the Associazione Italiana di Terapia del comportamento. Member of the International Society of Addiction Medicine.



HIROAKI AMBO (Japan)

Head of the Nursing Department at Yamagata Prefectural University of Health Sciences. He earned his PhD from the Graduate School of Medicine and Health Sciences at Tokyo University. With a strong commitment to mental health, Dr. Ambo has served as the President of the Japan Academy of Psychiatric and Mental Health Nursing and currently holds the position of Deputy Editor at the Japan Journal of Mental Health. His current research focuses on mental health promotion among youth, with a special emphasis on suicide prevention.



CLAUDIA ANGHEL (Romania)

MD, PhD(c) she currently carries out her clinical activity at the *Dr. Ghe. Preda* Clinical Psychiatric Hospital in Sibiu and is a Teaching Assistant at the Faculty of Medicine, *Lucian Blaga* University of Sibiu where she also graduated medical school and the master program in Health Management. Throughout her career, she has completed various training programs, focusing on cognitive- behavioral psychotherapy, and has actively participated in numerous national and international conferences. Her research has been published on topics such as depression, suicidal behavior, electroconvulsive therapy, and mental health service management. Her expertise in electroconvulsive therapy was further developed during an internship at the Magalhães Lemos Hospital in Porto, Portugal, under the mentorship of Professor Jorge Mota, Vice President of the Portuguese Society of Electroconvulsive Therapy. She currently oversees the Electroconvulsive Therapy Department within the Scientific Research Collective in Neurosciences at the *Dr. Ghe. Preda* Clinical Psychiatric Hospital in Sibiu. In addition, she is an active member of several scientific organizations, including the European Psychiatric Association, the Romanian Association of Psychiatry and Psychotherapy, and the Suicide Prevention Alliance of Romania, and serves as president of the "Dr. Gheorghe Preda" Psychiatric Hospital Association, a non-governmental organization based in Sibiu.

CIPRIAN BACILA (Romania)

MD, PhD, is currently working as an Associate Professor at the Faculty of Medicine, *Lucian Blaga* University of Sibiu, and as the Medical Director at the *Dr. Ghe. Preda* Clinical Psychiatric Hospital in Sibiu. He is a graduate of the *Iuliu Hatieganu* University of Medicine and Pharmacy in Cluj-Napoca, with a master's degree in Healthcare Management. He has completed several training courses, specializing as a psychotherapist in positive psychotherapy and autogenic training. He also has basic training in good practices for clinical trial monitoring and competence in emergency medicine and Transcranial Magnetic Stimulation. As a mental health professional, he has been involved in various volunteer projects both in the community and in the medical field. He is also the President-elect of the Romanian Society of Psychiatry and Psychotherapy, Vice President of the Romanian Society of Social Psychiatry and a member of the Romanian Suicide Prevention Alliance. In addition to his clinical work, he has participated in numerous national and international scientific events and has been involved in research, publishing articles in his areas of expertise: depression, schizophrenia, suicidal behavior, mental health services, healthcare management, and neuroscience. He also coordinates the Scientific Research Collective in Neurosciences at the *Dr. Ghe. Preda* Clinical Psychiatric Hospital in Sibiu.



NADIYA BEDRYCHUK (Ukraine)

Healthcare advocate and Project Coordinator at the Healthy Initiatives think tank, a non-profit organization based in Kyiv, Ukraine. The organization focuses on public health projects, specifically raising awareness about the risk factors of non-communicable diseases (NCDs) such as tobacco consumption. Nadiya's work involves engaging policymakers, the medical community, opinion leaders, and academics to promote strong public health measures. She has played a pivotal role in conducting research on links between smoking addiction and mental health and building networks of various stakeholders to strengthen efforts in tackling NCDs. Over the past five years, Nadiya has coordinated health economy research in seven countries (Ukraine, Moldova, Georgia, Kazakhstan, Uzbekistan, Armenia, and Azerbaijan) to provide empirical evidence for policymakers, health professionals, and scientists on steps to combat the smoking epidemic. She also coordinates projects with Cornell University and Yale University in the U.S., focused on identifying scientific methods to end the smoking epidemic within the current generation.

KIM-JULIAN BEHR (Germany)

He is a cultural anthropologist and also holds a degree in health promotion. He has field experience in health promoting interventions and mental health service evaluation and planning. His main research interests are in public mental health, environmental health and cross-cultural perspectives.



ALINA BOLOGAN (Moldova)

MD, PhD(c), assistant professor at the Department of Mental Health, Medical Psychology, and Psychotherapy at *Nicolae Testemitanu State University of Medicine and Pharmacy*, Chisinau, Moldova. Coordinator of the Department of Young Professionals and Residents within the Society of Psychiatrists, Narcologists, Psychotherapists, and Clinical Psychologists. Certified Cognitive Behavioral Psychotherapist, after completing her training at the Romanian League for Mental Health. National trainer for the Trimbos Institute Moldova, MENSANA project - *Support for the reform of mental health services in Moldova*. Throughout her career, she has been involved in numerous national and international conferences, giving lectures on topics such as depressive disorders, anxiety disorders,

autism spectrum disorders.

ALEXANDRA BOLOS (Romania)

MD, PhD, psychiatry lecturer at the University of Medicine and Pharmacy *Grigore T. Popa Iasi*, Faculty of Medicine. Trained in cognitive-behavioral psychotherapy at the Romanian Association of Behavioral and Cognitive Therapy. Author and co-author of numerous specialized articles in internationally ranked journals, author of several book chapters. Speaker at national and international conferences. Member of the editorial board of the journal *Buletin de Psihiatrie Integrativa*.



AZIZBEK BOLTAEV (Uzbekistan)

A distinguished psychiatrist with over 20 years of clinical and research experience specializing in addiction medicine, mental health, and HIV. He serves as the Director of the Human Research and Development Center in Bukhara, Uzbekistan, where he leads efforts in innovative treatments and interventions for individuals struggling with substance use disorders and mental health conditions. Dr. Boltaev has played a key role in developing and managing programs for treating people who use drugs across Central Asia and Eastern Europe. As an advisor to UKAID and PEPFAR-funded initiatives, he has been instrumental in initiating and expanding opioid substitution therapy programs in Kazakhstan, Kyrgyzstan, and Tajikistan. His expertise has been

sought by numerous international organizations, including serving as a core member of the UN Theme Group on Injecting Drug Use (Austria), a member of the Steering Committee of the Eurasian Harm Reduction Network (Lithuania), and an expert for the Technical Review Panel of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Switzerland). Dr. Boltaev also regularly provides consultancy services to the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), the United States Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC). In addition to his work in addiction and harm reduction, Dr. Boltaev is an expert in psychedelic psychotherapy, integrating these approaches into his clinical practice to support mental health and addiction recovery. He continues to see patients daily in Bukhara, treating a wide range of mental health and substance use disorders with a focus on compassionate, evidence-based care.

CRISTIAN BONDARI (Romania)



MD, PhD student, he graduated in 2023 the University of Medicine and Pharmacy of Craiova, and he has started his residency training in Internal Medicine in the Clinical Emergency County Hospital Craiova. Being passionate about all the facets of patient care, Cristian doesn't only try to understand the clinical and biological imbalances and conditions, but he aims to understand the social and psychological factors of the conditions of his patients, and their impact on the patient's condition, approaching every new patient with open-mind.

DAN BONDARI (Romania)

Senior Lecturer, MD, PhD, he is a versatile professional with a rich background in medicine, management, academia, and research. Holding an MD degree from the University of Medicine and Pharmacy *Carol Davila* Bucharest, and specialized in Public Health Management, Dr. Dan Bondari has demonstrated expertise across various domains. His career spans leadership roles in healthcare organizations, academic positions teaching medical sociology and behavioral sciences, and active involvement in research projects. With a commitment to inclusive education and a keen interest in public health advocacy, he is a member of prestigious medical associations.



LARISA BORONIN (Moldova)



Associate Professor, MD, PhD, Department of Mental Health, Medical Psychology, and Psychotherapy at *Nicolae Testemitanu* State University of Medicine and Pharmacy, Dr. Larisa Boronin is the author of 68 publications, including clinical guidelines on ASD and addiction, and is a coauthor of 2 manuals in mental health. She has expertise in severe mental disorders, as well as pregnancy and postpartum disorders.

MIHAI BRAN (Romania)

Co-founder of Inomedica, an NGO dedicated to promoting online information and education for both patients and medical specialists. He is also the co-founder of Hilio (hilio.com), the first platform in Romania for online video psychotherapy sessions, aiming to make mental health care more accessible and innovative through digital means.



EMIL CEBAN (Moldova)



Rector of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova and the President of the Rectors' Council from the Republic of Moldova. He is Habilitated Doctor of Medical Sciences, Corresponding Member of the Academy of Sciences of Moldova and holds the honorary title of Doctor Honoris Causa of George Emil Palade University of Medicine, Pharmacy, Science, and Technology from Targu Mures, and Carol Davila University of Medicine and Pharmacy from Bucharest, Romania. Prof. Emil Ceban is a member of the Moldova-North Carolina Bilateral Committee.

REBECA-SARA CHESINI (Romania)

MD, PhD student. She completed her studies at the University of Medicine and Pharmacy of Craiova, Romania, graduating in 2021. Since 2022, she has been working as a trainee psychiatrist at the Neuropsychiatry Clinical Hospital of Craiova. Throughout this time, she has demonstrated a proactive attitude, adeptness, and a strong work ethic. She has actively participated in numerous national and international scientific conferences focused on mental health. Possessing excellent communication skills, she effectively establishes rapport with both patients and colleagues. She is deeply committed to advancing her career in healthcare and remains enthusiastic about acquiring new knowledge.



JANA CHIHAI (Moldova)



Psychiatrist and psychotherapist, Associate Professor in Psychiatry Department of State Medical and Pharmaceutical University *Nicolae Testemitanu* in Chisinau, and senior Mental Health Advisor in Trimbos Institute Moldova, project MENSANA. President of National Society of Psychiatrists, Narcologists, Psychotherapist and Clinical Psychologists. She studied medicine and psychiatry, received psychotherapeutic specialization in European School of Psychotherapy, Socio- and Somatoanalysis in Strasbourg, France and Association of Integrative Psychotherapy and Clinical Psychology, Iasi, Romania. Since 2000 she promoted a new approach in mental health – Community-based services and is very implicated in mental health reform in Republic of Moldova.

EKA CHKONIA (Georgia)

Professor and Program Director in Psychiatry at Tbilisi State Medical University. Clinical director at the Central Psychiatric Hospital (Tbilisi Mental Health Center). Member of the International Advisory Board for Psychiatry and Clinical Neurosciences Reports, the official journal of the Japanese Society of Psychiatry and Neurology. Honorary member of the World Psychiatric Association, Vice-chair of the Steering Committee of the EPA (European Psychiatric Association) Council of NPAs, member of the EPA Ethics committee, head of the WPA Expert Committee on the Ukrainian mental health crisis and of the alliance of the professional organizations "Alliance for Better Mental Health".



ADELA MAGDALENA CIOBANU (Romania)

MD, PhD, Professor of Psychiatry at *Carol Davila* University of Medicine and Pharmacy, Bucharest, Romania. Head of the 9th Clinical Department at the psychiatric hospital *Prof. Dr. Alexandru Obregia*. President of Association of Free Psychiatrists of Romania. She was Research Project Manager, member of multiple research teams in national and international projects. Founding member and former vice-president of the Romanian Society of Biological Psychiatry and of the Psychiatry. Expert of evaluation of guidelines and procedures within the National Mental Health Center and Drug-use Fighting project *Development of professional abilities for the medical personell involved in screening of affective disorders and prevention of suicidal behaviour*. Awards: *The best poster award* at WPA 2013 Bucharest Congress for the poster *Value of Depression, Remission and Diabetes Control and Quality of Life*. National distinctions: *Constantin Radulescu - Motru* prize on behalf of the Romanian Academy for the paper: *Depression Disorder*, volume I, 2015.



ARIEL COMO (Albania)

Professor of Psychiatry and Deputy Dean for Continuing Medical Education at the Tirana Medical University, is currently clinical Head of Psychiatry Division, Department of Neuroscience, Tirana University Hospital Center *Mother Tereza*. Member of the Directors' Council of postgraduate schools in Neurosciences (including General Psychiatry and, Child and Adolescent Psychiatry), member of the National Steering Committee on Reforming the Mental Health Sector, and member of working group on developing inter-sectorial strategy on Child and Adolescent Mental Health. Since 2010 is National Coordinator at the South East European Autism Network, and Scientific Director of the Tirana Regional Center on Autism.

VIRGINIA DA CONCEICAO (Portugal)

PhD in Public Health from the Faculty of Medicine at the University of Porto, Portugal and a specialist in Clinical and Health Psychology by the Portuguese Psychologists Association, currently working as an assistant researcher at the Institute of Public Health of the University of Porto, Portugal. She is also a full member of the ITR in the group "Mental health literacy, wellbeing, depression, and suicide prevention", which is part of the Laboratory for Integrative and Translational Research in Population Health, where she works in two projects funded by the European Union: MENTBEST - which develops community interventions and technology to promote the mental health of vulnerable populations in Europe, and PROSPERH, which promotes mental and physical health at work. She also collaborates in the development of studies on the effectiveness of suicide prevention programs and in the study of suicide registration errors, for the National Coordination of Mental Health Policies. She is keenly interested in the determinants of help-seeking behaviors and the effects of different implementation methodologies on the success of mental health promotion programs.



VICTORIA CONDRAT (Moldova)

MPH, the local project manager of the MENSANA project in Moldova, which focuses on the reform and development of mental health services. With a background in international law and public health, Victoria has led significant efforts in aligning Moldova's mental health policies with European standards, contributing to the nation's progress towards EU integration. Victoria's expertise in project management, strategic thinking, and stakeholder engagement has made her a leading figure in advancing mental wellbeing and social inclusion in Moldova.

ION COSCIUG (Moldova)

MD, PhD, Associate professor at the Department of Mental Health, Clinical Psychology and Psychotherapy of the State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova. Member of committees of Ministry of Health and Labor Social Protection of the Republic of Moldova. Trainer in projects related with mental health promotion and disease prevention in Republic of Moldova. Author of over 200 scientific papers published in Moldova and abroad, involved in the development of 6 national clinical protocols. Member of European Psychiatric Association. Member of Editorial Board of the Romanian journal *Bulletin of Integrative Psychiatry*.





ANA MARIA CIUBARA (Romania)

Certified physician practicing psychiatry at “Elisabeta Doamna” Psychiatry Hospital, Galati, Romania. She is teaching Psychiatry and Behavioral Sciences course as Full Professor at the Faculty of Medicine and Pharmacy within the *Dunarea de Jos* University, Galati. Ana Maria Ciubara is a member of Psychiatric Advisory Committee for Ministry of Health, editor of the *American Journal of Psychiatry and Neuroscience, B.R.A.I.N. Journal* and is involved in many research, educational and advocacy projects in psychiatry.



DANIEL DAVID (Romania)

Professor at Babeş-Bolyai University in Cluj-Napoca, where he holds the prestigious *Aaron T. Beck* Professorship of Clinical Psychology and Psychotherapy (Clinical Cognitive Sciences). He is the founding director of the Department of Clinical Psychology and Psychotherapy at Babeş-Bolyai University and the president of the International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health. Since 2009, he has also served as an adjunct professor at the renowned Icahn School of Medicine at Mount Sinai, New York, USA, and as the research director at the Albert Ellis Institute, New York, USA, a globally recognized institute for research and practice in psychotherapy and mental health. In addition, Professor David has been a

member of the Scientific Review Group in Social Sciences within the European Science Foundation. In 2017, he was elected president of the Romanian Psychological Association, and since 2022, he has been a corresponding member of the Romanian Academy and a member of the European Academy (Academia Europaea / Academy of Europe).

MICHAEL DAVIDSON (Israel)

MD, PhD, President of The Israeli Medical Centre for Alzheimer, Chief Medical Officer of Minerva Neurosciences Inc. (Massachusetts, USA), and Professor of Psychiatry at Tel Aviv University (emeritus) and Mount Sinai School of Medicine (adjunct), will be joining us as a guest speaker. Chairman Department Psychiatry Nicosia University Medical School.



INGA DELIV (Moldova)

MD, PhD, Associate Professor at the Department of Mental Health, Medical Psychology and Psychotherapy of the “Nicolae Testemitanu” State Medical University of Medicine and Pharmacy. National Trainer and Consultant in the project „Mental Health Services Reform in Moldova”. Senior scientific researcher in the Narcology laboratory of the State Medical University of Medicine and Pharmacy “Nicolae Testemitanu” from 2007 – 2019. Author and co-author of multiple scientific works, of which 6 are National Clinical Protocols. Multiple participations in various Congresses, National and International Scientific conferences.



LISA DIXON (USA)

Edna L. Edison Professor of Psychiatry at the Columbia University Medical Center where she directs the Division of Behavioral Health Services and Policy Research and the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute. Dr. Dixon is an internationally recognized health services researcher with over 25 years of continuous research funding from the National Institute of Mental Health, the VA and foundations. As CPI director, she oversees activities for the New York State Office of Mental Health in implementing evidence-based practices in behavioral health programs throughout the state. She leads the innovative program, OnTrackNY, a statewide initiative designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis. Dr. Dixon assumed the role of editor in chief of the journal, *Psychiatric Services* in January, 2017.

PETRU ROMEO DOBRIN (Romania)

MD, PhD, Professor of Psychiatry, Vice Dean of the Faculty of Medicine at *Grigore T. Popa* University of Medicine and Pharmacy Iasi, and member of the University Senate. Head of Section IX at *Socola* Institute of Psychiatry. Specialist in forensic medicine. Member of the Society of Doctors and Naturalists. Member of the Romanian Association of Psychiatry and Psychotherapy. Master's degree in Health Management and in Psychosocial Intervention and Psychotherapy University *Al. I. Cuza* Iasi. Editor of the *Bulletin of Integrative Psychiatry*.



LAVINIA DUICA (Romania)

Associate Professor, MD, PhD, graduated from the University of Medicine and Pharmacy in Craiova, the *Lucian Blaga* University of Sibiu - specializing in Psychology, and the School of Existential Analysis and Logotherapy in Bucharest. She trained as a psychiatrist in Craiova and Sibiu and earned her PhD in Medicine from the *Gr. T. Popa* University in Iasi. She currently teaches at the *Lucian Blaga* University of Sibiu, Faculty of Medicine. She is the head physician of Clinical Ward II at the "Dr. Gh. Preda" Clinical Psychiatric Hospital in Sibiu and the residency coordinator in the Psychiatry specialty.

ANDREI ESANU (Moldova)

Assistant professor at the Department of Mental Health, Medical Psychology, and Psychotherapy at Nicolae Testemitanu State University of Medicine and Pharmacy, Chisinau, Moldova. PhD student of the Doctoral School in the field of Medical Science in Moldova. Secretary of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists. Master's degree in Health Education from the University of Porto, Portugal. Psychotherapist with training at the School of Cognitive Behavioral Psychotherapy in Bucharest. President of the Family Federation for World Peace and Unification in Moldova.



GRIGORE GARAZ (Moldova)

Assistant professor at the Department of mental health, medical psychology and psychotherapy, "Nicolae Testemitanu" State University of Medicine and Pharmacy; trained as a psychiatrist-psychotherapist. Participated in multicenter clinical trials as principal investigator. Member of the Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists from the Republic of Moldova. Member of the authors of some national clinical protocols in the field of mental health. Interested in research, processing of medical statistical data and interpersonal relations.



RADU GAVRIL (Romania)

MD, PhD(c), teaching assistant in psychiatry at the University of Medicine and Pharmacy *Grigore T. Popa* Iasi. Author and co-author of articles in internationally journals, as well as some book chapters. Speaker at various national and international conferences. Member of the editorial team of the journal *Integrative Psychiatry Bulletin*.

GIOVANNI DI GIROLAMO (Italy)

Professor at the Faculty of Psychology, Lab on Psychology and Psychiatry, Catholic University, Milan, and a Professor at the Post-Graduate School in Psychiatry, Medical School, University of Milan Bicocca. He graduated with first-class honors in Medicine from the 2nd Medical School, University of Naples, in 1977, with a Doctoral Thesis in Psychiatry. Formerly the Scientific Director of the St. John of God Clinical Research Centre, Dr. di Girolamo has served as Principal Investigator in several international and national research projects and is currently coordinating a research team. He is also an editor referee and member of the editorial board of numerous international scientific journals. In 2016, he received the Award of the Physician Association of Salerno (*Ordine dei Medici*), and in 2019, he was nominated among the 80 most cited Italian researchers across all disciplines.



DONALD GOFF (USA)

He is the fourth Director in the 60+ year history of the Nathan Kline Institute (NKI), having assumed this position in February, 2012. Dr. Goff is also Marvin Stern Professor and Vice Chair for Research in the Department of Psychiatry at the New York University Grossman School of Medicine. He came to New York from Boston where he had been Director of the Schizophrenia Program at Massachusetts General Hospital (MGH) and Professor of Psychiatry at Harvard Medical School. He is a native Californian who earned his undergraduate degree at the University of California, Berkeley, and his medical degree at UCLA. He completed his internship in internal medicine at Cedars-Sinai Medical Center in Los Angeles, and his residency in Psychiatry at MGH. Following his medical residency, Dr. Goff completed a research fellowship in psychopharmacology at Tufts-New England Medical Center. At MGH, Dr. Goff built a translational research program with expertise in pharmacology, genetics, imaging, cognitive neuroscience, and cognitive behavioral therapy. His group did pioneering work in the areas of functional imaging, metabolic effects of second generation antipsychotics, and glutamatergic agents. Dr. Goff has been the principal investigator for many studies concerning the treatment and management of schizophrenia. He is currently focused on early intervention strategies in schizophrenia, neuromodulation, and immunological factors in schizophrenia. Dr. Goff has published over 300 articles concerning schizophrenia and related topics. He was the recipient of the Kempf Award for Mentorship in Biological Psychiatry from the American Psychiatric Association; the Wayne Fenton, MD, Award for Exceptional Clinical Care; and the Stanley Dean Award for Research in Schizophrenia from the American College of Psychiatrists. He is also a member of the American College of Neuropsychopharmacology.



HOWARD H GOLDMAN (USA)

MD, PhD is Professor of Psychiatry at the University of Maryland School of Medicine in Baltimore. He is a mental health services and policy researcher. Goldman served as the Senior Scientific Editor of the Surgeon General's report on mental health for which he was awarded the Surgeon General's Medallion. He also served as Editor-in-Chief of the monthly peer-reviewed journal, *Psychiatric Services* from 2004 - 2016, and he continues as an active Editor Emeritus. Goldman was elected to membership in the National Academy of Medicine in 2002. He is also the Honorary President of the Mental Health Association of South-Eastern Europe, founded by a group of mental health leaders he mentored and encouraged.



SANJA HARHAJI (Serbia)

MD, PhD, specialist in social medicine, graduated at the University of Novi Sad, Faculty of Medicine in 2006, completed her postgraduate master studies in 2011 and doctoral studies in the field of Public Health completed in 2016. She works at the Institute of Public Health of Vojvodina (Novi Sad, Serbia) since 2007 in the Centre for Informatics and Biostatistics in Health Care. She participated at the Fogarty Fellowship Research Training Program: Socio-Economic Determinants of Mental Health Service Delivery in South-Eastern Europe (2012-2015) provided by The University of California, Berkeley.

SARA HOLLANDER (NETHERLANDS)

Sara Hollander is working at Trimbos Institute Netherlands as project leader in the department of Mental health and Prevention. In this role she is also involved in the international project management of the MENSANA project.



BERNARD JACOB (Belgium)

Project manager and national coordinator of the mental health care reform based on the application of article 107 of the law on hospitals. Project manager and national coordinator of the mental health care new policy for children and adolescents. Bernard Jacob is active in the field of Mental Health and Social Welfare for 40 years. He is a project manager and national coordinator of the mental health care and psychiatry reform for adults and of the new mental health policy for children and adolescents. He ensures the coordination of the global elaboration plan in connection with the various levels of decision and organization, the competencies of the Regions, Communities and the National Insurance Institute of Disease and Disability. He graduated from the third edition of the International Masters on Mental Health Policy and Services. He has also important experience in the management and monitoring of European issues.

HEINZ KATSCHNIG (Austria)

Professor, he was the Chairman of the Department of Psychiatry and Psychotherapy at the Medical University of Vienna from 1991 to 2007. From 1978 to 2014, he served as the Director of the Ludwig Boltzmann Institute for Social Psychiatry in Vienna. He has an extensive research record, particularly in the fields of health services research, epidemiology, public health, quality of life, and life change events, with a focus on mental health and physical comorbidity. Professor Katschnig has been the work package leader for several EU-funded projects and the Austrian COMET project DEXHELPP. His list of publications includes more than 400 items. He has been a member of both national (e.g., Advisory Board for Mental Health of the Austrian Ministry of Health) and international committees (WHO, European Commission, World Psychiatric Association) related to mental health policy and planning.



KATARZYNA KOWALCZYK (Poland)

Psychologist, trained crisis intervention specialist, postdoctoral researcher at Frankfurt University of Applied Sciences, and lecturer at SWPS University in Poland. She is also the co-founder of the Global Public Health Network, an NGO that supports organizations and institutions in promoting harm reduction, particularly in their online activities. Her primary work focuses on harm reduction and key populations in the EECA region.

KAREL KRAAN (Swiss)

MD, has been a Senior Consultant in Outpatient Services at Luzerner Psychiatrie since 2017. He has been a teaching therapist, supervisor, and lecturer for the SAGKB (Swiss Society for Katathymes Bilderleben) since 2003. Additionally, he serves as an international expert for the MENSANA-Project Phase 1, 2, and 3.



JUTTA LINDERT (Germany)

PhD, full professor of Public Health at the University of Applied Sciences Emden – Leer, Germany and also affiliated as Visiting Professor at the Women`s Research Center at Brandeis University, United States. She has a long experience in Public Mental Health research, especially in the effects of social and physical environment and (relationships, violence, genocide and war) and its impact on mental health over the life course. Recently, she is working on COVID-19 pandemic and mental health outcomes. Additionally, she is Vice President of the Section on Public Mental Health of the European Association of Mental Health (EUPHA) and WHO-advisor for Mental Health and COVID-19. Currently, she is involved in several multicenter research-projects investigating mental health and resilience of vulnerable population groups.



CRISTIAN-MARIUS LITAN (Romania)

He is currently Vice-Rector of Babeş-Bolyai University and full professor at the Department of Statistics, Forecasting, Mathematics, Faculty of Economics and Business Administration. As a researcher, his interests are in the field of mathematical and quantitative methods applied in economics and social sciences (JEL classification C). His attention is focused on research in game theory and applications. He has also conducted studies involving applied econometrics and statistics. Cristian Litan obtained his PhD in Economics at the University Carlos III de Madrid, Spain. Since 2013, he has been the organizer of *Cluj Economics and Business Seminar Series (CEBSS)* at the Faculty of Economics and Business Administration, Babeş-Bolyai University, Cluj-Napoca, Romania. Starting in 2014, he is the initiator, coordinator, and a member of the Organizing Committee of the *Annual Scientific Conference of Romanian Academic Economists from Abroad (ERMAS)*.

BIANCA MACAVEI (Romania)

Graduated as a Doctor of Medicine (M.D.) from University of Lucian Blaga, Sibiu, Romania, in 2022, she is providing psychiatric care and support to patients under supervision, as a second-year resident in Psychiatry, engaging in multidisciplinary team discussions to develop treatment plans, conducting assessments and evaluations to diagnose mental health conditions. Passionate about mental health and committed to advancing knowledge in the field through research and participation in conferences, presenting papers on topics of interest, including Depression and Mood Disorders, Psychotherapy technique, Forensic Psychiatry. She is a member of the organizing committee for the Summer School of Psychopathology in Sibiu and for the National Conference of Forensic Psychiatry and Psychology in Sibiu. Bianca has strong interpersonal and communication skills, ability to work collaboratively in a team environment, proficient in psychiatric assessment and diagnosis and research-oriented with a focus on evidence-based practices.



MIRELA MANEA (Romania)

MD, PhD, Professor of psychiatry at the *Carol Davila* University of Medicine and Pharmacy, Bucharest, Romania. Since 1993, she has been a psychiatrist at the *Prof. Dr. Alexandru Obregia* Clinical Hospital of Psychiatry, where she became head of the department in 2000. She is an honorary member of the Academy of Medical Sciences since 2022 and served as a member of the University Senate from 2022 to 2024. She has overseen doctoral research since 2010. With an extensive career in psychiatry and medical education, Prof Mirela Manea contributes significantly to the training of new generations of doctors and to scientific research in the field of mental health.

ALEKSANDRA MILICEVIC-KALASIC (Serbia)

MD, MSc, PhD, completed her undergraduate studies in medicine (1985), master of science degree in neuropsychology (1993), and doctorate in neuropsychiatry (2003) at the Medical Faculty of the University of Belgrade, where she also finished her four years lasted training and got title of specialist in neuropsychiatry (1995) and obtained the title of research associate in 1997. Fellow of the Fogarty Public Health Program, University of California, Berkeley (2012-2016). She established Department of Mental Health and Pain Treatment in Institute of Gerontology, Home Treatment and Palliative care in 1987, where she is still working. Professor at High medical school of vocational studies in Cuprija (2009) and Belgrade (2011-2014). Associate Professor at Department for Social Work and Psychology within Faculty for Media and Communication, University Singidunum since 2013, forensic expert since 1996, Professor at the Specialized Medical School in Belgrade in the period 2011-2014. Dr Milicevic-Kalasic worked as a National Counterpart for WHO Mental Health programs from 2003-2011. She has been the co-chair of the OAP section of WPA since 2013-2019.



DAVOR MUCIC (Denmark)

Medical doctor educated in Rijeka (Croatia). Specialist education within psychiatry obtained in Denmark with a special interest in the use of technology in the provision of mental health care (e-Mental Health). Davor Mucic (DM) established Little Prince Psychiatric Centre in Copenhagen where he developed telepsychiatry since 2000. In 2011 DM launched the Telemental Health Section within EPA (European Psychiatric Association). DM is the current chair of WPA's Digital Mental Health Section. DM is Editor-in-Chief of the *Edorium Journal of Psychiatry*. DM is a reviewer for the *Egyptian Journal of Psychiatry* and an Editorial Advisory Board Member of the *Journal of Pakistan Psychiatric Society*. DM published several articles related to telepsychiatry development in Denmark. DM described several e-Mental Health applications and services in the edited book "e-Mental Health", published by Springer in 2016. In 2020, DM coordinated WPA's "Expert Group on e-Mental Health" aimed to help WPA and its member societies in dealing with the mental health consequences of the COVID-19 pandemic. DM is the main author of the recently published WPA Telepsychiatry Global Guidelines. For his above-mentioned contribution, DM was awarded as a WPA Honorary Member in 2020. DM defended the first doctoral dissertation on telepsychiatry in the EU, in May 2022.



MIHAI MUTICA (Romania)

He has graduated *Grigore T. Popa* University of Medicine and Pharmacy from Iasi, Romania and has completed his PhD from University of Medicine and Pharmacy Craiova in 2016, In present he is certified physician practicing psychiatry at "Elisabeta Doamna" Psychiatry Hospital, Galati, Romania. He is involved in numerous research and advocacy projects in mental health. His professional concerns are eclectic and interdisciplinary.

ANATOLIE NACU (MOLDOVA)

Psychiatrist, psychoanalyst, Doctor Habilitated in Medicine, and professor within the Department of Mental Health, Medical Psychology, and Psychotherapy at the *Nicolae Testemitanu* State University of Medicine and Pharmacy of which head was from 2000 to 2020. Between 1981-1983, he completed his clinical residency at the Union Institute of General and Legal Psychiatry V. *Serbskii*, Moscow, Russia. Between 1996-2000, he pursued psychoanalytic training within the Paris Psychoanalytic Society and worked as a psychiatrist-psychotherapist in the medico-psychological centers of Rouen, France. Since 2004, he has been a certified psychoanalyst by the International Psychoanalytical Association. Since 2013, he has been a full member of the Romanian Society of Psychoanalysis.



VLADIMIR NAKOV (Bulgaria)

MD, PhD, Psychiatrist, Associated professor, Head of Department Mental Health, National Center of Public Health and Analyses, Sofia, Republic of Bulgaria. Author of over 60 scientific publications, co-author of 2 books. He wrote a monograph on suicide in Bulgaria. State expert on dementia. Former National Consultant in Psychiatry for Bulgaria. Member of the Section of Suicidology and Suicide Prevention of European Psychiatric Association, National representative for Bulgaria.



IGOR NASTAS (Moldova)

Associate Professor, MD, PhD, Department of Mental Health, Medical Psychology, and Psychotherapy at *Nicolae Testemitanu State University of Medicine and Pharmacy*, Dr. Nastas Igor is the author of 86 publications. He has expertise in severe mental disorders and community psychiatry, with a complementary specialization in cognitive-behavioral psychotherapy. Additionally, he is a trainer in aggression management and a PM+ trainer.

CRISTINA NESTOR (Moldova)

Mental health professional at Trimbos Moldova, specializing in integrating social care in mental health system reform in Moldova. Cristina Nestor is part of MENSANA project team since 2017. Being part of the mental health system reform, Cristina's work focus on advocacy and empowerment of mental health services users, promotion of mental health and wellbeing and integrating other related areas, such as the involvement of local public authorities, education, police and social services representatives. Cristina Nestor holds a master's degree in clinical psychology, Complementary training course in cognitive behavioral psychotherapy (3 years of study), accredited by the Romanian College of Psychologists and a bachelor's degree in social work.



RALUCA NICA (Romania)

She is active in the mental health field since 1995. She is a clinical psychologist and a cognitive behavioral psychotherapist. She has a PhD in medical sciences from University of Medicine and Pharmacy from Bucharest. As an Executive Director of the Romanian League for Mental Health she has elaborated, developed and implemented over 30 projects in the mental health area. She has actively participated to the elaboration of legislation and policy in Romania. She is actively involved in mental health European initiatives and a Board member of GAMIAN Europe

VALENTIN OPREA (Moldova)

Psychiatrist, narcologist, doctor of medical sciences, university lecturer at the Department of Mental Health, Medical Psychology and Psychotherapy, State University of Medicine and Pharmacy *Nicolae Testemitanu*. Deputy medical director in the Clinical Psychiatric Hospital, Rouen, France (2001-2002); Deputy medical director in the Clinical Psychiatric Hospital, Chisinau (2010-2015). He participated in 3 clinical trials and 2 international projects. Member of the Society of psychiatrists, narcologists, psychotherapists and clinical psychologists of the Republic of Moldova and of the European Psychiatric Association. Author of 150 scientific papers, 3 methodical indications, 1 specialized dictionary. Author / co-author of chapters in 5 textbooks of psychiatry and medical psychology, as well as of 4 national clinical protocols (Schizophrenia, Bipolar Affective Disorder, Alcoholism and psychoactive substance use). Member of the Advisory Board of the *Buletin de Psihiatrie Integrativa* journal.





ULADZIMIR PIKIRENIA (Poland)

MD, PhD, psychiatrist and researcher. Currently serving in Psychiatric Hospital in Frombork (Poland) and Postdoc fellow in the SOLID project at Frankfurt University of Applied Sciences (Germany). Dr. Pikirenia graduated from Belarusian State Medical University, where he later served as an assistant and then associate professor in the Psychiatry and Medical Psychology department. His career spans over a decade of dedicated service in various capacities, including working at the Minsk City Clinical Center for Treatment of Substance Use Disorders, and national and international NGOs. Uladzimir's work focuses on harm reduction programs, social work with people with substance use disorders, and social psychiatry. He is deeply committed to improving mental health care and advocating for equitable access to healthcare.



ELENA DACIANA PINTILIE (Romania)

Psychiatry trainee at the Clinical Hospital of Psychiatry, "Dr. Gheorghe Preda" from Sibiu, Romania and PhD student of the University of Medicine and Pharmacy of Craiova. She has graduated the Faculty of Medicine in Sibiu in 2022 and she is member of the Mental Health Association of South-Eastern Europe (MHASSE) and the European Public Mental Health Association (EUPHA- Public Mental Health Section). The current areas of interest are represented by the field of psychoses, personality disorders, community psychiatry, psychosomatics.

MIHAIL CRISTIAN PIRLOG (Romania)

As an Associate Professor of Medical Sociology at the School of Medicine within the University of Medicine and Pharmacy of Craiova, he also serves as a Sociologist and fulfills the role of Coordinator for the National Mental Health Program developed by the Romanian Ministry of Health at the Clinical Hospital of Neuropsychiatry in Craiova. Additionally, he holds the position of President for the Mental Health Association of South-Eastern Europe (MHASEE). His professional involvement extends to numerous national and international research projects, as well as clinical trials, with a primary focus on the intricacies of mental health. His scholarly pursuits concentrate on elucidating the social and economic determinants influencing psychiatric pathology, alongside an exploration of the pervasive stigma surrounding mental illness.



RICCARDO POLOSA (Italy)

MD, PhD, FAAAAI, Professor of Internal Medicine at the Department of Clinical & Experimental Medicine, University of Catania. Director of the Institute of Internal Medicine, AOU *Policlinico - V. Emanuele*, Catania and founder -of the Center of Excellence for the acceleration of Harm Reduction (CoEHAR), University of Catania (Italy). Founder and Executive Manager of the Center for Tobacco prevention and treatment (CPCT) at the same university. Chair of the European Technical Committee for standardization on "Requirements and test methods for emissions of e-cigarettes" (CEN/TC 437; WG4). Honorary Professor of Medicine, University of Southampton (UK). Fellow American Academy of Allergy, Asthma and Immunology.



MARIA GABRIELA PUIU (Romania)

Associate professor at *Carol Davila* University of Medicine and Pharmacy in Bucharest, Romania. Senior Psychiatrist and Head of Department Organizing and directing the work of clinical department VII and providing specialized psychiatric healthcare for adults - "Prof. Dr. Alexandru Obregia" Clinical Hospital of Psychiatry, Bucharest, Romania

FLORINA RAD (Romania)

MD, PhD, Associate Professor at *Carol Davila* University of Medicine and Pharmacy, Bucharest, Head of Child and Adolescent Psychiatry Clinic at the *Prof. Dr. Alexandru Obregia* Clinical Psychiatry Hospital. President of the Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA). Dr. Florina Rad's research activity has resulted in articles, papers, and lectures presented at national and international conferences. She is the author or co-author of various chapters in specialty treatises and the coordinator of the volume "Incursion into the world of the child with ASD – a guide for parents". Dr. Florina Rad coordinated the pilot research program *INCLIN Epidemiological Research on Autism in Romania-Pilot (IN-ERAR)* project carried out in partnership with the University of Texas Health Science Center at Houston. She is also involved as an expert in national child and adolescent mental health programs and represents the national network in the COST Advancing Social inclusion through Technology and EmPowerment action.



PETRE RADESCU (Romania)

Counselor, psychotherapist, psychiatrist in Bucharest, since 2012; psychotherapy training since 2014. He has graduated Faculty of Medicine, University of Medicine and Pharmacy Craiova (2003) and he have become Psychiatric specialist – University of Medicine and Pharmacy Carol Davila, Bucharest (2011). Specialized training in logotherapy, existential analytical support and counseling, SAEL Romania (2009), existential analytical psychotherapy, SAEL Romania (2013), existential analytical psychotherapy, GLE International (2013). Master in Sports Performance, National University of Physical Education and Sport, Bucharest (2016), Doctoral studies – Performance in Sport, National University of Physical Education and Sport, Bucharest,

2015-2018.

IVANA RADIC (Serbia)

Specialist in social medicine at the Institute of Public Health of Vojvodina (Novi Sad, Serbia) with 17 years of experience. She is working as Chief of the Department of Health Statistics in the Center for Informatics and Biostatistics in Health Care. Her expertise lies in monitoring population health status and health care utilization. She holds a Master's Degree in Social Medicine and a PhD in Public Health and works as an Associate Professor at the Faculty of Medicine, University of Novi Sad. Her main research interests are noncommunicable diseases, behavioral risk factors for noncommunicable diseases and mental health.



MIRUNA RADUTOIU (Romania)

MD, PhD student. After completing her residency program at *Professor Alexandru Obregia* Hospital in Bucharest, she has worked in private clinics in the same city. Now she has started her private psychiatric practice back in her native region in Gorj County. Her aim is to bring quality medical care to all her patients through the utilization of the most innovative medication and techniques. The pathology she treats is varied, anxiety and insomnia being the most frequent.



LAURA SHIELDS-ZEEMAN (Netherlands)

Professor of Population Mental Health at Utrecht University and Head of Public Mental Health at the Netherlands Institute of Mental Health and Addiction (Trimbos) in the Netherlands. Prof Shields-Zeeman is also director of the WHO Collaborating Centre for Mental Health Services and Interventions over the life course. She's worked in mental health and public health across many countries in Europe, South Asia and North America, and has been involved in the MENSANA project in Moldova since 2014.

DIANA STANCULEANU (Romania)

CBT Psychotherapist, Educational Psychology MD, Specialist in child and adolescent mental health, Associated lecturer at Faculty of Psychology and Educational Sciences - Bucharest University, Mental health consultant in national and international programs.



GEORGE STERCU (Romania)

MD, PhD(c), he graduated *Carol Davila* University of Medicine and Pharmacy in Bucharest where currently is working as a teaching assistant, as well as psychiatrist at the *Prof. Dr. Alexandru Obregia* Clinical Hospital of Psychiatry. Since April 2021, he has been a member of the Committee on Education of the European Psychiatric Association (EPA), a section responsible for organizing and overseeing the educational activities of the EPA. He is also an active member of the Romanian Association of Psychiatry and Psychotherapy (ARPP), where he holds the position of auditor and coordinates the activities of a working group. Dr. Stercu is also involved in various projects of the Section of Psychiatry of the European Union of Medical Specialists (UEMS). He is the former president of the Romanian Association of Psychiatry Residents (AMRPR) and the European Federation of Psychiatric Trainees (EFPT).



MIHAELA TANASE (Romania)

She is currently serving as Head of the Legal Department at the *Dr. Ghe. Preda* Clinical Psychiatric Hospital in Sibiu. She graduated from the *Simion Barnutiu* Faculty of Law at *Lucian Blaga* University of Sibiu, and holds a master's degree in Criminal Sciences. In the legal field, she has extensive experience as a legal advisor, both through her work as a legal counselor and from internships in law firms, courts, and specialized courses in the field. She is a member of the "Legal Hospital" Association of Legal Advisors in Public Hospitals, a member of the NGO "Dr. Gheorghe Preda" Psychiatric Hospital Association in Sibiu, and interim vice president of the NGO Public Psychiatric Hospitals Association. In addition to her professional activities, she has participated in numerous national and international scientific events, with forensic psychiatry as her area of expertise. She is also a member of the organizing committee for the Forensic Psychiatry and Psychology Conference, which is now in its fourth edition this year.

SONILA TOMORI (Albania)

Associate professor at the Faculty of Medicine and child and adolescent psychiatrist at University Hospital Center Mother Teresa, at Pediatric Department in Neuropediatric unit. As a researcher in Albanian Rare Disease Center, her work is focused on psychiatric and psychological aspects of children with rare diseases and other comorbidities, as well as genetics of Mental Health disorders in children. Her clinical work consists in children with autism, ADHD and other neurodevelopmental disorders, psychosomatics and pediatric psycho-oncology, as well as in adolescents with emotional and mood disorders, isolation and other mental health problems. Lecturer in Tirana Medical University and head of Albanian Medical Institute.



AGNES VERBRUGGEN (Belgium)

Social worker, sociologist, certified mediator and qualified trainer in moral judgement. She also has a Master in law. She has been working in various fields. She is a lector/guest lector in sociology and professional ethics, deontology in Hogent, UGent, UAntwerpen universities. In the governance & integrity domain as an integrity expert and qualified trainer in moral judgement. Furthermore, she is a supervisor in the social work field (outreached work, Descendant Centre, Federation M.A.), an author and a mediator of conflicts in working places.

LOTTE VOORHAM (NETHERLANDS)

Lotte Voorham is working at Trimbos Institute Netherlands as senior project leader in the department of Mental health and Prevention. Since 2020 she is international project manager of the MENSANA project.





GERMAIN WEBER (Austria)

Former Professor of Psychology (Psychology of Intellectual Disability) at the Faculty of Psychology at the University of Vienna until his retirement in 2019 and served as Dean there between 2008 and 2016. Between 2002 and 2016 Dr. Weber served as member of the executive committee of the European Association of Mental Health and Intellectual Disabilities. Between 2008 and 2016 Dr. Weber served for the International Association on the Scientific Study of Intellectual and Developmental Disabilities as member of the executive board. Between 2004 and 2022, Dr. Weber was honorary president of Lebenshilfe Österreich and has been a board member of Licht ins Dunkel since 2008. Dr. Weber is currently working as a scientific consultant on the topic of inclusion and implementation of the UN Convention on the Rights of Persons with Disabilities at sovereign authorities, research centers and NGOs in Austria and Luxembourg. Dr. Weber's research activities, which are based on a human rights framework, relate to questions of quality of life, self-determination and social inclusion of vulnerable groups, in particular people with intellectual disabilities. The American Association on Intellectual and Developmental Disabilities honored Dr Weber with the "International Award for achievements in research and practice" in 2000.

MICHAEL NOAH WEISS (Norway)

Professor in pedagogy at the University of South-Eastern Norway and has a PhD in philosophy of science. He received the Trilogos Diploma in 2012 and is a member of the advisory board of the Trilogos Foundation.



SO YAMA (Japan)

Associate professor in the Department of Nursing, Kansai Medical University, Osaka. He specializes in education and research in psychiatric and mental health nursing. He has been researching dementia care and personal recovery support. Currently, his main research theme is the Wellness Recovery Action Plan (WRAP). He would like to verify whether not only people with mental health difficulty but also nurses can use WRAP to help maintain and improve their mental health and work in their own way. He's also conducting research on measures to prevent violence and harassment against nurses from patients to home care staff.

RADISLAV COSULEAN (Moldova)

Clinical psychologist, psychotherapist, and junior scientific researcher at the Mental Health Laboratory, as well as a PhD candidate at the Department of Mental Health, Medical Psychology, and Psychotherapy of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova. He is currently pursuing a Master's degree in Public Mental Health. As the co-author of the guidebook "Strategies and Tools in Psychological Assessment" and a national trainer for the Moldovan-Swiss MENSANA project, he has contributed to numerous national and international scientific events. Additionally, he is a practicing psychotherapist with expertise in Cognitive Behavioral Therapy (CBT) and integrative psychotherapy.



ABSTRACTS



TRANSFERENCE-FOCUSED PSYCHOTHERAPY (TFP) - A MODERN PSYCHOTHERAPEUTIC APPROACH TO BORDERLINE PERSONALITY DISORDER

C Adeola, J Chihai

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In recent years, Transference-Focused Psychotherapy (TFP) has been increasingly recognized as one of the main therapeutic interventions for borderline personality disorder, rooted in psychodynamic principles and focusing on the investigation and modification of a person's internal object relations. The role of the relationship between the therapist and the patient in this contemporary therapeutic approach is emphasized as a powerful mechanism affecting change through the concept of transference, by which the patient's interpersonal dynamics and underlying conflicts are subjected to scrutiny. Recent investigations (Clarkin et al., 2020; Yeomans et al., 2019) have illustrated the effectiveness of TFP in comparison to alternative therapeutic approaches, underscoring its potential to enhance various aspects of emotional regulation, identity synthesis, and interpersonal effectiveness. TFP focuses on expressing and analyzing transference to clarify the patient's disjointed self-representations, consequently facilitating a more unified sense of self. The contemporary focus on neurobiological underpinnings (Fischer-Kern et al., 2021) aligns well with TFP's objectives, suggesting correlations between therapeutic progress in TFP and neural integration. This abstract reviews recent literature examining TFP's theoretical foundations, therapeutic processes, and empirical validation, offering clinicians valuable insights into its application and outcomes in treating BPD. The presentation will review innovative strategies employed in the TFP and current challenges and suggest future research directions to enhance the treatment's effectiveness and accessibility.

PSYCHOPATHOLOGICAL MANIFESTATIONS IN BORDERLINE PERSONALITY DISORDER: CONTEMPORARY PERSPECTIVES AND IMPACT ON DISORDER TRAJECTORY

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Borderline Personality Disorder (BPD) is distinguished by a diverse range of psychopathological symptoms that profoundly hinder an individual's social, occupational, and personal functioning. The diverse characteristics of this disorder, which encompass emotional dysregulation, disturbances in identity, and difficulties in interpersonal relationships, impose considerable challenges on affected individuals and complicate their overall prognosis. Recent studies (Schmahl et al., 2021; Gunderson et al., 2020) underscore the chronicity of those symptoms, thus underlining the need for specialized therapeutic approaches that face the specific challenges that BPD poses. The literature suggests that early treatment and comprehensive management strategies can reduce the crippling effects of BPD symptoms, potentially changing the trajectory of illness and improving outcomes over time. Significantly, developments in neuroimaging (Krause-Utz et al., 2022) have yielded an enhanced understanding of the neurobiological factors associated with borderline personality disorder (BPD), clarifying how distinct clusters of symptoms influence the enduring course of the condition. This abstract aims to examine current discoveries regarding the psychopathological manifestations of BPD, analyzing their relevance for therapeutic approaches and their impact on disease progression. Concretely, this review will discuss the current therapeutic approaches, such as DBT and TFP, to appraise the symptomatic amelioration they offer. This presentation aims to present an overview of current developments as far as understanding psychopathic symptoms of BPD and the related burdens is concerned, emphasizing that further research is still needed in a continuous effort toward developing new interventions that address these complex problems.

THE BASICS OF DATA ANALYSIS IN MEDICAL RESEARCH

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Data analysis is a crucial component of medical research, helping to transform raw data into information that can improve patient care, support policy decisions, and guide future studies. Understanding the fundamentals of data analysis is essential for researchers, clinicians, and policymakers alike.

Data used in medical research can be generally categorized into two types: quantitative and qualitative, and can be collected through various methods, including clinical trials, observational studies, surveys, and electronic health records (EHRs). Proper planning is vital - researchers must consider factors such as sample size, demographic representation, and cause and effect models to minimize biases. Before analysis, data often requires cleaning to remove inaccuracies, inconsistencies, and missing values. Techniques such as data imputation (filling in missing data) and outlier detection (identifying extreme values) are commonly used.

Statistical analysis is the most important part of a statistical study and consists of descriptive statistics and inferential statistics. Descriptive Statistics are used to summarize and describe the main features of a dataset, which provide an overview of the data. Inferential Statistics consists of different methods (parametric and nonparametric tests for quantitative data or independence tests for qualitative data, used to assess relationships, differences, and effects) that help researchers draw conclusion about a larger population based on sample data. Regression Analysis is a special type of inferential statistics, widely used in medical sciences, used to model the relationship between variables, helping to identify factors that may influence outcomes. Univariate and multivariable (polynomial, exponential, logarithmic or logistic) models are commonly used. Once the analysis is complete, interpreting the results is essential. Researchers must consider the clinical significance of their findings, not just the statistical significance. Clear and transparent reporting, using established guidelines, is crucial for sharing results with the broader community, including limitations and potential biases.

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AI APPLICATIONS IN PSYCHIATRY AND ADDICTION MEDICINE

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Artificial intelligence (AI) has increasingly broad applications in mental health and psychiatry, contributing to diagnosis, treatment, and monitoring. Machine learning algorithms can analyze complex data, such as medical history, online behavior, or speech patterns, to identify early signs of mental disorders like depression, anxiety, or schizophrenia. AI can also help personalize treatments by providing recommendations based on specific data for each patient.

Chatbots and AI-assisted therapy applications offer emotional support and cognitive-behavioral interventions, often at reduced costs and accessible at any time. Additionally, AI systems can monitor patients' progress in real time, providing immediate feedback and helping doctors adjust treatments according to the evolution of the patient's mental state.

According to 79% of healthcare professionals surveyed, robotics and artificial intelligence will significantly improve the healthcare industry.

90% of hospitals will use AI-based technology for early diagnosis and remote monitoring of patients by 2025. In psychiatry, AI is also used in brain imaging analysis to identify abnormalities associated with various disorders. However, the use of AI raises ethical challenges, such as data confidentiality and the risk of overdiagnosis.

Overall, AI holds the potential to revolutionize therapeutic and diagnostic approaches in mental health.

SOCIAL IMPLEMENTATION TO ENHANCE HELP-SEEKING BEHAVIOR TO REDUCE SUICIDE IN TEENAGERS - A MODEL PROJECT IN YAMAGATA, JAPAN.

H Ambo

Yamagata Prefectural University of Health Sciences, Japan Academy of Psychiatric and Mental Health Nursing

The objective of this presentation is to introduce the psychosocial intervention program for teenagers that is currently being implemented in Yamagata Prefecture.

In Japan, the suicide rate decreased by approximately 30% over the 10-year period from around 2010 to around 2020. During this period, the Japanese government implemented measures to strengthen community-based support and gatekeeping of the elderly. However, the number of suicides among young people has increased, highlighting the urgent need to address this issue.

In light of these circumstances, Yamagata Prefecture has established the objective of furnishing all students in their teens with psychosocial intervention in a more expeditious manner than has been the case in the rest. Specifically, the plan is to implement educational interventions in all elementary, junior high, and high schools with the objective of facilitating students' access to assistance. This educational intervention is distinguished by the implementation of classes for students in collaboration with the education board and public health center, which are typically divided, and the introduction of local government human resources and virtual resources of social networking services (SNS) as specific help-seeking behaviors. As a consequence of this intervention, the number of suicides among teenagers in Yamagata Prefecture in 2023 was the lowest ever recorded, resulting in the prefecture becoming the one with the lowest number of youth suicides in Japan. This presentation will introduce the process of implementing youth suicide prevention education in Yamagata Prefecture.

PARTICULARITIES OF STUDENT AGGRESSION

BD Andries

Nicolae Testemitanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Aggression is a major impediment in maintaining a balanced society, having a considerable impact on the physical and mental health of society. Among young people, violence is resorted to in order to demonstrate their greatness towards their peers, a behavior explained by the biological-ethological theory, which claims that hostility is a primary instinct, expressed in different ways similar to animal behavior aimed at territorial defense. Sometimes, aggression is the result of accumulating, observing and experiencing moments or feelings with negative affective charge, which predispose to various violent manifestations. Hostile phenomena are observed more and more frequently among young people, due to frustration, by observing the successes of those who seem inferior to them, who obtained goods or praise in a dishonest way.

Methods: To carry out the study we used Arnold's Hostility Inventory H. Buss and Ann Durkee. 234 students participated in the study, of which: 167- females and 67- males.

Results and discussion: We identified that 61.11% of the interviewees obtained the overall hostility score – low and 39.9% obtained a high score. We observed that men are more aggressive (50.75% high score) than women (34.13% high score).

Conclusion: The study demonstrated that within higher education institutions, predominantly the male gender has a more advanced degree of hostility than the female gender.

THEORETICAL AND METHODOLOGICAL APPROACHES TO AGGRESSION

BD Andries

Nicolae Testemitanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Aggression is an amalgam of experiences and/or feelings with a negative affective charge. Violence can be manifested through different methods, such as: physical, psychological, verbal, institutional, direct, indirect, directed at others or to own self. A series of theories have been put forward to understand aggressive behavior, such as: the biological-ethological theory, the frustration-aggression theory, the neo-associationist theory, the theory of dispositional influences, the theory of avoiding negative affects and the theory of social learning. Depending on the age category, we can assign the previously listed theories in different proportions to explain the source of hostile behavior. Young children, due to the lack interaction with violence, we can assume that the manifestation of violent characters comes instinctively, like a primal animal instinct, genetically transmitted. Adolescents, being more experienced in interpersonal interactions and the legalities of the social environment, observe examples of violent cases, which can provide facilities or a better status among peers. Adults, unlike the other age groups, have the widest life experience, experiencing a multitude of situations with emotional value from all spectrums. People over the age of 18 fall prey to aggressive behavior, due to frustration, caused by: personal failure, social pressure, stigmatization, physical and mental trauma. A person's mental health, age, education and life experience have a significant role in the application of hostility, therefore positive affectivity must be promoted and pleasant experiences emphasized.

ELECTROCONVULSIVE THERAPY AND INFORMED CONSENT: NAVIGATING CLINICAL EFFICACY AND PATIENT RIGHTS

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Electroconvulsive Therapy (ECT) remains a highly effective treatment for severe mental health disorders, such as treatment-resistant schizophrenia and major depressive disorder. However, its use raises important ethical and legal concerns, particularly regarding informed consent. Balancing the clinical efficacy of ECT with patients' rights to make informed decisions about their treatment is a complex challenge for mental health professionals.

Informed consent is crucial, requiring that patients fully understand the potential benefits, risks, and side effects of ECT before agreeing to the procedure. Mental health care providers must ensure that patients are not only informed about the short- and long-term effects of ECT but also supported in their decision-making process. This includes addressing any cognitive impairments or mental health symptoms that may impact their capacity to give informed consent. Additionally, legal guardians or family members may be involved in the consent process, especially when patients are unable to provide it themselves.

Ultimately, navigating the delicate balance between ensuring the clinical success of ECT and respecting patient autonomy is essential for ethical practice. Continued research into improving patient education and consent processes can help to understand the efficacy of ECT and the rights of them receiving this treatment.

ADDRESSING HEALTHCARE BARRIERS FOR TRANSGENDER POPULATIONS: A REVIEW OF CURRENT CHALLENGES AND NEEDED INTERVENTIONS

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Transgender populations continue to face significant challenges in accessing and utilizing healthcare services, highlighting an urgent need for tailored solutions that address their specific needs. A review of the existing literature reveals systemic and social barriers faced by these individuals, including discrimination within healthcare systems, inadequate insurance coverage, and difficulties in accessing gender-affirming medical services. Additionally, studies indicate that health information is often inaccessible or inadequate for transgender individuals' specific needs, exacerbating their marginalization and reducing the quality of care they receive. This marginalization can negatively impact their mental and physical health, contributing to higher rates of depression, anxiety, and other mental health disorders among transgender people. Furthermore, the literature suggests the need for a more integrated and inclusive healthcare approach, which includes specific training for medical personnel and the development of clinical guidelines that consider the complexity of gender identity. Recent research also emphasizes the importance of public health interventions aimed at reducing discrimination and stigma, improving access to healthcare services, and increasing awareness of transgender health needs. In conclusion, existing studies indicate a concerted effort is needed to improve access to quality healthcare for transgender individuals through tailored policies and interventions that reduce inequalities and ensure a more inclusive and supportive healthcare environment.

CONTROVERSIES IN GENDER TRANSITION DURING CHILDHOOD AND ADOLESCENCE: EVIDENCE AND CHALLENGES

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The controversies surrounding gender transition in childhood and adolescence continue to generate significant debate, as the number of young individuals identifying as transgender increases rapidly. In 2023, the World Health Organization (WHO) announced the development of guidelines for transgender health, excluding recommendations for children and adolescents due to the lack of solid evidence regarding long-term outcomes of gender-affirming care. This reflects a growing trend in several European countries (Sweden, Finland, England), where a more cautious approach has been adopted, recommending psychosocial interventions before medical treatments. Recent studies highlight the variability and uncertainties in available evidence regarding the benefits and risks of medical transition for young people. Additionally, the phenomenon of detransition and the increasing number of patients discontinuing hormonal treatments raise concerns about the feasibility of these interventions. On the other hand, proponents of early medical transition argue that such interventions can improve mental well-being, reducing depression and anxiety among transgender youth. They emphasize the importance of timely medical care to alleviate gender dysphoria and improve overall quality of life. However, the absence of high-quality, long-term studies keeps the discussions polarized. Critics argue that the risks, such as potential regret and negative health outcomes, are not yet fully understood. As a result, calls for a more evidence-based and cautious approach are increasing. It is essential for future guidelines to reflect a diversity of perspectives, include thorough evaluations of risks and benefits, and consider all potential outcomes, especially for vulnerable groups such as adolescents.

DELUSIONAL (SELF-) MISIDENTIFICATION AND BEING CONTROLLED SYNDROMES: THREE CASES REPORT AND DISCUSSION

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Misidentification Delusional Syndromes represent a rather heterogeneous clinical area, often associated with neurological disorders, with different areas of symptomatic and descriptive overlap, related to disturbance of recognition and perception of the whole or parts of oneself and/or the other, with relative defect of one's own and of others' sense of identity, with possible sensations of partial or global transformations of oneself or the other, often with related delusional interpretation of a paranoid type.

Three clinical cases are presented: Cotard's variant as incomplete chronic Koro-like syndrome in recurrent depressive disorder; Capgras' delusion relating to the recent discovery that patient's parents were both of the opposite sex, compared to the real one, and therefore they were not his real parents; Case of external influence delusion, in which the control of movements of the patient, was acted with electronic devices of a computer game.

In accordance with traditional psychopathological literature, with the current methodological orientation, and clinical observation, the different forms of delusional interpretation of the perception of self and others would have a common unitary nucleus. Respect to possible genesis of delusion, Jaspers has the credit of changing the perspective from a definition of delusion as a judgement disorder to a perceptual disorder. Hence the hypothesis that bodily self-disturbances originate from a misinterpretation of a perception altered by disturbed mental states like pervasive anxiety, condition of narrowing of the field of consciousness, important fluctuations in mood, abnormal and pervasive emotional states.

PHENOMENOLOGICALLY ORIENTED PSYCHIATRY AND PSYCHOPATHOLOGY IN EUROPE: REASONS FOR ITS DECLINE AND HOPES FOR ITS RECOVERY

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Epistemological status of psychiatry lies in the intersection between the natural sciences, like other branch of medicine, and psyche's sciences with contributions from philosophical-humanistic issues, between explaining and understanding, between objectivity of observation and patient's experience.

Karl Jaspers was the founder of subjective psychopathology following Husserl's phenomenology.

Also Minkowski, following Husserl's line of thought, dealt with the theme of temporality in psychopathology, through the eidetic approach.

Binswanger, at first following the ontological declination of Heidegger's thought, addresses theme of the patient's "being-in-the-world", through Daseinsanalyse.

Nowadays, phenomenological method in psychiatry is increasingly reduced, as if there was fear on the part of its current exponents, of its perceived vagueness on the part of other points of view, and a lack of its scientific affiliation.

For this reason, current phenomenological proposal uses other contributions from natural sciences (neuroscience, cognitivism, psychodynamic theories), which distort its essence made up of a precise method with its fixed points: epoché, eidetic reduction, attention and listening of the patient in reconstructing his subjective perspective, paying attention to comprehend rather than explaining, attempt to share the unfolding of his existence in its peculiar "being-in-the-world", according to the concept of intentionality.

Another problem related to the reduction of the phenomenological dimension in psychiatry and psychopathology, is lacking in teaching psychiatric semiotics, or training young psychiatrists in ability for an accurate psychopathological description of their patients, as if the clinical centrality of the psychiatrist's work were sacrificed compared to the emergence of the social sciences.

TRANSCRANIAL MAGNETIC STIMULATION: INNOVATION AND EFFICACY IN MODERN PSYCHIATRIC TREATMENTS

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Transcranial Magnetic Stimulation (TMS) represents a non-invasive technique in modern psychiatric care, offering an alternative for patients with treatment-resistant mental health disorders. By utilizing magnetic fields to stimulate nerve cells in targeted areas of the brain, particularly those associated with mood regulation, TMS is especially effective in treating conditions such as major depressive disorder, anxiety, and obsessive-compulsive disorder. Its innovative approach is safer and compared to traditional methods, like electroconvulsive therapy, less invasive while minimizing side effects.

Studies underscore the efficacy of TMS, demonstrating its potential to improve symptoms where pharmacological interventions may have failed. Despite its growing popularity, nowadays challenges remain regarding access to treatment and long-term efficacy. However, as ongoing studies refine techniques and broaden their applications, TMS continues solidifying its role as a critical tool in psychiatric interventions. Overall, TMS is a major step forward in mental health treatment, combining new technology with a focus on helping patients recover and improve the quality of their lives.

GENDER DIFFERENCES IN AUTISM: UNDERSTANDING THE UNDERDIAGNOSIS IN WOMEN

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Introduction: Autism Spectrum Disorder (ASD) is diagnosed in males four times more often than in females, likely due to gender bias in diagnostic criteria and tools. This study aims to explore the gender differences in autism presentation, the factors contributing to the underdiagnosis in women, and the implications for clinical practice.

Methods: A review of literature from 2020 to 2024 was conducted using PubMed, Google Scholar, and SpringerLink, focusing on gender differences in ASD presentation and diagnosis. Studies examining diagnostic processes, symptom presentation, and clinical outcomes in males and females were analyzed.

Results and Discussions: Findings reveal that women with autism often display behaviors that differ from those typically associated with ASD, such as social imitation and masking, which lead to delayed or missed diagnoses. Diagnostic tools like the ADOS-2 and AQ, designed around male presentations, often fail to detect autism in women, resulting in misdiagnoses with other conditions like anxiety or mood disorders. The study underscores the need for gender-sensitive diagnostic criteria that account for the unique ways autism presents in women, such as subtler social challenges and less overt repetitive behaviors. Improving clinician training and developing new diagnostic tools could reduce underdiagnosis and improve outcomes for women with ASD.

THE EFFICACY OF PSYCHOTHERAPY VIA TELEMEDICINE IN TREATING PATIENTS WITH DEPRESSION

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Introduction: Depression remains one of the most prevalent and debilitating mental health disorders globally, affecting millions of individuals. The integration of telemedicine into mental health care, especially during the COVID-19 pandemic, has revolutionized access to treatment, offering a lifeline for patients facing geographic or logistical barriers. Telepsychotherapy has shown comparable outcomes to traditional face-to-face interventions, but its long-term efficacy requires further exploration.

Methods: We conducted a systematic review of randomized controlled trials and observational studies published between 2021 and 2024. Key measures included symptom reduction (using tools like the Beck Depression Inventory), relapse rates, treatment adherence, and patient satisfaction. Factors such as technology literacy and therapeutic alliance in remote settings were also considered.

Results: Preliminary data suggests that psychotherapy delivered via telemedicine is as effective as traditional interventions in reducing depressive symptoms. Patients reported high satisfaction levels with the flexibility and accessibility of remote therapy, particularly in the context of pandemic-related restrictions. Improved adherence and lower dropout rates were observed in the teletherapy group. Continuous monitoring and rapid intervention helped prevent relapses, particularly among those with moderate to severe depression.

Conclusion: Telepsychotherapy offers an effective and accessible alternative for treating depression. However, success depends on addressing challenges such as technological barriers and health equity. Future research should focus on optimizing these interventions to ensure sustained mental health improvements.

COMORBIDITY BETWEEN SUBSTANCE USE DISORDERS AND SEVERE MENTAL ILLNESS: CHALLENGES AND THERAPEUTIC APPROACHES

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Introduction: The comorbidity between substance use disorders (SUD) and severe mental illnesses (SMI) such as schizophrenia, bipolar disorder, and major depressive disorder presents significant clinical challenges. The overlap of these conditions exacerbates the severity of psychiatric symptoms, increases the frequency of hospitalizations, and complicates the therapeutic approach. Neurobiological studies reveal that SUD and SMI share common neural pathways involving the reward and stress systems, further complicating symptomatology and treatment outcomes.

Methods: A comprehensive literature review was conducted using PubMed and Google Scholar databases, focusing on studies published in the last four years. The selection criteria included peer-reviewed articles that investigated the clinical and neurobiological correlations between SUD and SMI, focusing on diagnostic challenges and therapeutic outcomes. Data extraction focused on the prevalence of comorbidity, treatment efficacy, and neurobiological mechanisms underlying this interaction.

Results: The review identified a strong correlation between substance use and the exacerbation of severe psychiatric symptoms. Patients with SUD and SMI have a significantly higher rate of relapse, prolonged hospitalization, and poorer overall outcomes compared to patients with only one of these conditions. Integrated treatment approaches combining pharmacotherapy and psychotherapy have been shown to improve clinical outcomes, though the risk of relapse remains elevated.

Conclusion: The comorbidity between SUD and SMI requires an integrated, multidisciplinary treatment approach to address the complex interaction between these conditions. Evidence-based interventions combining pharmacological and psychotherapeutic strategies have shown promise in improving patient outcomes, though continuous monitoring and individualized care are essential to reduce relapse rates and enhance long-term recovery.

PSYCHOTHERAPEUTIC INTERVENTIONS IN PANIC ATTACKS: INTEGRATED METHODS FOR REDUCING ANXIETY AND IMPROVING EMOTIONAL CONTROL

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Introduction. Panic attacks are sudden episodes of intense fear or discomfort, often accompanied by physical symptoms such as rapid heartbeat, sweating, and dizziness. These attacks can severely impact an individual's quality of life and emotional well-being. Effective psychotherapeutic interventions are essential for managing anxiety and improving emotional regulation in individuals suffering from panic attacks.

Methods. This study is a qualitative, secondary review of current literature, aimed at identifying effective psychotherapeutic interventions for panic attacks. Data were gathered from relevant databases such as PubMed, Scopus, and PsycINFO. The selected studies focus on cognitive-behavioral therapy (CBT), exposure therapy, and mindfulness-based stress reduction (MBSR) as primary methods for anxiety reduction and emotional regulation. The review includes studies published within the last two years (2021-2023) in English, focusing on panic attacks, anxiety management, and emotional control.

Results and Discussions. The Review highlights that CBT is the most effective psychotherapeutic intervention for panic attacks, helping individuals reframe negative thought patterns that contribute to their anxiety. Exposure therapy, where patients gradually confront anxiety-inducing stimuli, proved effective in reducing fear responses over time. Mindfulness-based therapies also showed significant benefits in improving emotional regulation and reducing overall anxiety levels. An integrated approach, combining these methods, was found to provide the most comprehensive treatment, enhancing long-term emotional control and minimizing the occurrence of panic attacks.

GENERALIZED ANXIETY DISORDER IN PRIMARY CARE: CURRENT CHALLENGES AND OPPORTUNITIES FOR IMPROVING CARE

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Introduction. Generalized Anxiety Disorder (GAD) is a common mental health disorder characterized by excessive, uncontrollable worry, which can severely affect an individual's daily functioning. It is frequently encountered in primary care settings, but its management presents numerous challenges. These include difficulties in diagnosis, overlapping symptoms with other mental health and physical conditions, and limited access to specialized mental health care. This review explores the current challenges in the management of GAD in primary care and identifies opportunities to improve care delivery.

Methods/ This review is based on a qualitative analysis of literature from multiple medical databases, including PubMed, Medline, Embase, Scopus, PsycINFO, and Cochrane Library. Studies published between 2020 and 2023 were selected, focusing on the diagnosis and management of GAD in primary care. The keywords used in the search included "Generalized Anxiety Disorder," "primary care," "mental health interventions," "pharmacological treatments," and "non-pharmacological therapies." The selected literature encompasses both traditional and emerging interventions in GAD care.

Results and Discussions. The literature reveals significant challenges in addressing GAD within primary care, such as frequent underdiagnosis, a lack of mental health training among primary care providers, and limited time for thorough mental health evaluations. Additionally, patient adherence to treatment, particularly long-term pharmacological options, remains a concern. However, several opportunities have been identified, including the implementation of collaborative care models, the integration of digital mental health tools, and increased access to telemedicine services. These strategies have shown promise in improving the continuity of care and patient outcomes in primary care settings. The integration of specialized mental health support within primary care is essential for enhancing GAD management.

THE POTENTIALS CARDIOVASCULAR RISKS OF THE USE OF CANNABIS

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Cardiovascular diseases are one of the most common causes of mortality worldwide, and additionally acute coronary syndromes contribute to this risk. The frequency of cardiovascular diseases varies according to a series of risk factors such as obesity, sedentary lifestyle, age, tobacco, to which, in recent years, cannabis has also been added, as a possible risk factor and trigger for myocardial infarction. Cannabis is also part, along with tobacco and cocaine, of the category of psychoactive substances at risk for ischemic stroke.

Globally, cannabis is the second most commonly used psychoactive substance after alcohol and ahead of nicotine (Global Drug Survey 2021). In particular, adolescents and young adults use most commonly cannabis for recreational purpose. As a result of the approval in different countries for its recreational or medical use, it is important to better understand the impact of specific measures regarding the use of cannabis on public health. Data from clinical trials regarding the cardiovascular consequences of cannabis use are limited and inconsistent.

Thus, through this paper we aim to explore what are the cardiovascular consequences related to the use of cannabis, to highlight the pros and cons regarding using cannabis seen as a therapeutic remedy or a scourge of contemporary society.

THE IMPACT OF MENTAL HEALTH ON GASTRIC DISEASES. A HOLISTIC PERSPECTIVE

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Mental health and gastrointestinal system are deeply interconnected, with psychological factors playing a critical role in the onset, evolution, and management of gastric diseases. Mental health conditions such as stress, anxiety, or depression can significantly impact the gastrointestinal tract. Conditions such as irritable bowel diseases, peptic ulcers, and functional dyspepsia are commonly associated with mental health issues. Chronic stress can exacerbate inflammation, alter gut motility, and increase sensitivity to gastric pain, further aggravating these conditions. The gut microbiome, influenced by mental health, also plays a role in regulating digestive health, where dysbiosis is linked to both psychological distress and gastric dysfunction. In this context, a holistic approach, integrating mental health care with gastroenterological treatments, become very important crucial for managing gastric pathology effectively. This approach could include not only pharmacological treatment of the mental conditions, but also psychotherapies and relaxation techniques that have shown promise in improving the symptoms by reducing stress and enhancing mental well-being. This perspective highlights the importance of considering psychological factors in the treatment of gastric diseases, promoting a more comprehensive and patient-centred approach to healthcare.

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MENTAL HEALTH STIGMA IN MEDICAL EDUCATION. BARRIERS AND SOLUTIONS

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Mental health stigma remains a significant challenge in medical education, affecting both students and professionals. Despite increased awareness, medical students often face barriers when seeking mental health support due to fear of judgment, potential career repercussions, and internalized stigma. This stigma discourages open discussions about mental health issues, perpetuating negative attitudes and misconceptions. Additionally, the high-pressure environment of medical school exacerbates mental health challenges, making timely interventions critical. Barriers such as lack of mental health literacy, insufficient institutional support, and a culture that prioritizes resilience over vulnerability further complicate addressing these issues. To combat stigma, solutions must focus on fostering a supportive, stigma-free environment. Integrating mental health education into the curriculum, providing confidential mental health services, and encouraging faculty-led initiatives for open dialogue can help normalize discussions about mental well-being. Peer support systems and mentorship programs are also essential for creating a culture where students feel safe to seek help. Reducing mental health stigma in medical education is not only vital for student well-being but also for cultivating future healthcare professionals who are empathetic and equipped to address the mental health needs of their patients.

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INFLAMMATION MARKERS IN PREGNANCY AND POSTPARTUM MENTAL DISORDERS

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Introduction: Pregnancy normally includes three immune periods, each with distinct pro-inflammatory and anti-inflammatory states, as well as specific immune responses. Postpartum mental illnesses involve various mechanisms of immune system dysregulation, including infectious agents and factors such as cytokines, Treg cells, impaired immune-neuro-endocrine regulation, and the induction of tryptophan, kynurenine, serotonin, and glutamate metabolic pathways. Similar inflammatory conditions are observed in acute schizophrenia and severe mental disorders.

The aim of this study was to investigate immune system markers during pregnancy and the postpartum period, and their relationship with mental status.

Materials and Methods: We conducted a synthesis of literature from databases including PubMed, MEDLINE, and Scopus, up to and including 2024.

Results: Two types of correlations were found between depression and pro-inflammatory elements. In the first case, there was a correlation between the level of four pro-inflammatory cytokines in plasma and tumor necrosis factor in patients with postpartum depression 8-12 weeks after delivery (Pearson coefficient $r = 0.9991$, $P = 0.00006$; F-Test Statistic = 45.423, P-Value = 0.0151). In the second case, a correlation was found between the level of nine pro-inflammatory cytokines in plasma and tumor necrosis factor in patients with postpartum depression one month after delivery (Pearson coefficient $r = -0.7899$, $P = 0.004$; F-Test Statistic = 5.8, P-Value = 0.02234).

Conclusion: Statistical analysis of the literature data revealed a strong positive correlation in the first case and a strong negative correlation in the second case between pro-inflammatory elements and postpartum depression.

LOOKING BEYOND THE BORDERS OF E-MENTAL HEALTH

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The presentation tries to explore the evolution of digital mental health, focusing on the impact before and after the COVID-19 pandemic. e-Mental health refers to the use of digital technologies—such as mobile apps, telehealth, and internet-based therapies—to deliver mental health services. Before the pandemic, digital mental health was gradually being integrated into healthcare systems. However, during the COVID-19 pandemic, social distancing measures and healthcare disruptions necessitated the rapid expansion of digital services. This presentation will analyze how these shifts in care delivery impacted both accessibility and quality of mental health services.

Pre-pandemic, e-mental health interventions showed promise in improving access for underserved populations and those facing barriers like stigma or geographical isolation. Post-pandemic, the adoption of these tools accelerated in some countries or decelerated in others, revealing both benefits and limitations. While digital mental health services reduced wait times and provided convenient access, disparities in digital literacy and access to technology emerged as significant challenges. Moreover, ethical concerns, such as data privacy and the efficacy of fully remote treatments, have been widely discussed.

This presentation will also examine the future trajectory of e-mental health, emphasizing the need for cross-border collaborations and policy integration to address global mental health disparities. Ultimately, the pandemic has acted as a catalyst, urging the healthcare community to innovate and adapt digital solutions for a sustainable and inclusive mental health care system.

GENETICS OF FRONTOTEMPORAL DEMENTIA

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Introduction: Frontotemporal dementia (FTD) is the second most common cause of dementia after Alzheimer's disease (AD). Approximately 60% of FTD cases occur between the ages of 45 and 64, but it can also present as early as the age of 30. Clinically, FTD is classified into three main subtypes: behavioral variant FTD (bvFTD), semantic variant primary progressive aphasia (svPPA), and nonfluent variant primary progressive aphasia (nvPPA). Diagnosing FTD is often challenging due to symptom overlap with AD and other neurodegenerative conditions. Between 20% and 50% of FTD cases are familial.

Aim of the Study: To identify the genetic basis of the different subtypes of FTD, including the major genes involved and the risk of both sporadic and familial forms of the disease.

Materials and Methods: A literature review was conducted, focusing on articles published in the last 10 years in PubMed to gain a deeper understanding of the genetic etiology of these cognitive disorders.

Results: The heritability of FTD is predominantly due to autosomal dominant mutations in three genes: progranulin (GRN), microtubule-associated protein tau (MAPT), and chromosome 9 open reading frame 72 (C9orf72). Patients with the semantic variant of FTD typically exhibit TDP-43 type C pathology, which is rarely genetic. In contrast, patients with the nonfluent variant often present with tau-based FTD pathology, which may have a genetic basis. The logopenic variant is mainly associated with Alzheimer's pathology. Overall, the pathology of FTD remains heterogeneous, with approximately a 50-50 distribution between tau-related and TDP-43-related forms.

THE EFFECTS OF TOBACCO CONSUMPTION ON PREGNANT AND BREASTFEEDING WOMEN

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Introduction. Maternal smoking during pregnancy and breastfeeding has negative effects on the health of offspring, causing phenotypes associated with malnutrition. Children of smoking mothers have lower birth weights and an increased risk of being overweight or obese. These effects are linked to prenatal hypoxia, placental toxicity, and exposure to chemicals in cigarette smoke.

Methods. Studies have looked at the effects of smoking on birth weight, metabolic diseases, Apgar scores, and eye problems (strabismus). Effects on breastfeeding and changes in breast milk composition were also investigated. The studies analyzed were collected using the databases Google Search, Google Scholar and PubMed aiming at the studied problem.

Results. The children of smoking mothers were born with lower weights and have an increased risk of obesity, insulin resistance and hypertension. They had lower Apgar scores and an increased risk of strabismus. Women who used e-cigarettes had higher rates of initiation and continuation of breastfeeding compared to those who used conventional cigarettes, but smoking affected the composition of the milk, reducing fat and iodine levels.

Discussions. Maternal smoking affects the health of the baby through complex mechanisms, including changes in the composition of breast milk. Although electronic cigarettes seem less harmful, all forms of smoking negatively influence the development of the child, emphasizing the need to quit smoking during pregnancy and breastfeeding.

DEPARTMENT OF PSYCHIATRY - 78 YEARS SINCE THE FOUNDATION

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Introduction. Currently Nicolae Testemitanu SUMPh is a public institution of indisputable value, with numerous scientific schools. The Department of Psychiatry was founded by the eminent organizer, professor Alexei Molohov.

The aim of the paper was to study the didactic, scientific and methodical activity of the department of psychiatry in the first years of its organization.

Material and methods. The research was carried out within the Department of mental health, medical psychology and psychotherapy of Nicolae Testemitanu SUMPh. Data collection was carried out in the Medical Science Library, Archives and Museum of the University.

Results and discussion. On January 22, 1946, A. Molohov was appointed as interim head, and on March 1, he assumed the position of head of the department of psychiatry of the Institute of Medicine in Chisinau. In the same year he becomes the main Psychiatrist of MH and President of the Republican Society of Psychiatrists and Neurologists. On May 17, 1947, he obtained the title of professor. In 1952 he was president of the Graduation Commission of the Institute of Medicine, and during the years 1961-1962 he held the position of vice-rector for science. Professor A. Molohov contributed to increasing the level of training of psychiatrists. Among the first employees of the department were associate professors Alexei Kornetov, Iulii Rahalski, Iakov Popeleanski, assistant professors Valentin Lukanin, Mihail Prosvetov, Ghennadi Obuhov, Boris Morozov. Under the leadership of Alexei Molohov and his disciples, the National Scientific School of Psychiatry was developed, which was widely recognized outside the country.

THE IMPACT OF TEMPORARILY DISINTEGRATED FAMILIES ON THE INTRAPSYCHIC DEVELOPMENT OF YOUNG PEOPLE

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Introduction: As a result of migration processes, the temporarily disintegrated family has become an alternative form of family. The literature points out that long-term separation is a severe trauma with essential implications for children's psychological development and integration.

Aim: Identifying the impact of temporary disintegrated family on the frequency of depressive states and anxiety in young people.

Material and methods: cross-sectional observational study on a sample of 150 students, of which 61 have parents abroad and 89 students have parents at home. We used a questionnaire, the Beck depression test and an anxiety test. Data were processed in Microsoft Office Excel.

Results and discussion: More young people, 11.86% among those whose parents went abroad became more introverted and express that they have lost interest in other people compared to the group of young people with parents at home 3.3% ($p= 0.029$). Among young people whose parents are away, 15.25% mentioned that they had suicidal thoughts, but they do not want to implement them, in contrast to 9.89% of young people with parents at home who also have such thoughts ($p>0.05$). We can assume that there are other factors that would induce young people to have such ideas, such as stress, detected chronic fatigue etc.

Conclusion: Deprivation of parental care, especially at a young age, is considered a risk factor for children's mental health and can have long-lasting effects.

DEPRESSION IN ADOLESCENTS

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Introduction: Adolescence is a critical period characterized by physiological, psychosocial, and cognitive changes, making individuals more vulnerable to psychological disorders. Among these disorders, depression is one of the most prevalent, affecting a significant proportion of adolescents worldwide. Approximately 34% of individuals aged 10-19 years are at risk of developing clinical depression, a rate that surpasses that observed in young adults aged 18-25. Depression in adolescents is also a major risk factor for suicide, with over half of adolescent suicide victims having been diagnosed with depression at the time of their death.

Aim of the study: This study aims to explore the prevalence, impact, and early warning signs of depression in adolescents. Identifying the early manifestations of depression is crucial for timely intervention, which may prevent the progression to more severe forms of the illness and reduce its long-term psychosocial, physical, and occupational consequences.

Methods and materials: A comprehensive literature review was conducted by evaluating articles from the past 5 years published in internationally recognized medical databases such as PubMed, NCBI, Medscape, The Journal of Pediatrics, CMAJ, WHO, and Cognitive Behavior Associates. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), was also referenced.

Results: Depression affects approximately 1.1% of adolescents aged 10-14 years and 2.8% of those aged 15-19. Depression with onset before adulthood is associated with more severe outcomes later in life, including a higher frequency of depressive episodes, increased hospitalizations, and a greater risk of self-harm and suicide. Additionally, adolescent depression correlates with poorer physical health outcomes (such as obesity, diabetes, and cardiovascular disease) and impaired social and occupational functioning. The severity of depression symptoms can vary, manifesting as emotional, behavioral, physical, and cognitive changes.

Conclusion: Based on the reviewed literature, depression is an increasingly prevalent yet treatable condition among adolescents. Primary care physicians and pediatricians play a pivotal role in the early diagnosis and management of depression in this population. It is essential to prioritize non-pharmacological approaches, avoid over-medicalization and institutionalization, and respect the rights of adolescents in order to support their mental health effectively.

IMPACT OF TRAUMA ON MENTAL HEALTH

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Introduction: Trauma is a complex and profound field within mental health studies, having a significant impact on individuals. Essentially, trauma refers to the devastating psychiatric and emotional effects that follow extremely stressful or often overwhelming experiences. These experiences can range from violent events, abuse, or accidents to more subtle but equally disturbing traumas, such as emotional neglect or significant loss. **Objective:** The aim of this paper is to analyze the impact of trauma on the development of mental disorders and to examine the risks associated with the primary onset of mental disorders in the context of trauma. **Materials and Methods:** Articles from databases such as PubMed, Google Scholar, and Medscape published in the last two years were selected and reviewed. These sources were used to identify and analyze various mental disorders that occur in the context of trauma. The study included clinical research, systematic reviews, and meta-analyses relevant to providing a comprehensive view of the impact of trauma on mental health. **Results:** The studies conducted highlighted not only the high prevalence of trauma-related disorders but also the diversity of their impact on mental health. For example, post-traumatic stress disorder (PTSD) is one of the most common conditions associated with trauma, with profound effects felt in the daily lives of those affected. Other disorders, such as generalized anxiety disorder, depression, or personality disorders, may also emerge as reactions to traumatic experiences. The study emphasizes the effectiveness of evidence-based therapies, such as cognitive-behavioral therapy and exposure therapy, in treating the effects of trauma. **Conclusions:** Trauma has a significant and long-lasting impact on mental health, substantially affecting the quality of life of those affected. However, psychiatric therapeutic interventions, such as cognitive-behavioral therapy and exposure therapy, can significantly alleviate symptoms and greatly improve the quality of life for individuals. It is essential to continue research and develop evidence-based therapeutic strategies to better support individuals affected by trauma.

RESILIENCE IN UNIVERSITY TEACHING STAFF

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Introduction. In academic area, like in other modern workplaces characterized by deadlines, performances and organizational change, success relies on an individual's capacity to cope and even thrive when faced with stress.

Materials and methods. The study was based on articles from electronic sources recognized by the international psychological and medical society: Google Scholar, Science Direct, PsychArticles, PubMed, ERIC and national guideline (*Sanatatea Mintala si Starea de Bine la Locul de Munca*, by Trimbos Moldova).

Results and discussion. The purpose of this analysis was to conduct a systematic database investigation of resilience in a high education workplace. Thus, resilience is a multi-dimensional construct, and consists of a cluster of factors: behaviours, thoughts, actions, attitudes, and skills. Psychologically, resilience is the inner strength that enables a person to maintain their composure and function effectively despite experiencing emotional distress or frustration. Maddi and Khoshaba (2006) identified three variables associated with the individuals' ability to bounce back from the immense stress they faced. These are commitment, control, and challenge. Jackson, Firtko, & Edenborough (2007), mentioned that social support plays an important role in workplace resilience

Conclusions. There is a direct link between high level of emotional resilience and increased productivity and performance at workplace. By developing effective strategies for reducing vulnerability to stress and the impact of adversity, it is possible to strengthen and develop resilience.

PSYCHORADIOLOGY APPROACHES IN MAJOR PSYCHIATRIC DISORDERS

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Introduction: Psychoradiology represents an emerging interdisciplinary field that bridges psychiatry and radiology, emphasizing the role of precision medicine in managing major psychiatric disorders. This approach highlights the potential for neuroimaging to refine diagnosis and guide individualized treatment strategies.

Methods and Materials: A comprehensive search of representative studies was conducted using databases such as PubMed, Elsevier, and NCBI. Keywords employed in the search included "neuroradiography," "neuroimaging," and "neuropsychiatry."

Results: Neuroimaging studies have identified several biomarkers associated with therapeutic responses in major psychiatric disorders. In major depressive disorder (MDD), structural and functional changes within the frontostriatal-limbic network were found to be critical. Increased activity in the anterior cingulate cortex predicted a favorable treatment response, while reduced hippocampal volume was linked to poorer outcomes and lower remission rates ($P = 0.002$). For individuals with bipolar disorder, increased volumes in the hippocampus, amygdala, and cortex were associated with a positive response to lithium treatment. In schizophrenia, greater ventricular volumes, reduced frontotemporal gray matter ($P < 0.05$), and compromised white matter integrity in various brain tracts were correlated with a poorer response to antipsychotic medications. Furthermore, disorganized gyrification network properties accurately predicted the transition to psychosis in clinically high-risk (CHR) individuals, with over 80% accuracy. Functional MRI data revealed significantly increased connectivity within the cerebello-thalamo-cortical circuit in CHR individuals who later developed psychosis.

Conclusion: Despite these promising findings, significant limitations persist, necessitating caution in interpreting results. The inherent complexity of psychiatric disorders, combined with the extensive clinical and biological heterogeneity of current disease constructs, challenges the diagnostic specificity of imaging findings. Further research is essential to refine psychoradiological applications in clinical settings.

PREVALENCE OF BURNOUT SYNDROME AMONG ROMANIAN TRAINEES

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Introduction: Burnout as a distinct work-related syndrome is established by the combination of high scores for emotional exhaustion, depersonalisation, and a low score for personal accomplishment. The aim of the study is to investigate the correlation between professional demands, personal satisfaction, and aspects of professional exhaustion among a group of Romanian trainees.

Methods: A cross-sectional study carried out on medical trainees employing an anonymous online questionnaire. The analysis included demographic information alongside the responses to the Maslach Burnout Inventory (MBI) and the Basic Psychological Needs Satisfaction and Frustration Scale-Work Domain (PSF). Data interpretation was conducted using SPSS 200 and Microsoft Excel.

Results and discussion: The study sample included 1037 valid responses from a representative population. The results indicated a 70.3% prevalence of burnout at any level, with 38.1% prevalence of moderate to severe burnout. We identified significant direct correlations between burnout and variables such as work hours, 24-hour shifts, and total monthly work duration. Furthermore, we observed inverse relationships with the majority of dimensions in the professional satisfaction questionnaire. The high prevalence of burnout among trainees is alarming, and it is imperative to investigate the contributing factors. Collaboration among coordinating doctors, hospital management boards, training colleges, and authorities may lead to a significant reduction in the levels of burnout and improve well-being.

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PLASMA LEPTIN CONCENTRATION AND DEPRESSIVE SYMPTOMS IN YOUNG PEOPLE

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Introduction. Leptin plays an essential role in regulating energy metabolism and mood stabilization.

Objective. To study the relationship between plasma leptin concentration and depressive symptoms in young people.

Materials and Methods. Plasma leptin concentration (ng/ml) was determined using the ELISA method in 176 young people, 128 (72.7%) women, with an average age of 19.6 ± 0.2 years. Depressive symptoms were assessed using the Beck Depression Inventory.

Results and Discussion. The leptin concentration was 4.21 ± 0.56 ng/ml (IQR 2.04-4.84), for men 2.2 ± 0.77 ng/ml (IQR 0.75-2.38), and for women 4.96 ± 0.67 (IQR 2.92- 5.95) ($p = 2.709 \times 10^{-7}$). The average Beck index score was 4.69 ± 0.6 points, for men 3.58 ± 1.08 (range 1-12), and for women 5.08 ± 0.7 (range 0-21). Thus, 145 people (82.39%) had no depression, 17 (9.66%) had mild depression, 1 (0.57%) had moderate depression, and 1 (0.57%) had severe depression, with a higher number of depression cases in women (16 women, $p = 0.02$). In the group of men – 45 (93.75%) had no depression, 3 (6.25%) had mild depression. No cases of moderate or severe depression were detected. In the group of women – 116 (87.5%) had no depression, 14 (10.94%) had mild depression, 1 (0.78%) had moderate depression, and 1 (0.78%) had severe depression. A comparative analysis regardless of gender identified a weak correlation ($r=0.17$, $p=0.03$). In the groups with depression, leptin levels were higher, 4.7 ± 1.66 ng/ml (IQR 3-5.6), compared to the groups without depression 4.22 ± 0.63 ng/ml (IQR 2.04-4.82, $p = 0.5749$).

Conclusions. The data suggests an association between plasma leptin levels and depressive symptoms, although this association was insignificant in the study group.

ADVANCEMENTS IN THE MANAGEMENT OF BIPOLAR DISORDER: A MULTIDIMENSIONAL TREATMENT APPROACH

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Introduction: Bipolar disorder (BD) is a complex mental health condition characterized by dramatic shifts in mood, energy, and behavior. With an estimated global prevalence of 0.6-1.1%, BD often leads to significant functional impairment. Early and accurate diagnosis, coupled with tailored treatment, is essential for effective management and improved patient outcomes.

Methods: This review focuses on the recent advancements in the management of bipolar disorder, highlighting pharmacological and non-pharmacological treatment strategies. We explore key neurotransmitter and receptor targets, as well as the therapeutic roles of antipsychotics, mood stabilizers, and adjunctive treatments. The use of combination therapy to address the episodic and multifaceted nature of BD is also discussed.

Results and Discussion: New treatment protocols emphasize the importance of balancing efficacy with tolerability. Antipsychotic medications, particularly atypical antipsychotics such as cariprazine, show promise in managing both manic and depressive episodes. Phase III clinical trials reveal that targeted therapies provide significant reductions in symptom severity, as assessed by tools like the Young Mania Rating Scale (YMRS) and the Montgomery-Åsberg Depression Rating Scale (MADRS). Moreover, novel management strategies incorporate lifestyle modifications and psychosocial interventions to address the cognitive and functional challenges faced by patients during euthymic phases. These integrative approaches contribute to improved adherence and long-term remission, supporting the notion that personalized and multidimensional treatment plans are key to effective BD management.

Conclusion: Innovative treatment methodologies in bipolar disorder, including optimized pharmacotherapy and psychosocial interventions, are pivotal in enhancing patient outcomes. Ongoing research and clinical trials continue to shape and refine these strategies, underscoring the need for a tailored approach in treating BD patients.

CONTEMPORARY TREATMENT STRATEGIES FOR ANXIETY DISORDERS: A FOCUS ON PHARMACOLOGICAL AND REHABILITATION APPROACHES

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Introduction: Anxiety disorders represent a prevalent mental health issue globally, affecting approximately 31% of the population. Recent events, such as the COVID-19 pandemic, have amplified anxiety levels, highlighting the need for effective treatment strategies.

Methods: This abstract presents a review of contemporary treatment modalities for anxiety disorders, including innovative pharmacotherapy and psychosocial rehabilitation approaches. The review focuses on the latest pharmacological agents and their effects on neuroplasticity, alongside the most effective rehabilitative practices.

Results and Discussion: Current treatments for anxiety disorders include selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines. Emerging agents, such as liposome-based phospholipid supplements, show promise in supporting neuronal metabolism, reducing symptoms, and enhancing treatment outcomes. Rehabilitation strategies, including cognitive-behavioral therapy (CBT) and mindfulness-based interventions, significantly reduce symptom severity and prevent relapse. Recent studies emphasize the importance of community-based support and tailored rehabilitation for optimal recovery.

Conclusion: The management of anxiety disorders requires an integrative approach that combines pharmacotherapy with psychological and rehabilitative interventions. New pharmacological treatments, in conjunction with robust rehabilitation programs, offer promising outcomes for patients with anxiety disorders.

INNOVATIONS IN THE TREATMENT OF RESISTANT DEPRESSION: MODERN AND EFFECTIVE APPROACHES

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Introduction: Treatment-resistant depression (TRD) remains a major challenge in psychiatry, often associated with insufficient response to conventional antidepressant therapies. The need for innovative and effective treatment methods for patients with TRD is essential for improving their quality of life and functionality.

Methods: The study analyzed the effectiveness of new therapeutic approaches in TRD, including the use of esketamine as a treatment option. Data on the safety, efficacy, and impact on depressive symptoms of these new therapies were collected and compared with standard treatments.

Results and Discussion: The results indicate that innovative approaches, including the controlled use of esketamine, offer a significant reduction in depressive symptoms for patients with TRD. Esketamine has proven to be a rapid and effective therapy, improving both the remission rate and therapeutic response compared to classic antidepressants. The discussions address the challenges of implementing these new treatments and the need for appropriate patient monitoring to ensure long-term efficacy and safety.

DIFFERENCES IN CLINICAL PRACTICES AND TREATMENT APPROACHES ACROSS EUROPEAN COUNTRIES

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The European Psychiatric Association ambassador studies, which aimed to compare clinical practices in the member countries, revealed considerable variability in attitudes, procedures, and strategies in mental health care between clinicians and settings across different regions and countries.

In Northern and Western high-income countries, the service delivery for people with mental health problems is provided mainly by multidisciplinary community-based services outside of psychiatric institutions. On the contrary, in Eastern European countries, psychiatric care is predominantly hospital-based.

There is a wide variation of prescribed medications for specific disorders. For example, Clozapine prescriptions among antipsychotics in 2021 varied six-fold across countries

There are differences in specific pharmacological approaches (add-on medications) and psychotherapies between Western, Northern, Eastern, and Southern European countries

More dialogue and education programs are needed to harmonize practice and ensure a similar quality of treatment across European countries.

POSTPARTUM DEPRESSION: UNDERSTANDING ITS IMPACT AND DIFFERENTIATION FROM BABY BLUES

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Introduction: Postpartum depression (PPD) is a significant mental health condition affecting approximately 10-20% of new mothers, typically manifesting within the first year after childbirth. It is characterized by persistent sadness, loss of interest in activities, sleep disturbances, and feelings of inadequacy. PPD not only impacts the mother's well-being but also affects the infant's development and the overall family dynamic. This abstract aims to highlight the distinction between PPD and "Baby Blues" to enhance understanding and improve therapeutic approaches.

Methods: This research draws upon a review of existing literature on PPD and "Baby Blues," analyzing symptom onset, duration, severity, and their effects on mother and child. Interventions such as cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and supportive counseling were examined for their effectiveness in alleviating symptoms and promoting resilience.

Results and Discussion: PPD is characterized by more severe and lasting symptoms, including profound sadness, hopelessness, significant anxiety, and difficulty in functioning, which can persist beyond two weeks postpartum. It can significantly disrupt daily life, impair mother-infant interactions, and negatively affect family dynamics. In contrast, "Baby Blues" typically begin within a few days postpartum, resolve within two weeks, and are associated with mild symptoms such as mood swings, irritability, and tearfulness. Unlike PPD, "Baby Blues" are less likely to disrupt daily life or bonding with the infant.

THE INCONGRUENCE BETWEEN BODY IMAGE AND GENDER IDENTITY, TRIGGER POINT FOR GENDER DYSPHORIA – A NARRATIVE REVIEW

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Introduction: The relationship between self-image, biological sex, gender identity and how one perceives their body is complex and multifaceted, interfering with one's own values and principles, but also with cultural traditions and societal norms. Self-image is always shaped by a multitude of factors and although it has always been perceived as static, stable, a more nuanced understanding of it has developed in recent years. It plays a significant role in shaping gender identity and decisions on coping with gender dysphoria, which are intimately tied to it, because people in these situations may pursue various body modifications, such as hormonal or surgical interventions, to bring their body closer to their desired self – eventually through the transitioning process, although this approach does not always solve the dysphoria.

Material and methods: We have conducted a narrative review of the recent literature (24 articles, published in English between 2013 – 2023), aiming at highlighting the correlation between self-image, gender dysphoria and other ways of dealing with perceived body image.

Conclusions: Individuals struggling with negative self-image, with maladaptive coping mechanisms like eating disorders, sometimes face gender dysphoria, mostly because the ideal body image in social media is a stereotypical gender identity image. Understanding the deep-rooted influence of self-image on body perception and gender dysphoria is crucial in providing effective support and interventions to individuals navigating these challenges. There is a need to follow the dynamics of this phenomenon and to deepen research through the use of standardized and specialized methodologies of assessment and intervention.

PROGRESSIVE APPROACHES IN BIPOLAR DISORDER: EVALUATING TREATMENT PATTERNS (2019-2023)

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Background: Bipolar disorder management has undergone significant changes over recent years, particularly influenced by global healthcare shifts. This study aims to explore the evolving patterns in hospitalisation, diagnosis, treatment, and physiological markers for bipolar disorder patients, comparing data from 2019 and 2023.

Methods: A retrospective analysis was conducted using the "Elisabeta Doamna" Psychiatry Hospital of Galati's database. Wherein 52 patients diagnosed with bipolar disorder were examined for both 2019 (pre-pandemic) and 2023 (post-pandemic) periods. Key parameters analysed included hospitalisation duration, BMI, diagnostic categorisation, and prescribed treatments. Comparative statistical analyses were utilised to identify trends and shifts in these variables.

Results: The analysis revealed a nominal decrease in the average duration of hospitalisation, from 15.16 days in 2019 to 13.49 days in 2023. BMI averages slightly declined from 26.34 in 2019 to 25.23 in 2023. Notably, there was a discernible shift in diagnostic patterns among the patients, with certain subtypes of bipolar disorder becoming more prevalent in 2023 compared to 2019. Treatment regimens showed a marked diversification in 2023, reflecting a potential shift towards more individualised therapeutic strategies.

Conclusion: The findings highlight significant developments in the management of bipolar disorder, with implications for enhanced patient care strategies. The study underscores the necessity of continuous monitoring and adaptation of treatment approaches in response to evolving healthcare landscapes and patient needs.

CHALLENGES ON PREVENTION OF MENTAL HEALTH OF ADOLESCENTS AND YOUTHS

A Como

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Prevention in Child and Adolescent Psychiatry and Mental Health represents an important area of developments during latest decades, elaborated theoretically and practically in depth on the bases of presumption that it brings quite positive impact on the system of care and health of the population.

The overall objective of the presentation is to discuss the possible impact and challenges of prevention activities in countries of very limited services using Albania as a case.

Data from literature and discussion on factors influencing the possible impact in different contexts are used to formulate an analysis of strengths and weaknesses when comes to very limited resource contexts.

The main conclusion of the presentation is that while prevention activities are important, their positive impact might be very limited if the standard of care services are missing.

If this might be true, then the priority of possible investments might need being towards development of services first.

EVALUATION OF TELEPSYCHIATRY IN THE TREATMENT OF DEPRESSIVE DISORDERS IN THE OUTPATIENT MENTAL HEALTH SERVICE OF THE REPUBLIC OF MOLDOVA

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Introduction: Telepsychiatry is a rapidly growing field that has shown significant promise in overcoming barriers to mental health care. Recent international studies have demonstrated the effectiveness of telepsychiatry in managing depressive disorders, particularly in regions with limited access to specialized care. In countries like the USA, the UK, and other parts of Europe, telepsychiatry has been successfully integrated into standard mental health services, resulting in improved patient outcomes and satisfaction. Within the context of ongoing mental health reforms in the Republic of Moldova, adopting telepsychiatry could address the challenges posed by resource limitations and geographical barriers, ultimately enhancing the quality of life for patients with depressive disorders.

Methods: The study aims to explore the implementation of telepsychiatry in community mental health centers across the Republic of Moldova. A two-group design will be employed, involving patients diagnosed with depressive disorders. One group will receive conventional care, which includes face-to-face consultations and home visits. In addition to this, the intervention group will benefit from regular remote support through telepsychiatry, involving weekly virtual sessions that encompass clinical assessments, psychological counseling, therapeutic relaxation techniques, and medication management as needed. Patient progress will be monitored through structured evaluations at the beginning of the study, after the first month, and upon completion of the two-month intervention period. This comprehensive approach allows for assessing the impact of integrating telepsychiatry into standard care practices.

Results and Discussions: It is anticipated that incorporating telepsychiatry will lead to more favorable outcomes, including improved symptom management, reduced rates of hospitalization, and enhanced overall quality of life for patients. Furthermore, recent studies indicate a high willingness among patients to engage with telepsychiatric services and report increased satisfaction with remote support. If successful, this model could serve as a sustainable, cost-effective solution for the Republic of Moldova's mental health system, setting a precedent for similar regions.

TELEMEDICINE IN PSYCHIATRY: EXPANDING ACCESS TO MENTAL HEALTH CARE

D Covalenco

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Introduction. Telepsychiatry utilizes telecommunications technology to deliver a broad range of psychiatric services, including evaluation and diagnosis, psychotherapy, medication management, crisis intervention, and collaborative care models. Furthermore, telepsychiatry plays a crucial role in reducing stigma associated with mental health care. For example, a 2020 study found that telepsychiatry reduced perceived stigma by 15% compared to in-person visits.

Methods. PubMed and Google Scholar were used to identify 76 clinical trials published in the last 5 years to provide a general literature review to explore the development, applications, and benefits of telepsychiatry, with a particular focus on its efficacy in treating mental health disorders.

Results. Telepsychiatry has been demonstrated to be effective in treating post-traumatic stress disorder and is shown to be both effective and acceptable for treating depression, anxiety, eating disorders, substance abuse, and schizophrenia. Additionally, recent findings highlight the therapeutic potential of mobile apps for managing depression, anxiety, and stress. The results indicate that telemedicine is a viable alternative to traditional care, with no significant differences in depressive symptom reduction between in-person and online groups. Telepsychiatry services were also associated with lower rates of missed or canceled appointments, suggesting improved efficiency and continuity of care. 26 studies (17,967 participants) compared the costs of telepsychiatry programs with standard in-person consultations or usual care, with 60% (n = 15) reporting lower costs for telepsychiatry. Despite persistent technological and regulatory challenges, the growing body of evidence supporting telepsychiatry suggests it will remain a critical component of psychiatric care moving forward.

THE DIGITAL REVOLUTION IN MENTAL HEALTH AND WHAT COMES AFTER THE HYPER > 37 BILLION INVESTMENTS AND 10.000 MENTAL HEALTH RELATED APPLICATIONS

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Digital mental health constitutes a significant progress, but presents unique challenges in terms of implementation, and regulation. By its nature it will probably operate transdiagnostic rather than follow DSM/ICD classifications. Sensors attached to clothes, phones, or watches are able to provide information regarding voice, movement, activities and social interactions. This information can be analyzed on-line and provide feedback and specific solutions to the individual user or to the therapist. Also, current technologies can assemble a digital twin for the individual patient which might assist therapists to plan long term treatment. With the help of AI what seems to day science fiction such as digital psychotherapy is the reality of tomorrow. All this has the potential to make available mental health care to populations which cannot afford it today. The presentations will discuss what is available today, what should be expected in the foreseeable future and what are the barrier in implementation and wide use of digital mental health.

SOME PARTICULARITIES OF SUICIDAL BEHAVIOR IN ALCOHOL DEPENDENT PATIENTS

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Introduction. The aim of the study was to analyze suicidal behavior in alcohol dependent patients on the duration of the disease.

Materials and methods. To achieve the proposed objective, 47 alcohol addicts aged between 25 and 55 were investigated prospectively and retrospectively using: clinical, clinical-psychological examination (scales: Zung W. and Spielberger Ch. and the MMPI test). All patients met the ICD-10 criteria for the diagnosis of mental and behavioral disorder due to alcohol use, dependence syndrome or harmful use of alcohol. Depending on the clinical manifestations, the patients were divided into four groups: group I. – harmful use of alcohol – 3 people; gr. II. - first degree alcoholism (9 patients); gr. III. second degree alcoholism - 30 patients and gr. IV - alcoholism degree III – 5 patients.

Results. In patients from gr. I - paradoxical discrepancy of affective-behavioral reactions was found in periods of consumption and outside of alcohol consumption, a phenomenon that sometimes led to autolytic actions. Group II patients showed more frequent untimely suicidal behavior. In group III, in order to obtain alcohol more often committed suicide attempts "for blackmail" (53%). More than half (60%) of patients gr. IV died by suicide, being unable to realize the danger of the suicide method selected for "blackmail".

Conclusions. In people who abuse alcohol, depression plays an important role in triggering autolytic behavior. Suicidal behavior in alcohol addicts can be different depending on the stage of evolution of the disease.

ANTIOXIDANTS IN NEURODEGENERATION: EXPLORING MECHANISMS AND THERAPEUTIC STRATEGIES

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Alzheimer's disease is the most prevalent progressive neurodegenerative disease affecting almost 30% of people 85 years and older. While it is currently estimated that 43–75% of dementia cases are diagnosed as AD, and there are around 50 million AD patients worldwide, a recent estimation forecasted that the prevalence would double every 5 years and will increase to reach 152 million by 2050. In this context, the burden of AD patients on their families, medical system, economy, and society could become unbearable.

Dementia represents a clinical syndrome characterized by progressive decline in memory, language, visuospatial and executive function, personality, and behavior, causing loss of abilities to perform instrumental or essential activities of daily living. The most common cause of dementia is Alzheimer's disease (AD), which accounts for up to 80% of all dementia cases. Despite that extensive studies regarding the etiology and risk factors have been performed in recent decades, and how the current knowledge about AD pathophysiology significantly improved with the recent advances in science and technology, little is still known about its treatment options. In this controverted context, a nutritional approach could be a promising way to formulate improved AD management strategies and to further analyses possible treatment strategy options based on personalized diets and antioxidant supplementation.

Despite that extensive and thorough studies regarding the etiology and risk factors were performed in recent decades and the current knowledge about AD pathophysiology greatly improved with the scientific and technological boom, the treatment options are still based on symptomatologic relief and less on disease progression modulation. In this way, the current AD therapies comprise mainly cholinesterase inhibitors and N-methyl-D-aspartate receptor antagonists that could both provide enhanced quality of life by improving AD-nondependent physiological processes rather than disease progression inhibition. However, their mechanisms of action and short- versus long-term effects are extremely controverted.

WORKPLACE MENTAL HEALTH: ADDRESSING STRESS AND BURNOUT IN REMOTE AND HYBRID WORK ENVIRONMENTS

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Introduction: The COVID-19 pandemic has transformed the workplace, with remote and hybrid work models becoming widespread. While these models offer flexibility, they also pose significant challenges to mental health, increasing risks of burnout, stress, and social isolation among employees. This study explores the mental health impact of remote work and provides strategies for organizations to mitigate these issues.

Methods: The study adopts a theoretical approach, reviewing existing literature on workplace mental health, with a focus on stress, burnout, and work-life balance in remote and hybrid work environments. Key psychological theories such as the Job Demands-Resources model and the Conservation of Resources theory are applied to understand the mechanisms through which remote work affects employee well-being.

Results: The theoretical analysis suggests that remote work increases emotional exhaustion and social isolation due to blurred boundaries between personal and professional life. According to these models, the lack of social interaction and increased job demands without adequate resources can lead to higher levels of burnout. The COR theory also supports this, showing that employees perceive remote work as depleting valuable resources such as social support and time management, exacerbating stress.

Discussion: This theoretical exploration highlights the need for organizations to adopt proactive mental health strategies, including flexible scheduling, mental health days, and access to psychological support. Implementing organizational interventions based on these theoretical models can help mitigate stress and burnout, ultimately promoting a healthier work environment. Future research should explore how these frameworks can be operationalized in various industries to develop targeted interventions.

PARTICULARITIES OF EMPATHY IN THE CONTEXT OF THE MEDICAL ACT

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Empathy is the ability to know, feel and understand the emotional state of those around you. Being empathic involves becoming a part of the other's emotional universe for a while. Th. Lipps (1898) was the first to analyze the term of empathy, which presents itself as an intuitive modality, a form of affective interaction and immediate sentimental transposition, an identification with other people at the intensity at which they experience a certain situation. For A. Adler, empathy means seeing with another's eyes, listening with another's ears and feeling with another's heart, and for B. Bullard, empathy is the highest form of knowledge.

The ability to be empathetic is an important ingredient in establishing and maintaining harmonious interpersonal relationships. Manifestation of empathy by doctors (medical team) in communication with their patients contributes to creating and maintaining an environment of trust, understanding, openness and mutual closeness. At the same time, it decreases the level of patients' anxiety and stress that they may feel in interacting with the medical team. Providing medical care to the patient - full of compassion - is associated with a number of benefits, such as: the patient's adherence to the indicated treatment and to the recommendations given by the doctor regarding the current and future health situation. The presence of empathy in the interpersonal relationships of the members of the medical team is as important and precious as that between the doctor and the patient. Empathy in the medical field is a guiding light, illuminating the way to patient-centered excellence.

DYSPHAGIA - FUNCTIONAL MOVEMENT OR COMPULSIVE BEHAVIOR? CLINICAL AND THEORETICAL CONSIDERATIONS

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Patient O.E., 57 years old, presented to the hospital sent by the family doctor for persistent dysphagia for solids, vomiting, weight loss (12 Kg), state of mental tension. The patient had previously set out to lose weight, but was experiencing difficulties in her endeavor. 4 months ago, during the Easter fast, dysphagia appeared. Later hypersalivation, cough and vomiting occurred, at the time anticipating dysphagia.

No changes were identified during clinical examinations, cerebral MRI showed the presence of an ischemic lacuna at the level of the internal capsule. The diagnosis of Obsessive-Compulsive Disorder was established. In the differential diagnosis, the diagnosis of Conversion Disorder - type with dysphagia was the most important, but this was excluded due to ruminations about the health condition and the psychiatric symptoms accompanying the dysphagia (obsessions/compulsions).

The treatment consisted of Duloxetine 60 mg, Lorazepam 2 mg, Olanzapine 2.5 mg, with slow improvement of symptoms. However, at home, the patient began to have doubts about her physical ability to continue her professional activity. Dysphagia and accompanying symptoms returned, which is why she presented herself again to hospitalization. The therapeutic regimen was changed, consisting of Venlafaxine 75 mg, Clonazepam 1 mg, Olanzapine 5 mg, Carbamazepine 200 mg, with favorable evolution.

The presence of ischemic lacuna at the level of the capsule strengthens the positive diagnosis, as OCD is known to be related to dysfunction of the CSTC loop, which includes the orbitofrontal cortex, anterior cingulate cortex, basal ganglia (especially the caudate nucleus), thalamus, and internal capsule.

STIGMA TOWARD DEPRESSION AMONG PATIENTS IN PRIMARY HEALTHCARE CENTERS

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Background. Stigma surrounding depression is a major barrier to effective treatment and accurate diagnosis within mental health services. Stigma affects both patients and the clinical practices of family doctors.

Objective of the study. To assess the level of stigma toward depression and its impact on the diagnosis and treatment of patients in primary healthcare centers in Moldova.

Material and Methods. The study involved 460 patients from 10 healthcare centers. The PHQ-9 questionnaire was used to assess depression, GAD-7 for anxiety, and the Depression Stigma Scale (DSS) to evaluate the attitudes of patients.

Results. High levels of personal and perceived stigma were associated with lower diagnostic accuracy for depression and fewer referrals to mental health centers. Patients with higher stigma scores showed reduced adherence to treatment and were more reluctant to seek help for depression.

Conclusions. The study highlights the need for stigma-reduction interventions and improved training for family doctors to increase diagnostic accuracy and improve outcomes for patients with depression in Moldova.

A CASE REPORT ON SOMATOFORM DISORDER

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Introduction: A somatoform disorder includes a group of psychiatric disorder in which patients are characterized by unexplained physical symptoms. Despite of physician reassurance that the symptoms have no physical basis, patient's persistently requests medical disorder. Psychosomatic disorders are among the most common psychiatric disorders in general practice, with a prevalence of 16%.

Case description: The reported case is a 66-year-old female patient with a diagnosis of Somatic Symptoms Disorder and multiple psychiatric comorbidities. The purpose of this study is to review the reconceptualization of Somatoform Disorders' DSM-5 diagnosis, which can be useful for psychiatrists and non-psychiatric physicians for the approach and management of these patients.

Discussion: Before going to a psychiatrist, these patients usually see general physicians and/or non-psychiatric specialists for long periods of time which is enabled by these patients' resistance to acknowledging that their physical problem can be linked to or exacerbated by an emotional and not only an organic origin, resulting in multiple therapeutic managements and chronic use of health services. Moreover, the important association of psychiatric comorbidity (depression, anxiety and psychopathology of character), as well as medical illnesses, makes them a diagnostic and treatment challenge not only for the psychiatrist, but also for general practitioners and other specialties, since the possible organic component makes them complex and difficult to manage.

PSYCHOLOGICAL COMPETENCE AS AN INTEGRATIVE MENTAL FORMATION OF THE PSYCHOLOGIST

I Fornea

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Introduction: Psychological competence as an integrative mental formation is currently very relevant in the professional development of psychologists. Its enhancement is a necessary condition for improving both the personality of the psychologist and their professional activity. Psychologists have evaluated important components of a psychologist's personality: a high level of self-esteem, psychosocial responsibility (very valuable – 48.3%; valuable – 29.2%, medium value – 15.8%); psychological and emotional resilience (very high – 60.8%; high – 33%, etc.).

Methodology: We conducted an analysis of the opinions of psychologists in the municipality of Chisinau regarding the need to expand psychological competencies and update the professional potential of school psychologists. The Questionnaire for Studying the Opinions of School Psychologists (Fornea Iuliana, 2024) was administered.

Results and discussions: The level of professional qualification of a practicing psychologist can be determined by such indicators as the methods, techniques, and professional strategies they possess, and the effectiveness of using each one. Following the self-assessment of psychological competence levels among the subjects, the results were as follows: very high level – 7.4%; high – 50.4%; medium – 40.5%; below medium – 0.8%, etc.). Psychologists are interested in updating their personal competencies in psychological counseling (66%), psycho-pedagogical counseling (38.8%), clinical psychology (40.5%), and psychotherapy (67.8%). They are also interested in new methods of mental evaluation and psychological interventions.

PARTICULARITIES OF CYBERBULLYING IN ROMANIA

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Cyberbullying is a form of traditional harassment, manifested in the digital realm through the Internet and other modern technologies. It involves repeated behavior aimed at creating fear or shame in the targeted individuals. The word "bullying"—of English origin—encompasses "harassment," "physical, psychological, and verbal aggression," and "intimidation," all of which are expressed under its umbrella in Romanian. Originally, "bully" means "hooligan," and the behavior of someone who acts with such connotations perfectly aligns with the symptomatology of a person for whom the rules of common decency and social conduct are nonexistent. Cyberbullying is increasingly gaining ground because it is easy to engage in; the aggressor feels wrapped in a layer of protection, and the victim can be ridiculed in front of a much larger group compared to a real-life attack. Since 2013, the social network Facebook has had over 1.23 billion users, with 7 million of them in Romania alone. On the other hand, Twitter and YouTube have each reached 1 billion users, while networks like Instagram and Pinterest are gaining more and more traction. With eight new users joining online every second, the virtual environment is experiencing unprecedented communication growth, breaking statistical barriers every year.

The online aggressor can be a boy or a girl and is often part of the victim's circle (a classmate, a schoolmate, a neighbor, or an acquaintance), has access to a mobile phone or computer, and has the desire to harass. These are children/adolescents who are not in good relationships with their families and spend most of their time in front of the computer. The victims of cyberbullying are often students who are also harassed at school. For aggressors, the Internet offers a virtual playground where they mock, insult, and verbally abuse another student.

Nearly 23% of children surveyed reported encountering cyberbullying during the pandemic. The main risks felt by children on the internet during the pandemic include: Excessive use of technology (54.7%); False information (39.5%); Cyberbullying (25.8%); The publication and sharing of personal data (22.6%).

These findings are based on a study involving the consultation of 5,000 children from primary, middle, and high school levels.

SENSORY DISORDERS AND THEIR IMPACT ON SOCIAL FUNCTIONING IN PEOPLE WITH AUTISM

V Garstea

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Introduction. Sensory disorders affect between 69% and 95% of individuals with autism, making them a critical diagnostic criterion. Sensory processing differences, manifested through hypersensitivity, hyposensitivity, or distorted perceptions, lead to difficulties in sensory information integration and repetitive behaviors related to sensory stimulation seeking.

Materials and Methods. This paper was developed through a review of the specialized literature, using articles published in electronic sources (PubMed, Google Scholar, Springer Link, ScienceDirect).

Results. The study conducted by Baranek (2006) highlights that individuals with ASD exhibit abnormal sensory responses, ranging from hypersensitivity, characterized by excessive reactions to stimuli such as loud noises, bright lights, or specific textures, to hyposensitivity, marked by a lack of appropriate response to stimuli, such as pain or extreme temperatures. Robertson and Baron-Cohen (2017) suggest that sensory disorders in ASD are linked to anomalies in the neural network of the sensory cortex, leading to fragmented sensory experiences and difficulties in social functioning. Studies, including those by Dawson et al. (2012), suggest that hyposensitivity can influence self-stimulatory behaviors, such as rocking or repetitive striking, which, although compensating for the lack of stimuli, are often misunderstood and stigmatized, thus contributing to social integration difficulties.

Conclusion. The studies by Schaaf and Nightlinger (2015) show that interventions aimed at managing sensory disorders, adapting the environment, and gradually exposing individuals to stimuli significantly improve social functioning and quality of life for people with ASD, reducing anxiety and associated behaviors.

TRAUMA, CHRONIC STRESS AND ILLNESS – BIOPSYCHOSOCIAL IMPACT

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Introduction. Trauma involves automatic responses and adaptations of the body and mind to specific and identifiable painful and overwhelming events in different periods of life. Such traumas give rise to multiple symptoms and syndromes and to physical or mental states diagnosed as pathological. It creates a predisposition to physical diseases by stimulating inflammation, increasing physiological stress and affecting the healthy functioning of the genes. Chronic stress, continuous and without relief, undermines the maintenance of our physical and mental integrity. It leads to excessive and prolonged release of stress hormones such as cortisol and adrenaline, nervous tension, immune dysfunction and exhaustion of the stress apparatus itself.

Methods. The study was carried out following the specialized literature, electronic databases, such as: MEDLINE/PubMed, Google Scholar and PsycINFO, WHO using keywords: "trauma", "chronic stress", "mental health conditions". We included empirical studies; meta-analyses published in the period 2019-2024. **Results and discussions.** In 2024, The Mind Health Index has deteriorated over the last 12 months, with fewer people flourishing and more struggling. 32% is the proportion of the population experiencing mind health conditions. 39% of 18-24-year-olds are experiencing severe or extremely severe forms of anxiety, stress or depression. 40% of people with current mind health conditions are managing their disorder themselves. $\frac{3}{4}$ of the working population experienced at least one mind health issue due to their work environment. Trauma and chronic stress can worsen pre-existing health problems.

AN UPDATE ON THE DIAGNOSIS AND PHARMACOLOGIC TREATMENT OF SCHIZOPHRENIA

D Goff

Department of Psychiatry at NYU Grossman School of Medicine, New York, USA

I will provide a brief review of essential elements of the diagnostic assessment of a patient with schizophrenia relevant to decisions about medication. This will be followed by an overview of antipsychotic medications currently approved in the US. I will then provide an algorithm for the selection of an antipsychotic agent based on an individual's history and preferences. Finally, I will briefly discuss newer agents with an emphasis on Xanomeline/Trospium (KarXT) which is expected to be approved by the FDA within the next year.

PROMISING NEW RESEARCH DIRECTIONS IN SCHIZOPHRENIA

D Goff

Department of Psychiatry at NYU Grossman School of Medicine, New York, USA

I will provide an overview of the limitations of our current biological models of schizophrenia, including the very limited power of genetics to predict risk of illness and the problems with using peripheral blood markers to inform us about the brain. These limitations have contributed to the relative absence of new biological treatments over the past few decades. I will then review new approaches that may lead to better models for the illness and new therapies. These approaches include brain-derived exosomes obtained from the blood that may reflect brain biochemistry, broad screening for autoantibodies targeting brain structures, and circuit-based approaches, including the precise activation of deep brain structures using transcranial focused ultrasound. I will provide examples of each from our group at New York University.

THE IMPACT OF A BRIEF PSYCHOTHERAPY COURSE ACROSS DIFFERENT APPROACHES ON DEPRESSION SYMPTOMS.

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The combination of pharmacotherapy and psychotherapy in the treatment of depression leads to an increase in both the percentage and duration of remissions. However, the specificity of psychotherapy effects on depression remains unclear. A more comprehensive understanding of different psychotherapy modalities' action on affective symptoms will enhance the effectiveness of depression treatment.

The aim of this study was to assess changes in both subjective and objective depressive symptoms in patients receiving no psychotherapy compared to those receiving psychotherapy through psychodynamic, existential, and cognitive-behavioral approaches. The sample included 182 medicated inpatients with affective disorders. Those in the psychotherapy groups additionally underwent five sessions of therapy in one of the aforementioned approaches.

To evaluate the interventions' effects, measurements were taken pre- and post-treatment using the Hamilton Depression Rating Scale (HAM-D) and the Hospital Anxiety and Depression Scale (HADS). Upon the course completion, no psychotherapy group exhibited significantly higher HAM-D scores than any psychotherapy group (all $p \leq 0.001$). However, no differences in HAM-D scores were found among the psychotherapy groups. Thus, brief psychotherapy courses addition to pharmacotherapy is associated with a reduction in objective depressive symptoms. However, no differences in antidepressant effects were identified between the psychotherapy modalities. Additionally, no significant inter-group differences in subjective anxiety and depression were observed. Therefore, our study confirmed that psychotherapy effectively reduces objective and not subjective depressive symptoms, with no differences in efficacy between popular psychotherapy modalities.

MAKING PROGRESS IN MENTAL HEALTH POLICY: ONE STEP AT A TIME

HH Goldman

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This lecture will discuss an approach to progressive change in mental health policy. Making progress is particularly challenging in a political environment that favors incremental change rather than wide-scale fundamental change. In such an environment progress may only occur incrementally in a sequence of strategically selected smaller steps. This is more likely to occur if policy makers and advocates focus on a clear set of ultimate objectives or targets. An example of such progress is illustrated in the history of a sequence of steps leading to parity in insurance coverage between mental health and general health in the United States between 1980 and 2024. Parity in insurance coverage means that the rules governing insurance coverage and payments are the same for mental health and general health. This objective was achieved in a sequence of policy changes over the decades in which government and private insurance responded to advocates focused on fairness and researchers focused on health equity and controlling costs. It is hoped that this illustration of incremental progress in policy will generalize to other settings and inspire others to press for a sequence of positive changes, one step at a time.

PARTICULARITIES OF ANXIETY IN MEDICAL STUDENTS

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Introduction: Mental health is fundamental to a fulfilling and productive life. It represents the basic pillar for a state of well-being, emotional balance and the maintenance of satisfactory interpersonal relationships. According to the WHO, the number of people affected by anxiety and depression is increasing, which is a worrying reality.

Purpose: Studying the particularities of anxiety in medical students.

Material and Methods: More than 77 bibliographic sources regarding anxiety and the circumstances that can condition the appearance of anxiety and depression among students were analyzed. In order to achieve the proposed goal and objectives, 319 students (from the second and sixth year of study) were surveyed to whom the DASS-21 Scale was applied (elaborated by Lovibond and Lovibond).

Results and discussion: Second-year students are more anxious, having moderate (19.5%), severe (7.5%) and extremely severe (0.6%) levels of anxiety compared to sixth-year students, who have moderate (18.8%) and severe (1.9%) levels of anxiety. Second-year students from rural areas compared to second-year students from urban areas are more anxious. All students in the sixth year of study, regardless of their living environment, have approximately equal levels of anxiety.

Conclusion: Anxiety is a major problem, affecting the majority of the world's population. Anxiety as a personality trait affects academic performance and significantly reduces students' ability to adapt, learn and assimilate new knowledge and experiences.

ESKETAMINE FOR THE TREATMENT-RESISTANT DEPRESSION: INNOVATION AND EFFICACY IN PSYCHIATRIC INTERVENTION

AM Grama

Dr. Ghe. Preda Clinical Hospital of Psychiatry, Sibiu, Romania

Treatment-resistant depression (TRD) represents a major challenge in psychiatry and is defined by the European Medicines Agency (EMA) and the United States Food and Drug Administration (FDA) as the lack of an adequate therapeutic response to at least two antidepressants despite adequacy of the treatment trial and adherence to treatment. Esketamine, the S-enantiomer of ketamine, approved by the FDA in 2019, represents a therapeutic innovation with a different action mechanism from that of classical antidepressants, acting as a non-selective antagonist of N-methyl-D-aspartate (NMDA) receptors. It has been demonstrated to have a rapid and significant efficacy in alleviating severe depressive symptoms in patients with treatment-resistant forms. Our objective was to evaluate the efficacy and safety of esketamine in clinical practice through a detailed review of clinical trials, meta-analyses, and reviews available in the PubMed database. This paper aims to review the existing evidence regarding the efficacy and safety of esketamine in the treatment of TRD, based on an analysis of clinical studies, meta-analyses, and reviews available in the PubMed database. The analyzed aspects include changes in depressive symptomatology, dosing, therapeutic response, and the observed adverse effect profile. The discussion will highlight both the benefits of esketamine as an innovative therapeutic option for TRD and its potential limitations, offering a practical perspective on the implementation of this new approach in contemporary psychiatry.



SETTING UP COMMUNITY-INTEGRATED MENTAL HEALTH SERVICES. RESPONDING COLLECTIVELY TO THE NEEDS OF ADULTS, BASED ON THEIR FAMILY, SOCIAL AND CULTURAL ENVIRONMENT, WITH THE AIM OF INCLUSION IN SOCIETY

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Federal public service. Public health psychosocial healthcare, Belgium

Until 2010, the national Belgian mental health care strongly remained a hospital-based system. With more than 150 beds per 100.000 inhabitants, Belgium ranks itself in the global top 3. Belgium's mental health care reform is based on a comprehensive and integrated approach, with the construction of a network around the user, enabling resources to be used efficiently in line with the needs and with a recovery-oriented vision.

The objectives are: De-institutionalization: limiting residential treatment in health care facilities to those who really need it. Inclusion: readaptation and rehabilitation in the context of an indispensable collaboration with the sectors of education, culture, work, social housing. De-categorization: establishment of an intersectoral collaboration, through circuits and networks of care, All the stakeholders work together around the user. Intensification: intensification of care within hospitals, corresponding to shorter hospital stays and treatments with intensive care programs.

Outcomes and results: 21 mental health care networks; 2372 beds decommissioned; 1160 FTE mobile care; 38 mobile or ambulatory of intensive treatment teams for crisis situations; 54 mobile or ambulatory teams for people who require long-term monitoring; More than 24,000 users followed by mobile teams on annual basis.

What worked well: The local implementation, considering the opinion of the different actors in the field. The development of the model of care based on the concept of Network based on a global and integrated offer. The network coordinator for the coherence of resources and the formalization of procedures. The involvement of users / relatives at all decision levels. It is helpful to include all relevant authorities, all stakeholders, professionals, users, and relatives in a bottom-up movement.

Where are we now? Reinforcement of prevention & early intervention in primary care via PHC psychologists. Expertise of the meso-level (MH networks) to support local level. Reduced waiting time and increased resilience. Increased reach to vulnerable groups. Population management.

THE SOCIAL PSYCHIATRY OF PATHOLOGICAL GRIEF - EXEMPLIFIED BY OVID'S ORPHEUS AND EURYDIKE

H Katschnig

Medical University of Vienna, Austria

The loss of a loved one through death evokes a grief response that most of us have experienced. Grief is often described in the world literature, and one of the oldest themes is the story of Orpheus and Eurydike contained in Ovid's Metamorphoses, published more than 2000 years ago. The story is well known. Eurydike dies twice, first by accident (she is bitten by a snake), then because Orpheus, contrary to the conditions imposed on him by the gods of the underworld, turns back while trying to bring Eurydike back from the underworld. Ovid describes Orpheus' two different grief responses in great detail: The first time Eurydike dies, i.e., by accident, Orpheus shows a 'normal', warm, grief reaction, which is contagious and mobilizes the help of others - it even makes the Gods of the underworld weep, and they give him Eurydike back. The second death of Eurydike is Orpheus' fault, and his grief response is "cold", he is "petrified", like a severely (often guilt-ridden) depressed person who not only does not attract help from others but may even repel it. One theory of the Greek myths, with the Gods behaving like humans, is that they represent basic human life experiences. The talk will relate Ovid's detailed description of the two types of grief experienced by Orpheus to their different effects on the social environment in terms of eliciting or not eliciting support. Psychiatric diagnostic considerations will also be addressed.

INTEGRATING HARM REDUCTION INTO MENTAL HEALTH AND ADDICTION TREATMENT

KK Kowalczyk

Global Public Health Network, Poland

Harm reduction, a concept rooted in the history of minimizing risks associated with human behavior, has evolved significantly since its development in the mid-1980s as a public health response to the HIV epidemic among people who inject drugs. Today, harm reduction is recognized as a public health strategy that extends beyond substance use. This workshop, tailored for psychiatrists, psychotherapists, narcologists, and clinical psychologists, will provide an exploration of why harm reduction should be integrated into mental health and addiction treatment.

Participants will gain insights into the foundational principles of harm reduction, its historical context, and its practical applications within clinical settings. The workshop will highlight the benefits of a person-centered, dignity-preserving approach to care, showcasing evidence-based outcomes such as reduced transmission of infectious diseases, lower overdose death rates, and improved patient engagement. Common barriers and ethical challenges associated with harm reduction, such as societal and structural stigma and policy limitations, will also be discussed.

THE IMPACT OF CULTURE, COUNTRY-LEVEL INTELLIGENCE, AND COUNTRY-LEVEL PERSONALITY ON ECONOMIC DEVELOPMENT AND INCOME INEQUALITY

C Litan

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Previous research investigated the associations between country-level psychological characteristics (i.e., intelligence and personality), cultural dimensions, (i.e., Individualism-Collectivism), and macro-economic functioning (i.e., GDP and Gini index), but most of this research looked at disparate relationships. Using instrumental variables to estimate the relationship between GDP and inequality, and a multi-level framework to disentangle the between-country differences from the within-country variations in GDP and Gini, we tested the effects of psycho-cultural characteristics on economic development and inequality, but also the indirect effect that the same psycho-cultural variables have on Gini, via GDP. To increase the robustness of our approach, we cross-validated the results on two data sets for personality traits (self-report vs. other-report), Individualism-Collectivism, intelligence, and inequality. Data on these variables were extracted for N = 200 countries from international databases and published sources.

Multilevel-SEM revealed that intelligence and individualism have independent direct effects on both GDP and Gini. Individualism has an indirect effect via GDP when taken into consideration alone, but not when intelligence is included in the model. Between-country differences in GDP are no longer related to inequality when intelligence is considered. For personality measures, we found evidence for some of the effects that we predicted, but the results are dependent on the type of measure. The effects disappear when personality is included in the same analysis with the other psychological variables. The results support the idea that aggregated psycho-cultural characteristics can explain between-country differences in economic development and inequality and these effects on macro-economic indicators are independent of each other.

PSYCHEDELICS AS EMERGING THERAPIES: REDEFINING PSYCHIATRIC TREATMENTS

B Macavei

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In recent years, due to promising research on its effectiveness for various mental health conditions, the use of psychedelics as a form of therapy has gained increasing interest. This therapy, also known as Psychedelic-assisted therapy, holds considerable promise as a treatment for various mental health disorders, especially where traditional treatments have failed. These potent psychoactive compounds that influence a wide range of cognitive processes must be under professional supervision to ensure safety and efficacy. As research continues, the field is likely to expand, with potential regulatory changes allowing broader access to these therapies in clinical settings. Ongoing clinical trials and scientific research continue to validate the therapeutic potential of psychedelics. Studies have demonstrated their safety and efficacy in controlled settings, leading to growing support for their integration into mainstream mental health care. As research progresses, psychedelics may revolutionize the treatment of mental health disorders and contribute to a broader understanding of human consciousness and well-being, with the goal of making a meaningful impact on the lives of those struggling with battles that we often know nothing about.

SOMETHING ABOUT VISIBLE AND INVISIBLE BOUNDARIES IN MENTAL HEALTH

A Milicevic Kalasic

Faculty of Media and Communication, Singidunum University, Belgrade, Serbia

Mental health is determined with biological, psychological and societal factors. Holistic approach is mandatory organized through team work. In day-to-day work we are facing challenges from bureaucratic to fundamental which can be even greater than boundaries between countries. Sometimes it is even easier to cooperate with distant partners than with colleagues in nearby institutions, not to mention within different systems. In this lecture some of visible and invisible boundaries would be addressed in a manner of "in and out of mind".

PATHOLOGICAL ANXIETY IN SCHIZOPHRENIA AND METHODS OF DETERMINING THIS STATE

LN Moscaliuc, VM Negru, VV Bucsa

Balti Psychiatric Hospital, Republic of Moldova

In recent years, there has been a notable increase in interest regarding psychopathology, especially concerning anxiety within schizophrenia. Anxiety can be classified into normal (adaptive), useful, and pathological (maladaptive) types. When anxiety exceeds normative levels, it becomes pathological and may accompany delirious syndromes. This study aims to compare mental state dynamics and anxiety levels in a schizophrenic patient.

The clinical case involves a patient who has lost her ability to work, faces social maladjustment, and has a disability due to schizophrenia. The Positive and Negative Syndrome Scale (PANSS), developed by Kay S., Opler L., and Fiszbein A., was pivotal in evaluating the level of pathological anxiety that disrupts the patient's life and can trigger panic attacks. The PANSS Scale recorded a total of 178 points, with a compositional index of 6 points, and a predominance of positive symptoms (norm: 71-80 points).

According to Gushansky I., the most effective treatment for schizophrenia combines pharmacotherapy with psychotherapy, psychoeducation, and a supportive family and social environment. The present research aligns with these findings. In this case, the patient received intensive treatment with high doses of medication. After three weeks, there was a significant reduction in positive symptoms, indicating treatment efficacy. Psychotherapy aimed to channel the patient's energy productively and facilitate reentry into the workforce. Therefore, identifying pathological anxiety - an important indicator of schizophrenia - is crucial. Assessing its severity helps determine the degree of existing disorders, available resources, prognosis, and guides treatment planning using a bio-psycho-social model.

ADVANCEMENTS IN TELEPSYCHIATRY

D Mucic

WPA Digital Mental Health Section

This state-of-the-art lecture provides a comprehensive overview of the current landscape of telepsychiatry, encompassing cutting-edge technologies, clinical applications, and ethical considerations. The lecture begins by exploring the evolution of telepsychiatry, highlighting its growth and adaptation in response to the changing healthcare landscape, particularly during the COVID-19 pandemic. It delves into the various modalities of telepsychiatry, including real-time videoconferencing, asynchronous communication, and mobile applications, showcasing their strengths and limitations. Further, the integration of Artificial Intelligence (AI) in telepsychiatry, with an examination of AI-driven assessment tools, predictive analytics, and personalized treatment recommendations will be outlined. The lecture elucidates how AI augments the diagnostic and therapeutic capabilities of telepsychiatrists, improving the precision and efficacy of mental health interventions. Ethical considerations in telepsychiatry are discussed in-depth, addressing issues of patient confidentiality, informed consent, and the responsible use of technology. Attendees will gain insights into the ethical frameworks and guidelines essential for maintaining the highest standards of care in virtual mental health settings. The lecture concludes by emphasizing the growing importance of telepsychiatry as a means to address mental health disparities, improve access to care, and enhance the overall patient experience. It underscores the need for continued research, education, and collaboration to ensure the continued success and ethical practice of telepsychiatry.

HUMAN ENHANCEMENT- A MENTAL HEALTH PERSPECTIVE

M Mutica

Elisabeta Doamna Psychiatric Hospital, Galati, Romania

This study investigates human enhancement from a mental health perspective, highlighting its potential to improve psychological well-being and cognitive function. The rationale for this study is related to the need of mental health professionals to systematically understand and contextually integrate the latest aspects of improving the human being. A thorough literature review was performed, focusing on peer-reviewed articles and clinical studies related to enhancement techniques, including pharmacological treatments, neurostimulation, digital and other therapies and technologies. Data were organized by effectiveness, accessibility, and ethical considerations. Results show that enhancement methods can notably enhance mental health outcomes, though efficacy varies among different populations. Key ethical concerns include issues of equity, informed consent, and societal pressure. Human enhancement presents opportunities to improve mental health care, but it is crucial to address ethical issues and societal impacts to protect individual identity and values.

THE REVIVAL OF THE CRITIQUE OF "ANTIPSYCHIATRY" IN BULGARIA AS A CRISIS INTERVENTION

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The study problematizes the ongoing updating of the critique of "antipsychiatry" in Bulgarian psychiatric circles. For this purpose, it analyses current publications, historical reconstructions of antipsychiatric ideas in different contexts, the relationship of these ideas to so-called conventional psychiatry and new developments in the field of patient activism and the changes it has initiated in the relationship between conventional experts and experts by experience. The main conclusion is that it would be most useful and effective for all parties involved in antipsychiatric ideas and movements to be considered as specifically as possible - in their respective historical contexts with their complex system of factors, cultural influences, stakes, and not least connections with psychiatry.

ABNORMAL RESPONSE TO NIACIN IN SCHIZOPHRENIA

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Introduction: The pathophysiology of schizophrenia is largely believed to depend on pathological processes occurring at the level of membrane phospholipids. These processes are thought to directly affect neurotransmitter imbalances in the central nervous system.

Purpose of the Study: This study aims to investigate the pathophysiological mechanisms and evidence supporting the use of oral and skin tests for niacin in patients with schizophrenia and those at high risk of psychosis. It also seeks to assess the use of vitamin B3 in these patient groups as a preventive or adjunctive therapy.

Materials and Methods: A literature review was conducted on niacin-specific reactions in patients with schizophrenia and those clinically at high risk of developing psychosis (CHR-P). We performed statistical analysis of the main indices, including sensitivity and specificity, of the niacin test in patients with schizophrenia (1,283 patients) and a control group (854 subjects).

Results: Several mechanisms related to an abnormal niacin response were identified, including reduced levels of anti-inflammatory prostaglandins, excessive immune activation of microglia and proinflammatory mediators, reduced fatty acid levels, increased phospholipase A2 activity, and a reduction in the NAD⁺/NADH ratio.

Conclusions: The niacin skin test can predict that 78.5% of subjects with a positive test result are likely to have schizophrenia. Vitamin B3 (niacin) and its derivatives, along with omega-3 and omega-6 polyunsaturated fatty acids (PUFAs), show potential as adjunctive therapies for schizophrenia by reducing oxidative stress, lowering inflammatory responses, and improving membrane fluidity.

PSYCHOACTIVE SUBSTANCE USE DURING ADOLESCENCE. AGE-SPECIFIC CHARACTERISTICS.

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Introduction: The goal of this study is to investigate the prevalence and patterns of psychoactive substance use among adolescents aged 12 to 18 in the Republic of Moldova. This objective is complemented by the intent to identify attitudes, knowledge, and socio-demographic factors.

Methods: The research method used in this study was an anonymous survey conducted at the Republican Narcological Dispensary throughout 2023. The survey was designed according to international standards. The survey aimed to assess the level of awareness, attitudes towards drug use, methods of procurement, and the personal experience.

Results: The analysis of the results identified distinct age-related characteristics regarding drug use. Adolescents (10-14 years) exhibited curiosity and a misunderstanding of the dangers associated with consumption. They possessed fragmented and inaccurate knowledge, leading to an underestimation of the risks. Adolescents (15-18 years) demonstrated a deep and detailed understanding. They were familiar with preparation methods and informed about consequences. They confirmed and recognized the need for psycho-pharmacotherapeutic assistance.

Discussion: The study underscores the necessity for a comprehensive and interdisciplinary approach to managing drug use. The data obtained highlight the importance of raising awareness among authorities, healthcare units, and family members in preventing the initiation of drug use. This can be achieved by increasing awareness of the consequences in the youth community.

THE INTERDEPENDENCE AND INTERSECTION BETWEEN CRIME AND MENTAL DISEASE

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Introduction: The relationship between mental illness and criminality continues to be the subject of scientific debate. Research suggests that patients with mental illness may be prone to violence if they do not receive adequate treatment. The research consisted in the study of mental disorders in a criminogenic aspect with the identification of methods related to homicide.

Methods: A clinical-statistical analysis of homicide cases was performed in men with psychiatric diseases, located in IMSP SCP during 2022-2023. In the study were included 35 patients between 18 and 65 years.

Results: The analysis of the obtained data find that in 65.7% cases of homicide were committed by patients with schizophrenia; in 25.7% with severe mental retardation; in 8.5% with epilepsy. The most frequent crimes were committed between the ages of 18 and 33. As method, the bladed weapon was most often used – 12 cases; multiple traumatic blows – 13; asphyxiation by strangulation – 10. The crimes were committed in states of acute psychosis (65.7%) or decompensation (34.3%), in 21 cases (60%), the abuse of alcohol was a risk factor.

Discussion: Certain psychiatric conditions increase a person's risk of committing a crime. The crimes were committed by people with psychiatric diseases in acute psychotic states or decompensations determined by the lack of treatment. The intersection of crime and psychiatry requires further research and elucidation.

CONTEMPORARY CHALLENGES IN STUDENT ACADEMIC FUNCTIONING: DIVERSITY, HEALTH AND QUALITY OF LIFE

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The prevalence of adjustment and health difficulties among students is increasing, as this population faces a number of unique challenges in the university setting. Currently, we have very little information about students in the Eastern European region, although this topic has been addressed in the literature in Western geo-cultural contexts. Therefore, we set as main objectives to identify the strongest predictors among academic stressors affecting students' self-perceived quality of life, as well as to highlight some differences in this wellbeing parameter according to intra-individual student characteristics. Based on the literature in the field, we expect significant differences according to the presence or absence of students' difficulties in the main dimensions of quality of life, ranging from health status to the domain of relating to others. Other variables of interest for the present research include students' self-perceptions of psychosocial and health issues, as well as temporal limitations specific to university academic contexts. In addition, the self-perceived pressure to perform academically optimally is also of interest to the field. From a methodological perspective, our main aim is to identify the main predictors of students' quality of life across different psychosocial categories. We expected variations in quality of life according to the above-mentioned parameters, which, according to the literature, contribute to the exacerbation of academic stress. Our research addresses the need to identify the risk factors that may lead to increased stress and thus decreased quality of life among students of various categories, and is useful for practitioners in multiple fields such as medical, psychological, teaching, and vocational counseling and guidance, respectively.

THE IMPACT OF MENTAL HEALTH LITERACY ON STIGMA REDUCTION

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Many adults with mental health problems do not seek help due to negative beliefs surrounding mental health. Studies show that mental health disorders frequently manifest early in life, with 50% developing by age 14 and 75% by age 24. These conditions often result in distress, disability, and adverse effects on crucial life areas, including education, employment, and relationships. Delayed or untreated mental health issues tend to worsen over time. Contributing factors to this delay include a shortage of mental health professionals, structural barriers to service access, stigma, and low mental health literacy (MHL), particularly among young people. Mental health literacy refers to the knowledge and skills needed to manage mental health and overcome barriers to seeking help. Low MHL, especially in youth, exacerbates stigma related to mental health, which involves negative stereotypes, prejudice, and discrimination. Addressing stigma early is crucial, as stigmatizing beliefs begin to form in middle childhood and become more complex during adolescence. One key factor influencing young people's willingness to seek help is their ability to recognize mental health problems. It was shown that higher MHL correlates with more positive attitudes toward individuals with mental health disorders and a reduced desire for social distance from them. Thus, improving MHL can lead to more supportive attitudes and behaviors toward those experiencing mental health challenges.

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ADOLESCENCE AND MENTAL HEALTH DISORDERS. IMPORTANCE OF EARLY RECOGNITION

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Adolescence is a critical period for mental health, as many psychiatric disorders, including anxiety, depression, and eating disorders, first manifest during this stage of life. The unique developmental changes, social pressures, and emotional challenges adolescents face increase their vulnerability to mental health issues. Early recognition of these disorders is crucial for preventing long-term negative outcomes, such as academic difficulties, substance abuse, and strained relationships. However, many mental health issues in adolescents go undiagnosed due to stigma, lack of awareness, or difficulty distinguishing between typical teenage behavior and symptoms of a disorder. Parents, educators, and healthcare providers play a pivotal role in identifying early warning signs, such as mood swings, withdrawal, changes in behavior, or declining academic performance. Prompt intervention through counseling, therapy, and peer support can significantly improve the prognosis, helping adolescents develop coping strategies and emotional resilience. By fostering open communication and reducing the stigma surrounding mental health, we can ensure that adolescents receive the timely support they need, promoting healthier transitions into adulthood.

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SUICIDAL BEHAVIOR AND PSYCHOACTIVE SUBSTANCE CONSUMPTION

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Introduction. The suicidal phenomenon is becoming an increasingly current public health problem. Literature data frequently highlights the association of autolytic behavior with the consumption of various psychoactive substances, including alcohol. Numerous studies indicate that alcohol contributes to precipitating suicidal thoughts or attempts.

Materials and Methods. In order to achieve the proposed objective, medico-legal expertise reports were analyzed over a period of three years - data provided by the Institute of Forensic Medicine from the Republic of Moldova.

Results. The study found that, of the 4,535 people who died between 2021 and 2023, 594 (13.09%) by suicide. Most frequently, alcohol was present in the biological environments of the investigated deceased - 267 (97.8%), of which 231 (86.51%) were men and the remaining 13.49% - women ($p < 0.001$). Other psychoactive substances were detected only in men in 6 cases (2.2%). The most vulnerable age in the sense of the studied phenomenon was 40 \pm 2.3 years, that is, the deceased persons belonged to the category of young adults. Among the most common methods of committing suicide that the present study highlighted, we can mention strangulation - 192 cases (70.32%).

Conclusions. Alcohol is one of the psychoactive substances most frequently consumed by people who have committed suicide. The studied phenomenon is more widespread among young adults (age category 35-45 years), who come from the urban environment. More frequently, suicides associated with the consumption of psychoactive substances were committed by strangulation - 70.32% of cases.

SOME OPTIONS FOR SUBSTITUTION OF ANTIPSYCHOTIC DRUGS IN THE THERAPY OF SCHIZOPHRENIA

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Introduction. In psychiatric practice, it is often necessary to replace one antipsychotic drug with another: the patient does not tolerate the drug; lack of response to therapy, etc.

Materials and methods. Several scientific publications with reference to the subject of the study were studied.

Results. There are clinical situations, which impose the need to replace antipsychotic drugs: the preferences of patients/relatives; adverse effects of antipsychotic treatment; non-adherence or insufficient adherence to therapy; worsening of general health associated with antipsychotic treatment; persistence and progression of "positive" and "negative" symptoms, etc. One of the most frequently recommended methods of switching antipsychotic drugs with different pharmacological properties is cross-titration, which involves the simultaneous administration of two drugs over a period of about 2 weeks (the exception being switching from Clozapine or a depot antipsychotic, when 4 weeks are required or if transferring from one antipsychotic to another with similar receptor properties, cross-titration can be performed within 1 week). Scientific-practical publications in this field, in their vast majority, point towards monotherapy.

Conclusions. Psychiatric practice highlights clinical situations that require the replacement of antipsychotic drugs. Concrete ways of switching antipsychotic drugs are described in the studied guidelines with the recommendation to promote the principle of monotherapy. Adherence to the principles of substitution of antipsychotic drugs can increase compliance with therapy and the quality of life of patients.

THE INFLUENCE OF EARLY CHILDHOOD TRAUMA ON ADULT'S MENTAL HEALTH.

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Introduction: Early childhood trauma (CT) means the traumatic experiences that happened to children from 0 months to 6 years old, such as physical or sexual abuse, accidents, emotional abuse (EA), physical neglect or violence.

Methods: The analyses of the scientific information that demonstrates the impact of the early CT on adult's psychopathology reported on trusted sources such as PubMed, Scientific Research, NIH.

Results and Discussions: In the study effectuated in Brazil was found that 47.5% patients with mental disorder (MD) from 102 went through CT. Other studies effectuated in Switzerland and United States of America (USA) found out that persons with bipolar disorder (BD) that suffered EA are more exposed to develop depressive manifestations, but those who experienced physical and sexual abuse had severe mania manifestations. In USA was also realized a study about the relation between child sexual abuse causing subsequent psychopathology, where was found that persons who suffered from sexual abuse in childhood in adulthood were diagnosed with substance abuse or dependence at 26.6%, with post-traumatic stress disorder at 7.8% and 19.3% with lifetime mood disorders, increased risk of suicidal behavior. Kilcommons et al. found out that from 32 persons diagnosed with psychotic disorders 94% experienced traumatic events. Positive psychotic symptoms were associated with physical abuse, but hallucinations with sexual abuse.

THE ROLE OF ALCOHOL USE DISORDERS IN PSYCHIATRIC ADMISSIONS

MG Puiu

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Introduction: Alcohol use disorders (AUDs) are highly prevalent worldwide. They are often associated with somatic and psychiatric comorbidities with consecutive increase in disability and mortality for those affected. The role of AUDs in psychiatric inpatient hospital admissions is often overlooked. In this context the focus of our research was to assess the frequency of AUDs as a primary or secondary diagnosis on a ward of the *Al. Obregia* Clinical Hospital of Psychiatry over a 3-month interval.

Methods: An observational, transversal study was designed for the purpose of the study.

Results: The number of inpatient admissions with a primary or secondary diagnosis of AUDs was 99. For almost 92% of these admissions AUDs were secondary diagnosis.

Discussion: The possible causes of the high percentage of secondary diagnoses related to AUDs could include the known association of alcohol use disorders with numerous psychiatric and somatic comorbidities, the financial implications of the method of hospital services reimbursement, the stigmatization following the diagnosis.

ADHD: CURRENT NEUROBIOLOGICAL THEORIES

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Introduction. As with the vast majority of mental disorders, the etiology of ADHD is not currently known, and there are a multitude of etiological theories. Over time, it has been established that the etiology of ADHD can be framed in several theories: psychological, neuroanatomical, biochemical changes, environmental factors, genetics and others. Latest neuropsychological and neuroimaging studies demonstrate that these theories must be regarded as part of the same construct, all being interconnected.

Methods. This presentation aims to address the core concepts of modern neurobiological theories. A better knowledge of these theories could clarify the important clinical heterogeneity and also the high variability of the ADHD patients' response to treatment. In the presentation we will bring arguments that ADHD is not characterized by a single etiologic pathway. Genes and environmental factors interact resulting variable phenotypes of the disorder. Based on this phenotype, behind the symptoms and behaviors of the child with ADHD, there are impaired neuropsychological functions. These peculiarities of neuropsychological functioning are secondary to the cortical and subcortical structural and functional alterations, which produce cellular disfunctions as a result of gene-environment interactions.

Conclusion. The presentation will provide a theoretical framework based on different pathophysiological mechanisms implicated in ADHD. Considering that the current diagnostic criteria does not provide delimitations regarding different endophenotype mechanisms, we consider extremely important the knowledge of underlying neurobiological etiology in ADHD.

SENTIMENT AS ATTITUDE AND THE PREVENTION OF DEPRESSIVE RELAPSE. CASE STUDY.

P Radescu

R Barn Foundation for Medicine and Health

For modern psychiatry and psychotherapy understanding emotions was until recently a subject of small importance. Even in psychotherapy, alexithymia was a problem, not a subject. Today, the recent data shows understanding emotions is important, not only for our mental health, but also for our health in general, for having a healthier body and for faster recovery after a health problem.

We analyzed notes from psychotherapy sessions (8 and 7 years), in two cases, female, age between 39-40, without children, with a very difficult family and personal background, but with good professional success and good financial autonomy after graduation from faculty.

The discussions were based on a phenomenological, existential approach. Initial problems were related to anxiety, depression or psychosomatic disorders. For both, medication was associated over the years (antidepressants, hypnotics, anxiolytics).

In one case where love (the sentiment that brings freedom to our perception and puts apart the impact pain related coping mechanisms) is manifest only towards animals and nature, episodes of depression (medium intensity) and insomnia still persists. In one case where love is manifest also towards people, and has a good stability as feeling, without a favorable background, no new episodes were present in the last year.

DEPRESSIVE DISORDER IN POST-COVID-19 SYNDROME.

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Introduction: The viral infection known as COVID-19 emerged in 2019 and quickly became one of the deadliest pandemics in modern history. During the height of the COVID-19 pandemic, there were already predictions of a subsequent epidemic of mental health disorders. Indeed, increasing reports highlight mental health problems among individuals who have survived COVID-19 infection. The most common post-COVID mental disorders are depressive disorder, post-traumatic stress disorder (PTSD), anxiety disorder, and insomnia. While symptoms of anxiety, insomnia, and PTSD tend to gradually subside, depressive symptoms often persist for at least 12 weeks during follow-up.

Methods: A literature search was conducted in PubMed, Scopus and Google Scholar databases published between January 1, 2020 and August 1, 2024. We included clinical studies, reviews, meta-analyses regarding depressive disorder in post-COVID-19 syndrome. The search strategy consisted of the following keywords: "post-COVID-19", "depression", "long-COVID-19", as well as combination of these terms.

Results and discussions: Depressive symptoms are among the most frequently reported sequelae of infection as part of post-COVID-19 syndrome, affecting approximately 40% of patients. The frequency of depressive symptoms more than 12 weeks following COVID-19 infection ranged from 11 to 28%. The main factors associated with depression were female sex, previous psychiatric disorder, psychopathology at one-month follow-up such as PTSD, anxiety, insomnia. Having depressive symptoms in individuals who have had COVID-19 may differ from typical depressive episodes, with post-COVID-19 depression potentially leading to severe outcomes and significantly impairing quality of life.

PSYCHOSOCIAL FACTORS OF VIOLENCE IN INDIVIDUALS WITH SCHIZOPHRENIA.

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Introduction: Schizophrenia is a serious mental illness that impacts a person's thoughts, emotions, and actions. Violent behavior in individuals with schizophrenia is a complex issue and is a public health problem. Violence is defined as "the use of physical force to cause harm to people, or non-human life, such as pain, injury, death, damage, or destruction". In psychiatric practice, assessing the risk of violence is an important part of patient care. Certain factors can increase risk of violence in some individuals. Psychosocial factors are particularly important in understanding the violence that can be associated with schizophrenia.

Methods: The narrative review included clinical studies, reviews, meta-analyses, clinical cases regarding violence in schizophrenia. The search strategy consisted of the following keywords: "violence", "schizophrenia", "aggressive behavior", "psychosocial factors", as well as combination of these terms.

Results and discussions: Psychosocial factors work alongside the biological and psychological elements of schizophrenia, influencing behavior and sometimes increasing the risk of violence. These factors can intensify the core symptoms of the illness, such as paranoia, delusions, and impulsivity, making aggressive behavior more probable in certain situations. One major psychosocial contributor to violence in schizophrenia is a history of alcohol use disorder. Other important factors include family dysfunction, past trauma and abuse, socioeconomic challenges, and experiences of stigma and discrimination. Comprehensive support, early intervention and adequate mental health care can reduce the risk of violence in individuals with schizophrenia.

DELAY OF PSYCHIATRIC DIAGNOSIS AND TREATMENT IN THE CONTEXT OF PUBLIC STIGMA

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Background: Public stigma related to mental health and its implications on help-seeking behavior has been widely studied, with research suggesting a negative impact on 4-73% of patients, while other studies claim it has no effect. This study aims to identify self-reported barriers to seeking help due to anticipated and perceived public stigma and examine how these barriers contribute to delays in diagnosis and treatment for patients.

Method: We conducted semi-structured interviews with patients diagnosed with depression, anxiety, and insomnia, living in a town in Romania and surrounding rural areas. The objective is to assess their attitudes toward public stigma before their first psychiatric consultation and to determine whether this stigma contributed to delaying their diagnosis and treatment, and if so, for how long.

Results: Of the 36 participants, 9 (25%) delayed seeking professional help due to anticipated or perceived stigma. One-third of them (8.33%) delayed for up to 6 months, while two-thirds (16.66%) delayed by more than 1 year. Factors more strongly associated with delayed help-seeking included living in urban areas (44%, compared to only 5.5% in rural areas) and a diagnosis of depression (50% delayed, compared to 14.2% of those with anxiety and 0% of those with insomnia).

Conclusion: Perceived and anticipated public stigma among patients with mental health conditions significantly influence timely help-seeking behavior, resulting in delays in accessing psychiatric treatment that can last for months or even years.

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ANALYZING ALCOHOL DEPENDENCE AND LEGISLATIVE CHANGES IN UZBEKISTAN

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Introduction: The landscape of narcological care in Uzbekistan has experienced notable transformations in recent years. This study focuses on the period from 2018 to 2022, analyzing trends in the number of patients registered through the official healthcare system, shifts in alcohol consumption, and the provision of related health services.

Methods: This research conducts a descriptive analysis of national health statistics on alcohol dependence from 2018 to 2022, evaluates changes in per capita alcohol consumption, and reviews relevant legislation to assess trends in narcological care.

Results and Discussion: From 2018 to 2022, despite the absolute number of registered cases of alcohol dependence remaining relatively stable (47,728 in 2018 to 47,369 in 2022), there was a notable decrease in incidence rates per 100,000 population, from 42.8 among men in 2019 to 35.8 in 2022, and from 1.6 to 1.1 among women over the same period. These figures illustrate a significant gender disparity in alcohol dependence. The stabilization of per capita alcohol consumption at 2.1 liters by 2020, after several years of variability, suggests a shift in societal drinking patterns, potentially driven by policy reforms, public health campaigns and restrictions on alcohol sale. These legislative and health reforms underline Uzbekistan's commitment to improving the structure and efficacy of its narcological services, ultimately aiming to reduce the burden of alcohol-related health issues and enhance the overall well-being of its population.

BENEFITS OF PSYCHOTHERAPY ASSOCIATED WITH MEDICATION IN THE TREATMENT OF DEPRESSION

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Introduction: Depressive disorder is a significant global public health issue, impacting health policies and strategies at both national and international levels. Its symptoms lead to serious disabilities and complicate treatment, requiring a multidisciplinary approach. This study aims to explore the efficiency of the cognitive-behavioral therapy (CBT) in the therapy of depression and the roles that psychological and social factors have to therapeutic success.

Methods: Individuals diagnosed with major depressive disorder at the Clinical Neuropsychiatric Hospital Craiova were included in two study groups: Group M (136 patients receiving standard pharmacological treatment) and Group P (137 patients receiving both medication and CBT). Data regarding socio-demographic, clinical, and psychological status were collected and analyzed.

Results: The study groups had an average age of 52.83 ± 3.48 years, with a significant predominance of women (73.99%). There was low participation in socio-professional activities (9.89%), despite 73% having at least a medium level of education. Recognized psychotraumatic events were infrequent (27.11%), while over 72% had associated medical conditions. The combination of medication and psychotherapy showed a 16.26% higher rate of symptomatic remission or improved depressive symptoms, with a significant improvement in global functioning (93.43%).

Conclusions: Positive outcomes result not only from the established efficacy of psychotherapy but also from its multifaceted impact on the bio-psycho-social aspects of depression. Cognitive coping strategies influenced psychosocial rehabilitation, underscoring the importance of personalized therapeutic approaches.

A 5-YEAR REVIEW OF HOSPITALIZED CASES OF POSTPARTUM PSYCHIATRIC DISORDERS AT THE CLINICAL HOSPITAL OF PSYCHIATRY, CHIȘINĂU

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Introduction: Postpartum psychiatric disorders, including baby blues, postpartum depression, and postpartum psychosis, are common in the puerperium, with varying prevalence and risk factors like primiparity, pregnancy complications, Cesarean section, and preterm birth.

Objective: To analyze demographic, clinical, and obstetric factors associated with postpartum psychiatric disorders.

Materials and Methods: A retrospective study of medical records of 35 women hospitalized in the Psychiatric Hospital from Chisinau, over five years was conducted. A literature review identified key obstetric and clinical risk factors.

Results: The average patient age was 29.8 years, with 42.9% from urban areas. Primiparity was a significant risk factor, as 54.3% of cases involved first-time mothers. Postpartum psychosis onset ranged from 3 days to 2 months, with 45.7% occurring within two weeks. Common comorbidities included cardiovascular (20.0%) and digestive disorders (14.3%). Most patients (74.3%) had severe mental disorders (F53.1). First-time hospitalizations accounted for 88.6%, but 48.6% had prior hospitalizations, with later diagnoses evolving into paranoid schizophrenia, schizotypal disorder, and recurrent depression. Treatment involved antipsychotics, antidepressants, and benzodiazepines, though there was no standardized protocol for postpartum psychiatric care.

Conclusion: Primiparity emerged as a significant risk factor for postpartum psychiatric disorders. The absence of standardized protocol reveals a gap in care. Many patients had evolving diagnoses, underscoring the need for long-term monitoring and comprehensive postpartum care.

PSYCHIATRIC COMORBIDITIES IN PATIENTS WITH EPISODIC AND CHRONIC MIGRAINES

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Introduction: Migraine is a prevalent and disabling neurological disorder often associated with psychiatric comorbidities. Over 15% of the European population experience migraines, with women three to four times more likely to be affected than men. Those with migraines are two to ten times more likely to have mood disorders and more than 50% experience anxiety during their lifetime. Mental health conditions are also risk factors for transitioning from episodic to chronic migraines.

Aim: To explore the mental health issues in patients with migraine, examine current care experiences, and raise awareness about the connection between migraines and mental health.

Methods: An online survey was conducted to gather data on patients' experiences with migraine treatment and comorbid mental health issues.

Results: Out of 59 respondents, 77% experienced depression or anxiety. While 90% used over-the-counter medications for migraine relief, only 20% were receiving antidepressants or psychotherapy, and just 20% were in contact with a mental health specialist. Additionally, 42% utilized alternative treatments. 80% reported that healthcare providers treated migraines and mental health conditions separately. All respondents agreed that migraine management requires a holistic treatment approach.

Conclusions: The findings reveal the link between migraines and psychiatric comorbidities. Despite this, only 20% had access to integrated care, underscoring the need for a multidisciplinary model that addresses both the physical and psychological aspects of migraine management.

THE RISKS AND LIMITATIONS OF USING AI IN MENTAL HEALTH

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Introduction: The rise of artificial intelligence (AI) in healthcare brings both opportunities and challenges. While AI enhances diagnostic and treatment capabilities, it also poses risks related to data accuracy, ethical concerns, and its role in mental health.

Aim: To evaluate the risks and limitations of AI in mental health, data reliability, patient privacy, and ethical issues.

Methods: A literature review and analysis of AI applications in healthcare were conducted, focusing on AI-driven diagnostic tools. The review covers studies on AI's ability to interpret complex data, address privacy concerns, and its potential biases.

Results: AI shows potential in detecting patterns in large datasets. However, it faces significant limitations. AI struggles to accurately assess subjective psychological states and context-based interpretations of mental health symptoms. The reliance on standardized data fails to capture the complexity of individual psychiatric cases, leading to misdiagnoses. Furthermore, AI lacks the emotional intelligence crucial for therapeutic relationships. Privacy concerns are heightened due to the sensitive nature of mental health data, which can be vulnerable to breaches or misuse.

Discussions: AI's role in mental health care must be carefully evaluated. While it offers promising tools for analysis, the lack of personalization, emotional insight, and the potential for bias highlight significant risks. The integration of AI in psychiatry should supplement, not replace, human expertise to preserve the nuances of mental health treatment.

DIGITAL VIOLENCE, SEXUAL ABUSE, AND PSYCHIATRIC OUTCOMES: IMPLICATIONS AND PREVENTIVE STRATEGIES THROUGH SEXUAL EDUCATION

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Digital violence and sexual abuse, manifested through cyberbullying, online harassment, and non-consensual sharing of intimate materials, have devastating effects on the mental health of women and girls. These experiences are strongly associated with the development of psychiatric disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). Nearly half of digital violence victims exhibit depressive symptoms, and the risk of PTSD is four times higher in girls exposed to revenge porn. Additionally, the suicide risk is alarming, with up to 50% of affected adolescents reporting suicidal thoughts.

Comprehensive sexual education, which includes aspects of digital consent and online safety, has been shown to reduce exposure to digital abuse by approximately 30%. Therapeutic interventions, such as cognitive-behavioral therapy (CBT) and trauma-focused therapies, are vital in alleviating symptoms of depression, anxiety, and PTSD. An integrated approach that combines education, therapeutic support, and legal measures is crucial to protect the mental health of victims and mitigate the negative impact of digital violence.

In conclusion, integrating digital sexual education in schools and providing access to personalized therapeutic interventions are essential strategies for preventing and managing the psychiatric effects of digital violence on women and girls. The data underscore the urgent need for action and highlight the profound impact of these traumas on mental health, emphasizing the necessity for a comprehensive and systemic response.

SUICIDAL BEHAVIOR IN ADOLESCENTS: CLINICAL ASSESSMENT APPROACHES

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Introduction. Suicidal behavior in adolescents is linked to psychiatric disorders such as major depressive disorder, borderline personality disorder (BPD), anxiety disorders, and substance abuse. Early detection and accurate diagnosis are vital for preventing suicide attempts. This abstract examines the forms of suicidal behavior and the clinical tools used to assess adolescents at risk. **Methods.** The Structured Clinical Interview for DSM-IV (SCID) and the Beck Depression Inventory (BDI) were applied in clinical evaluation. SCID helped diagnose personality disorders and psychiatric comorbidities, while BDI assessed depression severity, highlighting suicidal risks. The Columbia-Suicide Severity Rating Scale (C-SSRS) was used for ongoing risk monitoring.

Results and discussion. Suicidal behavior includes ideation, gestures, attempts, and completed suicide. Disorders like major depression (hopelessness) and BPD (impulsivity, emotional instability) increase suicide risk. Anxiety and substance abuse further elevate this risk. SCID was effective in diagnosing these comorbidities, while BDI identified high-risk adolescents.

Conclusion. A multidisciplinary approach using SCID, BDI, and C-SSRS offers a robust framework for identifying and managing suicidal behavior in adolescents. Early, thorough assessment is key to effective prevention.

PERCEPTIONS OF ARTIFICIAL INTELLIGENCE USE IN PSYCHIATRY

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The presentation addresses the general public's perception of using Artificial Intelligence (AI) in medicine based on various international studies and surveys. A study conducted in the United States involving 11,000 respondents revealed that 60% of Americans feel uncomfortable with AI in medical decisions, highlighting significant concerns about this technology.

In addition, other studies from Canada, Denmark, Germany, and other countries, published in journals such as PLOS Digital Health have examined opinions on AI among healthcare professionals, students, and the general population. These studies explored the level of familiarity with AI, perceived benefits and risks (such as privacy and control), and expectations regarding its application in healthcare.

The results showed a diverse perception, with responses ranging from enthusiasm to scepticism and reservation. Concerns about privacy, accuracy, and maintaining human control over medical decisions were frequently noted.

Thus, the public perception of AI in medicine is complex and varied, influenced by cultural, technological, and ethical factors. While some express optimism about AI's potential to improve medical outcomes, others are cautious about its possible consequences. Understanding these perspectives is crucial for developing AI-driven healthcare solutions that align with societal values and expectations while fostering patient trust.

THE COVID-19 PANDEMIC AND ITS IMPACT ON THE EMOTIONAL STATE AND MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

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Introduction. The COVID-19 pandemic has significantly affected children and adolescents worldwide. Key effects include disrupted routines due to quarantine and school closures, which have limited social interactions and hindered emotional and social development. Quarantined children are at increased risk of mental health disorders such as anxiety, acute stress, and adjustment disorders.

Methods. Scientific articles from the PubMed and GoogleScholar databases published during 2020-2024 were used.

Results. Psychosomatic symptoms were prevalent during the pandemic, with 20% of children and 55.6% of adolescents experiencing sleep issues. Anger (30.0% to 51.3%) and irritability (16.7% to 73.2%) were common. The risk of mental health problems rose from about 18% to 30%. Studies indicated that mental health issues increased more in older adolescents (13–18 years) compared to younger children (6–12 years). Five studies reported worse symptoms in girls than boys. The prevalence of generalized anxiety disorder increased from 15% to 24%, and major depression from 10% to 27%. PTSD rates were four times higher in quarantined children. ADHD symptoms were frequently noted (19.7%). Additionally, 41% of children and adolescents experienced a reactivation of eating disorder symptoms post-isolation, more pronounced in adolescents. Pre-existing mental health conditions increased susceptibility to new disorders during the pandemic. These consequences manifest themselves in both the short- and long-term, disproportionately affecting young people.

MONITORING EUROPEAN CONVENTION ON HUMAN RIGHTS DECISIONS IN THE CONTEXT OF INVOLUNTARY ADMISSIONS – PRACTICAL ASPECTS

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Introduction: Involuntary admission often raises ethical issues as it may constitute a form of violation of the patient's rights, in particular the right to liberty and self-determination. However, the aim of this measure is to protect both the patient and the community when the person is considered to lack the capacity to make conscious and rational decisions because of his or her mental disorder.

Methods: The study exposes a comparative view between the application of law 487/2002 in The *Dr. Ghe. Preda Clinical Psychiatric Hospital, Sibiu* and the report based on the monitoring of the ECHR decisions related to involuntary admission.

Results and discussions: The law lays down a number of strict conditions and procedures aimed at preventing abuse, including the involvement of multidisciplinary teams of specialists and judicial supervision of the detention measure. In this context, this strikes a balance between the protection of the patient's fundamental rights and the need to ensure appropriate treatment in critical situations.

TELEPSYCHIATRY AND DIGITAL HEALTH

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Introduction. Telepsychiatry uses digital platforms to deliver mental health care remotely, providing therapy, evaluations, and support. The rise of virtual therapy and mental health apps has made care more accessible, especially for those in remote areas or facing barriers to traditional services. These advancements reduce stigma and support a range of psychiatric interventions, including psychotherapy, medication management, and consultations.

Methods and Materials. This study reviews 30 research papers and clinical studies on telepsychiatry and digital health interventions. The analysis focuses on the effectiveness of online therapy for conditions such as anxiety, depression, PTSD, schizophrenia, and bipolar disorder. It also explores how telepsychiatry improves access to therapies like cognitive-behavioral therapy (CBT), psychoanalysis, and family therapy.

Results. Telepsychiatry has expanded access to mental health care, particularly in underserved areas. Many patients report high satisfaction due to its convenience, with studies showing outcomes similar to in-person therapy for mood and anxiety disorders. Telepsychiatry has also been effective for more severe conditions like schizophrenia. However, issues such as data security, digital literacy, and access to technology remain challenges. Building a strong therapeutic relationship through virtual platforms requires adaptation.

Conclusion. Telepsychiatry is transforming mental health care by improving access and convenience. Addressing challenges like technology access and privacy will ensure that all populations benefit, particularly in low-income and rural areas. With proper safeguards and digital literacy programs, telepsychiatry can continue to enhance mental health care globally.

IRRITABLE BOWEL SYNDROME: CURRENT TREATMENT OPTIONS

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Introduction: The pathogenesis of IBS is not completely understood, but involves dysfunction of the "brain-gut axis" including peripheral visceral hypersensitivity and central maladaptive processing of visceral pain input. Stress and concomitant psychopathologies such as somatization, anxiety and depression are thought to play a major role in the development, clinical course and response to treatment. Psychopharmacological agents such as selective serotonin/serotonin-norepinephrine receptor antagonists, TCAs as well as other agents are commonly used in treating moderate to severe IBS.

Aim of the study: This review will provide the pathophysiological rationale for the use of psychopharmacological agents in IBS, review the main classes of drugs and evidence for their use in IBS and offer a practical approach to the use of these drugs.

Materials and methods. The study was carried out following the summation of the specialist literature review, using articles published in electronic sources recognized by the international psychiatric medical society such as: PubMed, NEJM, NCBI, national guidelines (MSMPS) and international (WHO).

Results: With the advent of newer antidepressant classes with better safety and tolerability compared with TCAs, such as SSRIs and SNRIs, clinicians now have more advanced treatment options for treating IBS. Additionally, some atypical antipsychotics have recently received approval for treatment of major depressive disorder (MDD). Some AAs may have potentials based on their pharmacodynamic profile and proven benefit for mood symptoms, pain, anxiety and sleep disturbances.

Conclusions: Psychotropic drugs can play a pivotal role in the treatment of IBS patients, so doctors should be familiar with their use. Further research with these drugs is needed to solidify our current knowledge and increase our therapeutic options.

NEUROBIOLOGY AND NEUROIMAGING OF PTSD

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Introduction. Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence and bullying. Traumatic stress has a broad range of effects on brain function. Imaging studies of brain function in PTSD implicate dysfunction of the medial prefrontal cortex, amygdala, anterior cingulate cortex, hippocampal circuitry and its relation to behavior modulation, thalamus, hypothalamus, and their influences on hormonal systems, insular cortex.

Methodology. We have studied articles from the last 5 years published in electronic sources recognized by the international medical society as: PubMed / NCBI, Cambridge, Oxford, IBUB, GWAS studies and literature review to determine neuroimaging and neurobiological changes that are correlated with PTSD.

Results and discussion. Neuroimaging studies have provided significant insights into the structural and functional changes in the brain associated with PTSD: Hippocampus - reduced volume, amygdala - often shows heightened activity and increased volume, prefrontal cortex - MRI studies have consistently shown reduced volume and thickness in various prefrontal regions, particularly the anterior cingulate cortex and the ventromedial prefrontal cortex. The insula - often shows increased activation in PTSD. The corpus callosum, the primary white matter tract connecting the two hemispheres of the brain, may exhibit reduced volume and integrity.

PSYCHOLOGICAL PROFILE OF GAMBLERS AND GAMERS

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The assessment of gambling and gaming disorders is not limited to the diagnosis but also involves psychological and cognitive factors that contribute to the evolution from a social gambler to a pathological one. People with gambling disorder tend to have high scores on neuroticism and low scores on conscientiousness, agreeableness, openness, and extraversion. There are three types of problem gamblers: behaviorally conditioned, emotionally vulnerable, and impulsive antisocial. Gamers' profiles and gaming preferences are analyzed in terms of motivation and personality traits. Motivational indicators are fantasy, avoidance, skill development, competition, recreation, and socialization. Psychological indicators: neuroticism, degree of positive impulsivity, degree of negative impulsivity, positive affect, and negative affect. Thus, players addicted to internet games are categorized as highly motivated-satisfied players, highly motivated and dissatisfied players, occasional moderately-motivated players, and occasional low-motivated players. Analyzing game preferences, socio-demographic characteristics, and personality traits, internet game players are divided into Masters, Seekers, Conquerors, Daredevils, and Achievers. Understanding that everyone has specific needs and difficulties depending on their personality traits in treating these problems helps us approach potential beneficiaries more effectively and thus increase their motivation to seek treatment and pursue it.

EVERYTHING OF VALUE IS VULNERABLE

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Medical assistance and mental care in particular, arises ethical questions. These questions, often dilemmas are an indication that the work is not done in an automatic way, but is done with commitment, engagement. In this view, professional ethics, or even broader professional integrity, is not an application of universal ethical principles but arises from a specific professional involvement with people in a concrete context.

I developed a guideline for the process of moral deliberation in professional context. Based on the theory of communicative rationality of J. Habermas, the framework helps to explicit and deliberate upon the ethical dimension of professionals working with people and in public domains. Learning to use this guideline helps in dealing with the ethical dimension of working with and for people. Besides and often in contradiction with the legitimations of social policy, managerial ideology, and personal moral, it sharpens and clarifies the professional core values. It nourishes a professional socialization and opens possibilities for real dialogue and critical thinking.

INNOVATION BY INTUITION – AN ACTION RESEARCH PROJECT ABOUT THE TRILOGOS METHOD AS A SOURCE OF INSPIRATION IN R&D PROCESSES

MN Weiss

University of South-Eastern Norway

Research and development work is an essential part of academia and of professional practices. However, innovative ideas are sometimes hard to get hold of – most of the time, they don't simply come to mind. In this presentation an ongoing action research project is presented in which scholars do guided imageries based on the Trilogos Method. They exchange and reflect on their experiences in online sessions. The focus of their reflection was on what they could learn from their imagery experiences with regards to their R&D work. As it turned out so far – after two action research cycles - innovation by intuition seems to be a vital practice in their academic profession. The project is now about to go into its third cycle with participants from the University of South-Eastern Norway and the University of Paris Nanterre.

THE TRILOGOS METHOD IN PRACTICE – A WORKSHOP ON PERSONALITY TRAINING AND CONSCIOUSNESS DEVELOPMENT

MN Weiss

University of South-Eastern Norway

Standing in the tradition of the Human Potential Movement, the Trilogos Method was developed by the pedagogue Linda Vera Roethlisberger and addresses a person's rational, emotional and spiritual abilities. The overall purpose of this approach is personal growth and consciousness development. By means of a guided imagery, participants can experience this methodology and develop new ideas and steps of action for innovations in their everyday life.

EVALUATING THE EFFECT OF THE WELLNESS RECOVERY ACTION PLAN (WRAP) FOR NURSES

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The World Health Organization's 2022 report highlights that 15% of working-age adults experience mental health issues, with 301 million people living with anxiety and 280 million with depression. In Japan, over 80% of workers experience severe stress related to work, and 629 cases of mental disorders or suicides were compensated in 2021 due to work-related psychological burdens. Nurses, in particular, face high levels of stress, depression, and even suicide risk.

The Wellness Recovery Action Plan (WRAP), developed by Mary Ellen Copeland, has gained attention as a self-care tool. WRAP focuses on personalized mental health management strategies rather than treatment, and it has been shown to improve depression and anxiety symptoms in people with mental disorders. However, there is limited research on WRAP's effects on nursing professionals, despite their vulnerability to mental health issues.

This study aims to investigate the effectiveness of WRAP workshops in improving mental health and reducing stress among Japanese nurses over six months. The study will involve 120 nurses who will be randomly assigned to WRAP workshops or a control group. All data management and monitoring will be conducted at Co., Ltd., in the Medical Research Support (MRS) department. Outcomes will be measured using the WHO-5 Well-Being Index and other mental health assessments. The findings could provide valuable insights into improving nurse well-being and mental health management in the healthcare sector.

POSTPARTUM DEPRESSION – CONTEMPORARY INTERVENTIONS

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Introduction. Postpartum depression (PPD) is a major psychiatric disorder that affects many women globally, immediately following childbirth. It presents with emotional and physical symptoms such as profound sadness, fatigue, and sleep disturbances, which can negatively impact the mother-child relationship. Early identification and management are essential for the well-being of both.

Methods. The present study is a secondary, qualitative study in the form of a narrative review. Information was gathered from bibliographic sources available in relevant databases such as PubMed, Google Scholar, Medline, the WHO library, and Infomedica. The search focused on literature related to postpartum depression and contemporary interventions in this field. The selection criteria included the following aspects: keywords: postpartum depression, maternal mental health, pharmacological treatments, and psychotherapy. Publication period: Jan. 2023 – Sep. 2024. Language of publication: English.

Results and Discussions. SSRIs, including sertraline and fluoxetine, are effective and safe for breastfeeding women. Psychotherapy methods such as CBT and interpersonal therapy (IPT) have shown to be beneficial in treating psychological issues related to PPD. Social support and educational programs are critical in reducing isolation and improving adaptation to motherhood. Alternative interventions like yoga and meditation can complement these treatments.

GENDER PECULIARITIES IN AUTISM SPECTRUM DISORDER

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Introduction: Girls and boys with autism differ in their clinical and neurobiological characteristics, and their brains are patterned in ways that contribute differently to behavioral impairments. Around 75 million people have autism spectrum disorder, that's 1% of the world's population, report M:F-3:1. Recent research shows that many girls remain undiagnosed according to standard criteria for diagnosing of ASD.

Methodology: Study and analysis of scientific literature on ASD published in the last 5 years. Quantitative and qualitative processing of results.

Results and Discussions: The MRI study revealed a number of gender differences in brain structure. Girls with autism had different patterns of connectivity than boys did in several brain centers, including motor, language and visuospatial attention systems.

According to a Stanford University boys and girls develop this disorder differently. Girls up to 11 - 12 years old "mask" some of their autism symptoms to try to fit in. They have better control over their behavior in public, can smile or maintain eye contact voluntarily and make friends with a person compared to boys.

Boys with autism tend to display more stereotypical and overt repetitive behaviors, such as flapping their hands or spinning objects, and they often scream loudly and harder to deal with sensory sensitivity.

Studying gender peculiarities within ASD will allow the development of new diagnostic criteria, which will fit better for both sexes. Many of the undiagnosed girls in adolescent often have mental health problems such as anxiety, depression, low self-esteem and a higher risk of suicide.

THE PATH TO HEALTHIER WORKPLACES: LESSONS LEARNED AND FUTURE DIRECTIONS IN WORKPLACE MENTAL HEALTH

V da Conceicao

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Introduction: The MENTUPP project provided valuable insights into workplace mental health interventions, highlighting the benefits of multilevel approaches in improving well-being and reducing stigma. These findings form the basis for the PROSPERH project, which expands the focus to include both mental and physical health, particularly targeting musculoskeletal disorders alongside mental health promotion.

Methods: Building on MENTUPP's success, PROSPERH addresses the challenges posed by workplace changes, including digitalisation and post-pandemic adjustments. The project focuses on sectors undergoing significant transitions, such as healthcare and telework, and employs a comprehensive, multilevel intervention. This intervention targets both organisational (e.g., flexible working conditions) and individual health factors, with specific components for mental health and musculoskeletal disorders. The intervention will be evaluated through a cluster-randomised controlled trial in 10 European countries.

Discussion: By integrating lessons from MENTUPP, PROSPERH is positioned to make a substantial and enduring impact on workplace health, addressing both mental and physical well-being. Its focus on scalability and sustainability positions it to significantly impact diverse sectors, ensuring that interventions are evidence-based and adaptable to various workplace environments.

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