

measures has been constantly alive. In Italy involuntary treatments are justified on the basis of three criteria: the presence of a mental illness; the need for urgent hospital-based treatment, the patient refusal of treatment. Although only 10% of all hospitalizations in Italy occur on an involuntary basis, actually the lowest rate in Europe, proposals of modification of the current Law have been repeatedly presented, in terms of further restrictions of the conditions allowing involuntary hospitalization or even in terms of its abolition. The practice of physical restraint in particular, which has been reported as applied in approx. 85% of Psychiatric Wards, has been strongly criticized, although the effective dimension of its use in Italy is unknown due the lack of official data. In 2015 The National Council of Bioethics expressed a series of doubts and criticisms as well as the Special Commission for Human Rights of the Italian Senate in 2016. Moreover, the death of some patients submitted to physical restraint in the last years, gave repeatedly rise to a media hype, leading again very recently to claims for the abolition of any form of physical restraint during a National Conference on Mental Health, a proposal that the Minister of Health welcomed, committing himself to implement it through an agreement between the State and the Regions, officially devoted to health assistance in Italy.

Disclosure: No significant relationships.

Keywords: involuntary treatments add restraint add Italy

S0079

Involuntary Admissions and Patient Autonomy - How do they Fit Together

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The United Nations Convention on the Rights of Persons with Disabilities Article 12 General Commentary, explicitly states that persons with mental illnesses must always have full exercise of their legal rights in all their aspects. Assistants or support persons must not substitute or have undue influence on the decisions of persons with disabilities, including the expression of their consent. Rationales behind the concept include increased patient autonomy, promotion of coping skills, early help-seeking, avoidance of power struggles, establishment of an asylum function, reduced time spent in inpatient care and prevention of coercive measures. Quantitative data points toward a dramatic reduction of total time spent in inpatient care and of involuntary admissions in patients with previously high inpatient care consumption, whereas qualitative data indicates that the concept increases patient autonomy, responsibility and confidence in daily life. Patient-controlled admission is a promising novel approach to inpatient care in psychiatry. However, available studies are small and quality of evidence is generally low. In this talk an overview of literature review on involuntary admissions and patient autonomy as well as ethical aspects will be given and discussed.

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Keywords: patient autonomy; patient-controlled admission; ethical aspects; Involuntary admission

S0080

Past, Present, and Future of Involuntary Admission in Georgia

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Since gaining independence in 1991, Georgia has struggled to transform the old-Soviet mental health care structure into a humane system to meet basic human rights standards.

The current version of the mental health law was introduced in 2007, which instituted the new practice that required court decisions for involuntary hospitalization and several practical procedures.

The Public Defender's Office (Special reports, 2019-2021) revealed gaps and contradictions within the law that lead to human rights violations and malpractices in involuntary hospitalization.

Currently, the group of Georgian experts with international support from Expertise France- French Development Agency, at the request of the Ministry, are working on the new version of the mental health law, which will be in line with international requirements and standards.

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Keywords: Involuntary admission; mental health law; human rights; mental health legislation

Research

Emotion Development and its Relevance in Psychiatric Disorders

S0081

The Developing Brain and Emotion Regulation - Implications for Psychopathology.

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In this talk I will describe a series of studies conducted at the Centre for the Developing Brain, King's College London, that seek to increase our understanding of why infants who are born very early (before 32 weeks' gestation) are more likely to develop socio-emotional problems when they grow up compared to infants who are born at term. As part of the Evaluation of Preterm Imaging study we carried out multimodal MRI at term in over 200 newborns and studied whether we could identify specific patterns of brain development in those infants who might develop problems with emotion regulation and general mental health as they grow-up. At the behavioural level, we found that very preterm children compared to term-born controls had more mental health problems, including anxiety and autism-spectrum behaviours. Preterm children had lower IQ, were less able to regulate their emotions and