	Parallel sessions round 2 (Tuesday 29/9), 11:00 – 12:30)		
	Session 1	**Session 2**	**Session 3**
Room			
Chair	Jan De Lepeleire	Nele Gerits	Maria Papadakaki
Theme	Inequality in mental healthcare during Covid-19 times Being part of the butterfly effect	Primary Care before and with Corona, will be fundamentally different	Increasing the capacity of universities to manage the mental health problems of vulnerable students. The example of a university primary care unit in Crete, Greece
Abstracts	EFPC Mental health Working Group

Covid-19 times causes a economic crisis, increases the numbers of unemployment and the feeling having less control over our lives. This situation is the breeding ground for developing mental health problems and makes the position of mental health patients weaker. Because, social and economic circumstances, including living in poverty, low-quality work, unemployment, and poor housing are strongly associated with poor mental health.

We are firmly concerned about increasing inequality for people with mental problems: their mental health status, access to and quality of care and discrimination. What can we do in primary care to limit this inequality? What can we do on a policy level but most of all on a professional/personal level? How can you and I stimulate the butterfly effect where we make small changes with larges effects?

In this workshop we will give a short overview of this problem and share experiences and good practices. Anyone who wants to contribute to the reduction of inequalities in mental healthcare, please join this workshop! | Prof. Em. Jan De Maeseneer and Nele Gerits Federation of Community Health Centres, Belgium

Purpose
To exchange experiences and reflect about the consequences of the Covid19 crisis on the organization of primary health care: how to return to a 'different normal'.

Context
As most Western European countries, Belgium was severely hit by Covid19. Nowadays over 9500 people (total population: 11,5 million) died. In the Flemish part of Belgium, there are 35 Community Health Centres (CHC), financed via the capitation system, but the major part of health care providers is working in the fee-for-service system.

State of the art
Some remarkable observations from Community Health Centres:
• Rapid shift from traditional face-to-face consultations to telephone consultations, not hindered by financial consequences, thanks to a capitation system. In fee-for-service practices, there was a problem, as there was need to create a new type of "service": the telephone consultation;
• Patients with symptoms suspect for Covid19, were cared for in separate tracks, both in the practice and in the community (in the so called 'Triage'-centres with family physicians);
• Telephone calls to vulnerable patients in order to guarantee continuity of care; | Dr Maria Papadakaki Assistant Professor in close collaboration with her colleagues Karali A., Karapiperaki M., Lioliou S. Sarakatsianou F., Tsismeli V. from the Hellenic Mediterranean University, Greece

Context
The financial crisis of the last decade has severely affected university life, resulting in social inequalities, students' exclusion from education and low academic achievement. According to international literature, students' unfavourable socioeconomic condition significantly affects their mental health and their resilience. The COVID-19 pandemic has been an additional source of stress that greatly impacted various aspects of students' daily life. Increasing the capacity of universities to address students' vulnerabilities is necessary.

Purpose
The current workshop will discuss good practice from Greece to increase students' accessibility to health and psychosocial care, and improve their academic outcomes. Students with low family income and certified disabilities are of particular interest. More precisely, the workshop will:
—> present research findings regarding university students' most common mental health problems and discuss the impact of COVID-19 pandemic on their mental health, lifestyle and health-related behaviours.
—> share good practice from a university primary care unit in Greece, offering integrated care to students through a multidisciplinary team. |

• Interprofessional team-work with task-shifting and compentency-sharing;
• Major problems: lack of Personal Protection Equipment, and no tests available in the community at the onset of the pandemic, hence need to refer to hospital for testing;
• In the second phase: increasing morbidity and mortality in elderly nursing home patients, hence need to support the teams in the homes;
• Participation of the staff in 'cohorted care' for Covid+ patients at home;
• Serious psycho-social impact of the pandemic and the lockdown on the population, hence a challenge for social work and primary care psychologists.

Main lessons from the experience:
• Community Health Centres are well prepared and well organized to cope with the new challenges;
• Long lasting debates in the staff e.g. on telephone consultations, were resolved within 24 hours;
• Opportunity for a mind-shift towards population-oriented health care approaches and cooperation with public health services;
• The pandemic was a test for the resilience of CHCs.

Statements for debate
• How to optimize the mix in strategies for provider-patient encounters in the CHC? This includes use of technology and of task-shifting.
• Further investment in sustainability of "integrated needs-based capitation" as the payment system for CHCs.
• Need to strengthen CHCs in the context of Primary Care Networks and Primary Care Zones.
• Strengthen the population-orientation, using Community-Oriented Primary Care approaches, with participation of civil society.
• Special attention for vulnerable groups: patients with chronic conditions, refugees, disabled people, homeless, ethnic minorities,…who suffered most from Covid19 and the societal measures taken (lockdown, physical distancing,…)

—> present a university observatory, which has been set up to monitor students' health and psychosocial needs as well as their academic progress.
—> present a new mechanism aiming to support the educational process and facilitate smooth adaptation for newcomers to the social and academic life.

Discussion points
•   what challenges are there for universities when offering support to socially vulnerable students?
•   are there barriers faced by socially vulnerable students in seeking help from university services?
•   Where do we stand in terms of monitoring mental health problems in universities?
•   what do we need to achieve effective management of students' mental health problems in universi-ties?
•   How can we improve evidence-based practice and policy making in universities?