Results: The participants were aged between 17 and 68. About 11.42% came from rural areas. In these areas, 75% percent had low income versus 30.64% in urban areas. (p=0.047) The percentage of celibacy in urban areas was 68.85% versus 37.5% in rural areas (p=0.042) No significant difference was observed between the level of education and living in rural or urban areas. There was no association between rural or urban origin and number of admissions or treatment adherence or use of cannabis. The mean time between symptoms onset and consulting was 8.51 years in rural areas versus 2 years in urban areas. Moreover, time between symptoms onset and admission was significantly associated with rural or urban origin (p=0.045). The mean duration was 13,33 years ($\pm$10) in rural areas versus 3.12 years ($\pm$4.13).

Conclusions: Families living in urban areas had better income and would come to psychiatric hospital earlier. Therefore, we should help patients in rural areas access to mental health facilities for a better medical care.

Disclosure: No significant relationships.
Keywords: Urban; mental healthcare access; Rural

Mental Health Policies

EPV0870

Application of a decision support system for providing better mental health care: the case of the Basque Country (Spain).

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Introduction: Decision Support Systems (DSS) are appropriate tools for guiding policymaking processes in Mental Health (MH) management, especially where a balanced and integrated care provision is required.

Objectives: To assess the performance of a MH ecosystem for identifying benchmark and target-for-improvement catchment areas according to the Balanced Care model.

Methods: The MH provision, distinguishing inpatient, day and outpatient main types of care, has been assessed in the Mental Health Network of Gipuzkoa (Basque Country, Spain) using a DSS, integrating Data Envelopment Analysis, Monte-Carlo Simulation and Artificial Intelligence. 13 catchment areas, defined by a reference MH centre, are the units (universe) for the analysis. The indicators for MH ecosystem performance were: relative technical efficiency, stability and entropy, for identifying both benchmarking and target-for-improvement areas. The analysis of the differences between the two groups can be used to design organizational interventions.

Results: The Mental Health Network of Gipuzkoa showed high global efficiency scores, but it can be considered statistically unstable (small changes in variable values can have relevant impacts on its performance). For a global performance improvement, it is recommended to reduce admissions and readmissions in inpatient care, increase workforce capacity and utilization of day care services and, finally, increase the availability of outpatient care services.

Conclusions: This research offers a guide for evidence-informed policy-making to improve MH care provision in the main types of care and provide aftercare. The characteristics of the area to be improved are critical to design interventions and assess their potential impact on the MH ecosystem.

Disclosure: No significant relationships.
Keywords: Mental health services; Policymaking; Efficiency; mental health care

EPV0871

Subjective frequency of seeking for support from different sources and mental health among juvenile convicts

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Introduction: As mental health and emotional wellbeing while serving a sentences contribute a lot to the successful resocialization of juvenile convicts, it is necessary to study the factors that influence them.

Objectives: To consider the relationship between the subjective frequency of social support from various sources and indicators of mental health and well-being of juvenile convicts.

Methods: The study used DASS (Lovibond, Lovibond, 1995), WEMWBS (Tennant et al., 2007), PANAS (Watson, Clark, Tellegen, 1988), SPANE (Diener et al., 2010), and a question to measure the subjective frequency of seeking for support from different sources (parents, close relatives, friends, mentors, psychologists, other convicts etc.), as measured on a 4-point scale from 1 (never) to 4 (constantly). 657 juvenile convicts aged 15 to 18 (M=17.0; SD=0.8) took part in the study.

Results: Regression models (R>0.5) were obtained by means of regression analysis (frequencies of seeking for support from different sources were taken as independent variables). The declared frequency of seeking for support from mentors served as a predictor of psychological well-being (Beta 0.148, t=2.271; p=0.024), the level of depression (Beta=-0.193, t=-2.917; p=0.004), anxiety (Beta=-0.157, t=-2.365; p=0.018) and stress (Beta=-0.142, t=-2.136; p=0.033), as well as of negative experience (Beta=-0.202, t=-3.025; p=0.003). The declared frequency of seeking suppotr from psychologists predicted the level of positive experience (Beta=0.128, t=2.052; p=0.041) and of positive affects (Beta=0.145, t=2.259; p=0.024).

Conclusions: Mental health, well-being and emotional state of juvenile convicts are directly related to the perception of the frequency of seeking support from the employees of the correctional camps (mentors and psychologists).

Disclosure: No significant relationships.
Keywords: juvenile convicts; social support; mental health