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Introduction The Danish psychiatric system has gone through several structural changes in the last four decades. The deinstitutionalization of the mental healthcare system was implemented in Denmark in the late 1970s with the intention of increasing outpatient treatment. One of the aims in the reorganization was to treat the patient in the local environment rather than during long-term hospitalization.

Objectives This study focuses on the changes in the utilization of hospital facilities for patients diagnosed with schizophrenia.

Aims The aims of this study were to analyze the development of admission/readmission, bed days and occupancy rates over four decades (1970–2012) in Denmark in schizophrenia treatment using admission statistics for in-patients only.

Methods Using register data from secondary healthcare treatment of patients diagnosed with schizophrenia in Denmark 1970–2012, we analyzed the development in the use of hospital facilities.

Results Our major finding was a 220% increase between 1970 and 2012 in the total number of hospital admissions due to schizophrenia each year, while at the same time the number of annual schizophrenia bed days was reduced by 76%. Furthermore, the readmission rate within a year after discharge with a diagnosis of schizophrenia reached 70% in 2012 compared to 51% in 1970. Finally, the total bed occupancy continued to rise over the four decades and has exceeded 100% in several years since 1999.

Conclusion The findings indicate that the reorganization of the Danish mental healthcare system has created a problem of “revolving door” schizophrenia patients’ who since the 1970s have been increasingly hospitalized but for shorter periods.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Pathways to care and patterns of care in first episode psychosis patients treated in community based-mental health services. A 5-years follow-up from the PICOS

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Introduction International treatment guidelines recommend that key elements to reduce the burden of psychosis are the early identification of people and the adoption of specific evidence based interventions.

Objectives To investigate the pathway to care and patterns of interventions provided by community based-mental health services (CMHS) to a cohort of first-episode psychosis (FEP) patients over 5-years period, exploring in which degree guidelines are met in routine clinical practice.

Methods Study conducted in the context of the Psychosis Incident Cohort Outcome Study (PICOS), a multisite naturalistic research conducted in the Veneto Region (Italy) on FEP patients in a 4.6 million inhabitants catchment area. A comprehensive set of stan-

dardized measures was used, including *ad hoc* schedules to collect information on referrals to psychiatric services and on pharmacological and psycho-social treatments according to a multiwave follow-up design (1-, 2- and 5 years).

Results Three hundred and ninety-seven FEP patients were assessed at BL, 286 at 1 year, 233 at 2 years and 205 at 5 years. 47.4% of patients were helped to seek care by a relative and more than one half entered the treatment route through an emergency access. Regarding the interventions received, 96% of patients had been prescribed neuroleptics and atypical were the most prescribed class (66.9%). Only half received a psychosocial intervention during the first year and this percentage progressively decreased at each FU.

Discussion Findings highlight discrepancies between interventions provided by CMHS and the best treatment options recommended by guidelines, suggesting the need to implement specific initiatives aiming to close the gap between research and clinical practice.

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The relation between socio-environmental factors and intellectual disability: Unraveling the knot

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Background and aim The current literature indicates that people with intellectual disabilities (ID) present quantitative and qualitative peculiarities of various socio-environmental factors than the general population. Although the identification of such peculiarities would have very important implications for the development of preventive, rehabilitative and inclusive procedures, valuable data are still lacking. The aim of the present paper was to assess the significance of the relationship between socio-environmental variables in person with ID, with particular reference to individual history and life contexts.

Methods A consecutively recruited sample of 112 participants with ID attending residential or clinic/rehabilitative services across Italy was evaluated by the administration of ISTORIA (Historiographical organized interview for adult intellectual retard), a semi-structured questionnaire designed to investigate clinical and personal history of the person. A considerable percentage of the samples have co-occurrent psychiatric disorder. Scores obtained were statistically processed through frequency analysis and calculation of correlation indexes.

Results Significant correlations were found between the family, the educational/professional environments, and the inclusion in society. Further associations concerned social relationships within and outside the family, the changes of living accommodation, and the level of environmental stimulation received.

Conclusions Both findings from previous research and the ones of this work confirm the importance of investigating the mechanisms involved in the acquisition of social skills by persons with ID, through family dynamics and participation in community life, as protective factor against the worsening of disabilities and potentially of psychopathological vulnerability that affects this population.

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