EPV0485

The relationship between homelessness and psychiatric disorders in an inpatient sample

C. V. Vass*, G. Gazdag and G. V. Vida

Psychiatry and Psychiatric Rehabilitation, Jahn Ferenc South-Pest Hospital, Budapest, Hungary
*Corresponding author.

Introduction: There are more than ten thousand homeless people in Hungary. Earlier studies confirmed the connection between mental health issues and homelessness. Furthermore, homeless care places a significant burden on the healthcare system, with psychiatric departments being no exception.

Objectives: to compare demographic and treatment characteristis of homeless and not homeless inpatients in the psychiatric department of Jahn Ferenc South Pest Hospital (JFSPH), and thus providing a different perspective compared to previous studies, shedding light on the relationships from a different angle.

Methods: In our retrospective study, we analyzed all inpatients' data treated in the psychiatric department of JFSPH over a 4-month period (03/2023-07/2023). Patients were divided into two groups: those with housing and those who were homeless. We compared the two groups based on the following variables: gender, age, length of inpatient treatment, diagnosis, psychiatric history, employment status; smoking, alcohol and drug use; valid health insurance, invalidity pension and guardianship status; and long-acting injectable antipsychotic treatment.

Results: The percentage of homeless individuals treated in the psychiatric department of JFSPH was 18%. There was a significant difference in the length of inpatient stay between the two groups, homeless patients spent more than 100% longer time under inpatient treatment. Regarding psychiatric history, there was no significant difference between the two patient groups. When examining the employment status of the sample, we found significantly more unemployed patients im the homeless group. Comparing to the control group, there were significantly more alcohol consumers, smokers, and substance users among the homeless. Long-acting antipsychotic injections were administered significantly more frequently to homeless patients. A significantly higher percentage of homeless individuals were declared invalidated, and a significantly higher proportion of them were placed under guardianship compared to the group with housing. Homeless individuals were significantly more likely to have no social insurance compared to the control group.

Conclusions: In summary, we can conclude that significant difference have been found between the homeless and not homeless groups in most of the examined variables. These results implicates that the inpatient care of homeless patients poses significant bourden on the inpatient system. Early prevention and effective rehabilitation of substance use disorders could decrease this burden. Establishing a proper social safety network and enhancing community psychiatric care could potentially also relieve the burden of inpatient care system.

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Problem focused coping strategies and high self-compassion can be seen as protective factors to lower stress, negative emotional reactions to job and anxiety

E. N. Gruber[1]* and S. Martic Biocina[2]

[1]Department R, Mental Health Centre Sct. Hans, Roskilde, Denmark and [2]Department of Social Psychiatry, University Psychiatric Hospital Vrapče, Zagreb, Croatia
*Corresponding author.

Introduction: Previous research has shown that:

- problem focused coping strategies aim to change the reaction to the stressful situations
- self-compassion may reduce anxiety and depression. It is associated with happiness, it increases with age, it is negatively correlated with perceived stress and in older adults seems to be associated with higher levels of wisdom, integration, acceptance of one's past life experiences and higher levels of meaning in life.
- job related low LPLA (Low pleasurable Low arousal emotions) and high LPHA (Low pleasurable High arousal emotions) levels corelate to depression, anxiety, and stress.

Objectives: Case report of 60 years old computer scientist

Methods: Psychiatric interview and scales:

Self-reported questionnaires: The Brief-COPE, The Self-Compassion Scale (SCS-SF), The Perceived Stress Scale (PSS 10), The Depression Anxiety Stress Scale (DASS-10), The Job-related Affective Well-being Scale (JAWS), The Subjective Happiness Scale (SHS), The Meaning in Life Questionnaire (MLQ)

Results: 60 years old male computer scientist, single, without children, multiple times a week in recreative activities and physical activities. He is not satisfied with close friendships, he sleeps 6 hours in day, he didn't have traumatic experiences in life. He is not religious. He works 45 hours per week, from that 5-10 hours weekly works at the site of primary employment.

The Brief-COPE: High score for using problem focused coping strategies-acceptance, planning, positive reframing, and informational support. Maladaptive coping strategies used in lower grade: self-blame and self-distraction.

SCS-SF: Much higher levels of self-compassion than the norms established by previous research.

DASS-10: low.

SHS: lower happiness level than the norms established by previous research.

JAWS: High negative emotional reactions to job and low level of overall job-related affective wellbeing together with lower HPHA, higher LPHA, and lower LPLA in comparison to previous research. According to previous research this person is not satisfied with his job and have a lot of negative emotions regarding his job.

PSS 10: Levels of perceived stress are lower than the norms established by previous research.

MLQ: this person scored below 24 on the scale- presence of meaning and below 24 on the scale search for meaning. According to previous research person with this score do not feel their life has a