

## EPV0485

### The relationship between homelessness and psychiatric disorders in an inpatient sample

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**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 characteristics 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 in 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 differences have been found between the homeless and not homeless groups in most of the examined variables. These results implicate that the inpatient care of homeless patients poses significant burden 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.

**Disclosure of Interest:** None Declared

## EPV0489

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

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**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 correlate 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 recreational 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 LPHA, higher LPHA, and lower LPLA in comparison to previous research. According to previous research this person is not satisfied with his job and has 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

valued meaning and purpose and they do not actively explore that meaning or seeking meaning.

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

**Disclosure of Interest:** None Declared

## EPV0490

### Autism Spectrum Disorders traits in a sample of young adults referring to a generalized mental health outpatient clinic

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**Introduction:** The diagnosis of Autism Spectrum Disorders is currently witnessing several changes, with direct consequences on the prevalence rates in the general population. However, little is known about ASD traits prevalence in clinical samples, and how much these traits interact with other mental health conditions, especially in young adults, a critical age for the outbreak of many psychiatric diseases.

**Objectives:** The aim of this study was to assess the prevalence of ASD traits in a sample of young adults (aged between 18 and 24 years old) referring to a specialized mental health outpatient clinic.

**Methods:** We administered to 259 patients the Autism Quotient (AQ) and the Ritvo Autism and Asperger Diagnostic Scale-Revised (RAADS-R), along with a detailed sociodemographic and anamnestic interview.

**Results:** We found that 16.2% of our sample scored above the cut-off at both scales (a percentage that went down to 13.13% when restricting the RAADS-R cut-off at >119, as suggested for clinical samples).

**Conclusions:** This prevalence seems considerably higher than the one reported in the general population, and not negligible. The association with sociodemographic features such as sex assigned at birth, gender identity and employment status, and the validity of the screening tools we implemented, are discussed. In conclusion, we suggest that an assessment for autistic traits should be implemented in young adults seeking help for unspecified psychiatric symptoms and psychological suffering and that, despite the not unanimous consensus over self-report screening tools, a positivity to both the AQ and the RAADS-R should lead the clinician to conduct a full diagnostic evaluation with structured or semi-structured interviews.

**Disclosure of Interest:** None Declared

## EPV0491

### Epidemiological profile of long-term leave for psychiatric illnesses

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**Introduction:** Long-term leave for psychiatric illness is the most frequently prescribed reason for leave, and appears to be on the increase in recent years.

**Objectives:** To draw up a sociodemographic, occupational and clinical profile of workers who have taken long-term sick leave for psychiatric illness

**Methods:** Retrospective descriptive study involving the medical files of workers from both the public and private sectors, having benefited from long-term sick leave over a period going from August 17, 2022 to September 12, 2023, referred to the occupational medicine and pathology department of Charles Nicolle Hospital in Tunis for medical fitness-for-work assessment. Data collection was based on a pre-established synoptic form.

**Results:** During the study period, we identified 639 long-term sick leave prescribed for psychiatric illnesses. Our study population was predominantly female, with a sex ratio of 0.29 and a mean age of 46.82 ± 25.06 years. Sixty percent of employees were married. The most represented occupational category was nurses (33%). Average job seniority was 17.21±10.41 years. Depressive syndrome was the most common psychiatric pathology in our population (80.3%), followed by bipolar disorder (6.4%) and anxiety disorder (5%). Long-term sick leave was prescribed by a psychiatrist working in the private sector in 90.3% of cases. The average duration of leave was 63.70±31.58 days. The triggering factor was work-related and social in 33.6% and 30.1% of cases respectively. The agents returned to work after the long-term sick leave in 92% of cases.

**Conclusions:** Long-term sick leave for psychiatric reasons is a handicap to productivity in society. Non-occupational factors are thought to be responsible for these mental health disorders. Setting up and improving social structures in the workplace would reduce the number of cases of long-term sick leave

**Disclosure of Interest:** None Declared

## EPV0492

### Parents' Assessment of Their Children's Use of Technology

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