

behavior and get insight as to what constitutes the behavior and how we address it through three sub-studies.

Methods: The study will be carried out as a mixed method study and includes a systematic review (Study 1), a qualitative part, which will be examined through interviews (Study 2), and finally a quantitative part that will be conducted through questionnaires (Study 3).

Results: The project is ongoing.

Conclusions: Prospects of this study are that the project will create clarity about the essence of the phenomenon of digital self-harm, how NSSI and suicidal behavior is affected and generate enough knowledge to develop interventions aiming digital self-harming and suicidal behavior.

Disclosure: No significant relationships.

Keywords: self-harm; social media; Mixed Method; suicidal behavior

EPP0690

Prevalence and direct health cost of mental diseases in Hungary - analysis of the National Health Insurance Fund's data

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Introduction: According to international publications the burden of mental diseases is considered to be significant and rising.

Objectives: Scope of analysis is to present 1) patient numbers and 2) direct mental health costs from the database of the National Health Insurance Fund Hungary for patients with F00-F99 ICD code between 2015-2019.

Methods: An Oracle database was created with direct mental care costs for each patient in a given year with a three-digit ICD code and type of care (primary, specialist, prescribing) and handled via sql queries. Data on capacity and performance came from the NHIF and NSO website for 2008-2019 and were handled via Microsoft Excel.

Results: Mental problems affected 3 million people (more than 30% of the population) in a five year period, though patient numbers are continuously declining. Almost half of the patients only visit a general practitioner and don't get a prescription. There is also a drop in proportional mental spending which has fallen from 5,03% to 4,02%. This tendency is accordance with international findings. There is a dramatic fall of inpatient cases and a growing number of outpatient interventions, though we see a move from individual therapy sessions to group interventions and a decline in specialist psychotherapy sessions. We can see a shift towards more young patients both in inpatient and outpatient setting.

Conclusions: The analysis raises the question whether declining patient numbers and shrinking proportional spending are due to smaller provider capacities and unmet need or a mentally healthier population.

Disclosure: No significant relationships.

Keywords: mental health patient numbers; mental health costs; direct mental health care spending; mental care costs Hungary

EPP0691

Assessment of the performance of assertive community treatment: the case of Bizkaia (Spain)

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Introduction: A mental health (MH) assertive community treatment (ACT) is always designed expecting for a decrease in the pressure (visits and readmissions) in inpatient services and to increase care quality. An appropriate management of ACT provision can be crucial to develop a balanced community-based MH ecosystems.

Objectives: To assess the impact of the ACT on the performance of the MH ecosystem of Bizkaia (Basque Country, Spain).

Methods: The ecosystem is structured by 19 MH areas, supported by 5 ACT teams. Here ACT provides high intensity mobile outpatient care to people suffering from severe mental disorders. The impact of these teams on the ecosystem performance was assessed by Monte-Carlo simulation, the Data Envelopment Analysis (DEA) and fuzzy inference. The input variables were the availability, number of psychiatrists, nurses and total of professionals of ACT services in each area. The outputs were: frequentation, incidence and prevalence of ACT services in each MH area. Performance indicators were: relative technical efficiency (RTE), statistical stability and entropy.

Results: The global ecosystem performance was high (RTE on average=0.799 -input DEA orientation- and 0.825 -output orientation- up to 1, the maximum), the stability was medium-low (respectively 38,67% and 13.64% up to 100%, the maximum) and the entropy was medium-high (respectively 70,41% and 65.9% up to 100%, the maximum).

Conclusions: Results highlighted a positive impact of ACT in Bizkaia. Nevertheless, stability and entropy levels showed the existence of a high structural variability in ACT services due to the necessity of adjusting them to the user's specific needs.

Disclosure: No significant relationships.

Keywords: assertive community treatment; relative technical efficiency; Monte-Carlo simulation; Mental Health Policy

EPP0692

An Observational Study on the Walking Proximity between Off licenses plus Bookmakers and Community Mental Health Facilities in County Dublin

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