

EPV0874

Mental Health and economic effects: correlation between unemployment and psychoactive drugs

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Introduction: Mental Health is an invisible part of public health, and a determinant of it by affecting the human, social and economic capital of countries. Is one of the main causes of disability worldwide and, when left untreated, they can lead to increased costs and premature mortality. In 2019 they represented 22% of the disability burden in DALY in the European Union. Regarding the effects of economic recessions studies suggest that they have detrimental effects on mental health. And can become a reality in the current pandemic scenario.

Objectives: To reflect on the studies carried out that debate the effects of previous economic crises on mental health, particularly the 2008-2013 crisis. It aims to list not only the possible intervention strategies in the area as well as the barriers to their implementation.

Methods: Classic review of the topic through the international literature and the state of the art on available platforms. Establish a proxy between the unemployment rate and the number of packages (antidepressants and anxiolytics consumed) in homologous periods as a representative capacity of the impact of the crisis on mental health.

Results: The number of packages of antidepressants and anxiolytics behave differently. the antidepressants have greater consumption when unemployment decreases.

Conclusions: Several studies describe that the increase in the unemployment rate, indebtedness and social exclusion are empirically proven as consequences of the economic crises and predisposing factors for mental pathology. However, this does not translate into a proxy for the consumption of antidepressant packages with the increase in the unemployment rate. It may be due to the non-prioritization of mental health.

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Keywords: mental health “add” economic crisis “add” psychoactive drugs

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Achieving Parity of Esteem of Mental Healthcare in the UK

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Introduction: Mental illness is the single largest cause of disability in the UK, with one in four individuals suffering from a mental health problem. Despite this, only 13% of the NHS budget goes towards treatment of mental illness. It is thus unsurprising that addressing the parity of esteem of mental health has been highlighted as a major priority for the healthcare system, with the NHS Five Year Forward plan aiming to achieve this by 2020.

Objectives: To explore the barriers to achieving parity of esteem of mental healthcare in the UK and develop recommendations for implementation.

Methods: Narrative review of literature and synthesis of findings

Results: Three key barriers to achieving parity of esteem of mental health were identified: the current mental health investment standard (MHIS), medical sub-specialisation, and access to acute day units (ADU). The following recommendations were thus synthesised: to increase the time-period to measure MHIS increments, integrating mental health teaching into specialty training programmes, and increasing the availability of ADUs to crisis referral teams.

Conclusions: Addressing the disparity between mental and physical health is a major priority for the NHS. This research provides an overview of current barriers and suggests recommendations for improvement. By prioritizing improvement in the MHIS, integrating mental health teaching into specialty training, and increasing access to ADUs, the NHS formulates an excellent foundation to achieving the ultimate goal, parity of esteem of mental health.

Disclosure: No significant relationships.

Keywords: Parity of esteem; Mental Health Policy; mental health; United Kingdom

Migration and Mental Health of Immigrants

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Early childhood low parental income and the risk of mental disorder in adolescence and early adulthood. A register study of migrants and non-migrants

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Introduction: Low parental income during childhood is associated with increased risk of mental disorders at later ages. However, despite a disproportionate share of migrant children growing up in persistent poverty, as compared to their majority counterparts, the research on whether the association varies by migrant background is limited.

Objectives: Is there an association between parental income during early childhood and the risk of mental disorder, defined by use of outpatient mental healthcare services (OPMH), in adolescence and early adulthood? Does the strength of the association vary by migrant background?

Methods: Information from five national registers were combined to study a population of 577,072 individuals. We applied discrete-time logistic regression, with an interaction term between parental income and migrant background to study differences in the association by migrant background.

Results: Low parental income during early childhood was associated with twice the odds of OPMH use in adolescence and early adulthood compared to individuals with higher parental income. Even after adjusting for a range of covariates the association remained significant, yet, weaker. The association was, however, in the opposite direction for migrants. Those in the higher income group had higher probability of OPMH use. The relative differences within groups were small, but significant for migrants from Middle East and North Africa, South Asia and Western countries.