

**Introduction:** Psychiatric hospitalization of adolescents can have biological, psychological and social impacts on these patients with psychiatric illness if not managed correctly. To achieve this, the aim is to keep the hospitalization time as short as possible and to have a clear goal of the intervention (i.e., to diagnose, monitor risks, and stabilize comorbidities). This care is important because the effectiveness of the hospitalization process and its articulations after discharge are related to the chances of these patients being readmitted.

**Objectives:** To describe the general aspects related to the hospitalization of adolescents with psychiatric illnesses who require hospitalization in a general hospital in northeastern Brazil.

**Methods:** This is a longitudinal study carried out in a general hospital in the state of Pernambuco, in the northeastern region of Brazil. Medical records of hospitalizations that occurred between January 2018 and January 2023 were analyzed. The medical records of patients aged 12 to 17 years and 11 months were included in the study. Sociodemographic and clinical data were collected from the medical records to be submitted to statistical analysis. This study was approved by the local ethics committee (number 6.880.316).

**Results:** Five hundred and nineteen adolescents were admitted to the general hospital under study for mental reasons throughout that time. After evaluating the data for consistency, 484 medical records were included in this study. It was observed that approximately 53.7% of hospitalized patients were male. The median age was 16 years (IQR 14-17 years). Regarding the clinical profile of hospitalizations, 39 different diagnoses of psychiatric illnesses were listed throughout the period. Following the ICD-10 classification, the three main reasons for hospitalization are: F23 - acute and transient psychotic disorders (13%); F19 - mental and behavioral disorders due to multiple drug use and use of other psychoactive substances (12.4%), and F32 - depressive episodes (11.4%). Notably, during the study period, 63 individuals were hospitalized more than one time.

**Conclusions:** The primary mental health diagnoses of teenagers who were hospitalized to a northern Brazilian general hospital were described. From the standpoint of public health, the existence of patient readmissions highlights the deficiency of proper care provided to the adolescents after being discharged from the facility. Nevertheless, the examination of the variables associated with the hospitalization of adolescents was made difficult by the lack of uniformity and precision in medical records.

**Disclosure of Interest:** None Declared

## EPP569

### Population models for the main indicators of mental health of the Russian population in the period 1992-2022

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**Introduction:** The mental health of the population at the level of the psychiatric service has a number of main indicators: the levels of general morbidity (prevalence) and primary morbidity (incidence) of mental disorders. Population models allow you to demonstrate the scale of problems and assess the resources to solve them.

**Objectives:** Building population-based epidemiological models of mental health of the Russian population to analyze the relationship between indicators of mental disorders and the human resource of psychiatric care, as well as demographic, socio-economic factors in the period 1992-2022.

**Methods:** The work uses data from Russian socio-economic statistics, materials from medical and research institutions and results published in scientific periodicals (see, [1] and references). In the formation of population models, the methods of systematic data analysis presented in the work [1] and statistical analysis in the framework of MS Excel were used.

**Results:** At the first stage, correlation analysis was used to select demographic, socio-economic factors and the factor of the personnel resource of psychiatric care, which significantly affect the indicators of general and primary morbidity of mental disorders. It turned out that the most significant factors are: population size, life expectancy at birth, unemployment rate, number of psychiatrists and psychotherapists. The correlation coefficients between these factors and the indicators of general and primary morbidity of mental disorders are (in absolute value) in the range of 0.65-0.93 with a reliability level of 95%. At the second stage, linear regression (one-factor, two-factor) and nonlinear (logistic) models were obtained, linking the incidence of mental disorders with the selected factors. The obtained regression models are characterized by high reliability with a coefficient of determination  $R^2$  in the range 0.81-0.92 for single-factor and, respectively, 0.90-0.98 for two-factor models. The obtained nonlinear logistic model for the indicator of general morbidity allowed us to obtain a maximum morbidity value for the Russian population equal to 34.4% of the population. This result practically coincides with the result obtained in the well-known work [2]. In this epidemiological study on the European continent, it was found that 38.2% of European residents suffer from mental disorders.

**Conclusions:** The obtained models make it possible to quickly monitor the impact of medical, demographic, socio-economic factors and changes in the personnel resource of psychiatric care on the morbidity rates of the Russian population. 1. Mitikhin V., Yastrebov V. et al. *Neuroscience and Behavioral Physiology*. 2019; 49(2): 233-239. doi: 10.1007/s11055-019-00720-4. 2. Wittchen, H. U., Jacobi, F., Rehm, J., et al. *European Neuropsychopharmacology*. 2011; 21: 655-679. doi:10.1016/j.euroneuro.2011.07.018

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## EPP570

### Is Long-term mental health care in Portugal ensuring psychosocial rehabilitation? – analysis of the discharge destinations

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**Introduction:** Since 2017, the reform of mental health services implemented in Portugal has included the establishment of a national network of long-term mental health care (MH-LTC) to promote the psychosocial rehabilitation of people with mental

illness. Different facilities are available according to the degree of psychosocial disability, functionality and family and social support network. Thus, residential structures, home support teams, and socio-occupational units are available to reintegrate these users into society and their families.

**Objectives:** To assess discharge destinations according to the MH-LTC typology (home care teams, residential structures and socio-occupational units).

**Methods:** We conducted a national retrospective observational study to analyse the MH-LTC discharge destinations using secondary data publicly available. The following discharge destination categories were considered in the analysis: home (with or without support), social facilities, nursing home, other typologies from the long-term care network (LTC), and others. The analysis included the discharge destinations between May 2018 and March 2024.

**Results:** A total of 119 discharges were recorded, with 50 patients (42.0 %) going home, four (3.3%) to social facilities, 46 (38.7%) to other LTC typologies and 19 (16.0%) to unspecified destinations. Regarding discharge to home, 27 (54.0%) came from home care teams, 14 (28.0%) from socio-occupational units and 9 (18.0%) from residential facilities. The remaining discharge destinations included 34 (49.3%) from home care teams, 13 (18.8%) from socio-occupational units and 22 (31.9%) from residential facilities.

**Conclusions:** Although these results do not allow us to gauge the level of disability before and after joining the MH-LTC, they raise some questions. Firstly, the number of discharges is small considering the span of more than five years. In addition, non-residential facilities have the highest number of discharges compared to residential facilities. On the other hand, less than half of the discharge destinations are to the patient's homes, which may lead us to question whether the MH-LTC fulfils its purpose of psychosocial rehabilitation or whether it is a transitional structure aimed at responding to social issues.

**Disclosure of Interest:** None Declared

## Forensic Psychiatry

### EPP571

#### "Hidden" Voices

#### Marginalised community perspectives on policing and community safety; an international scoping systematic review

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**Introduction:** Community safety is about everyone having the right to be and feel safe in their community. People from marginalised communities (including people with mental illness, intellectual disability, migrants, and homeless) are over-represented in policing contacts. Yet, little is known about the real world perspectives of these

marginalised groups in respect of perceived safety and interventions that work to improve this.

**Objectives:** To systematically review the published literature concerning the experiences of people from marginalised communities on policing and community safety.

**Methods:** Research database SCOPUS (inception to 1 January 2024) was searched for English-language publications using key words. The electronic search was augmented by manual searching through reference lists and websites of governmental and non-governmental organisations. Published studies with information about the experiences of persons from marginalised communities on policing and community safety were included. Opinion articles or reviews that did not contain qualitative data were excluded, as were studies that focused on law enforcement professionals views.

**Results:** Of the 857 papers identified, 17 studies met eligibility criteria with a total of 1254 participants from 5 countries. A recurring theme from different marginalised communities was "greater fear" and "less trust" of police and a reluctance to report crime. Those with physical disabilities were less likely to use public transport. Latin migrants feared speaking Spanish in America. African refugees in Australia felt targeted by the police because of their ethnicity. Muslims in England reported they were under increased police surveillance. Homeless youths in Canada with early negative experiences with law enforcement personnel were less likely to seek police involvement if needed in future. Conversely both Mexican-origin residents and Chinese immigrants living in America identified police as having a critical role in making them feel safe.

**Conclusions:** This study scoped the experiences of people from marginalised communities in respect of policing and community safety. To the author's knowledge, this is the largest scoping study of this type, to date. It is evident from this review that there are voices, sometimes "hidden voices", from marginalised communities that perceive policing approaches differently. This guides not only their future interactions with police but also their social outlook. Working closely and proactively with individuals within these marginalised communities will help find the balance between "over policing" and "under policing" to help contribute to the overall community safety. A key recommendation from this review would be for authorities to meaningfully incorporate these voices when developing or reviewing policies relating to community safety.

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### EPP573

#### Exploring the link between exposure to sexual interpersonal violence and subsequent child sexual offending: Insights from a Danish Study

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