

EPP0689

The role of chronic disorders in psychotherapy

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Introduction: Many mental disorders take a chronic course, associated with disability and/or participation restrictions. This is well recognized in social psychiatry. It is assumed that in psychotherapy milder disorders are seen, but there are no data available in this regard. In a survey in outpatient psychotherapy the rate of patients with chronic disorders and associated impairment was assessed.

Objectives: Goal of the present study was to assess the prevalence and meaning of long term and prevailing disorders in psychotherapy

Methods: A total of 131 psychotherapists (43.5% psychodynamic, 55.7% cognitive behavior therapy) reported about 322 outpatients. Therapists were interviewed in person by two research psychotherapists in regard to illness characteristics of unselected patients.

Results: The duration of illness was longer than 1 year in 98.1% of patients or longer than a decade in 54.5%. In the judgement of the therapists 79% of disorders had a chronic or recurrent course. In 25% there were relevant participation impairments in regard to daily activities, leisure time, social relations, or work. About one quarter had already been in inpatient treatment.

Conclusions: The data show that chronic disorders are the rule rather than the exception in psychotherapy. This requires a multi-dimensional and interdisciplinary treatment approach, including sociomedical interventions in order to sustain participation in life. This should be recognized in the treatment concepts and also get proper attention in the education and reimbursement of psychotherapists.

Disclosure: No significant relationships.

Keywords: chronic disorder; Psychotherapy; impairment

EPP0688

Anxiety of pandemic and distance learning as predictor of decrease in satisfaction, competence and engagement in students during digital education periodG. Soldatova¹ and E. Rasskazova^{2*}

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Introduction: Transition of educational institutions to distance learning in pandemic was found to be associated with students' complaints about difficulties, decrease in effectiveness, interest and well-being (Herbert et al., 2021, Almomani et al., 2021, Puljak et al., 2020).

Objectives: The aim was to reveal psychological predictors of decreased academic satisfaction, competence, and engagement among students in the digitalization of education during a pandemic.

Methods: In December 2020 220 students 18-33 years old were asked about their learning difficulties, academic satisfaction, competence and engagement before the pandemic and now (Cronbach's alphas .66-.90), well-being (Diener et al., 1985, Diener et al., 2010), educational motivation (Sheldon et al., 2017), pandemic anxiety (Tkhostov, Rasskazova, 2020).

Results: There was a decrease in academic satisfaction, subjective competence and engagement, with moderate learning difficulties ($F=60.4-63.3$, $p<.01$, $\eta^2=.22$). More pronounced learning difficulties during a pandemic were found in students with higher level of negative emotions, lower integrated learning motivation, higher anxiety due to the transition to distance learning and due to a violation of security online ($p<.01$). The decrease in academic satisfaction, competence and engagement were maximal among students with a lower level of positive emotions, higher level of amotivation, anxiety due to the transition to distance learning and violation of privacy and security online ($p<.01$).

Conclusions: Students with higher negative emotions and distance learning anxiety regardless of their skills were more vulnerable to the changes in learning in pandemic. The study was funded by Russian Science Foundation project № 18-18-00365.

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Keywords: Anxiety of pandemic; distance learning; digital education

EPP0689

Digital self-harm – Social Media and its impact on Non-Suicidal Self-Injury and suicidal behavior. A Longitudinal Mixed Method Study.

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Introduction: Several initiatives within psychiatric nursing targets Non-suicidal self-injury (NSSI) in DK, but none targets the new phenomenon Digital Self-harm. Digital self-harm involves the use of Social media (SoMe) to harm oneself for example by communicating condescending content about and to oneself through fake profiles, seeking out conflicts to be humiliated, and consciously get others to say vicious things about themselves. Further, images are exchanged showing wounds, broken extremities, etc. and thoughts and feelings are exchanged about suicidal actions as well as methods for both self-harm and suicide actions. We do not know enough about what constitutes the problem nor do we know how to address neither the behavior nor their consequences. Due to conflicting results, more research is needed to understand how media affects NSSI as well as suicidal behavior.

Objectives: The overall objective of this study is to map, at a national level, how SoMe is used as part of NSSI and suicidal

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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