

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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Introduction: Dual diagnosis is commonly treated by Community Mental Health Team (CMHT). Addiction is a common complicating factor in individuals with major mental illnesses. It is established that businesses on high streets impact on the public's health.

Objectives: We hope to generate discussion about the planning and the placement of community mental health services.

Methods: The location of County Dublin community mental health teams' outpatient clinics' and day hospitals' were obtained from the Health Service Executive directory website. All off-licenses' and bookmakers' addresses in County Dublin were obtained from the Irish Revenue Commissioners website. The distances were measured using Google Maps and a programming script to generate a matrix under one-kilometre radius walking distances between the locations. No ethical approval is required. All Data are sought from publicly available websites.

Results: On average, there are 6.29 (SD 4.20; Median 5.) off-licenses and 2.4 (SD 2.28; Median 2) bookmakers offices per mental health facility within 1 km walking distance. The Central Dublin Mental Health Service has the highest prevalence of off-licenses (45, 34.4%), and the Central South Dublin Service (20, 39.2%) has the highest prevalence of bookmakers. Southeast Dublin Service has the lowest in both businesses. The closest distance to an off-license from mental health facilities was 0 meters.

Conclusions: Psychiatrists have a role in advocating the needs of individuals with dual diagnoses. The Department of Health and Health Service Executive (HSE) should develop a guideline and protocol for the community health services in the structuring and planning mental health services in the community health outpatient service setup.

Disclosure: No significant relationships.

Keywords: GIS; gambling; community mental health service; alcohol

EPP0693

Cost-effectiveness of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness: the MULTI study V

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Introduction: Economic evaluations of lifestyle interventions for people with mental illness are needed to inform policy makers and managers about implementing such interventions and corresponding reforms in routine mental healthcare.

Objectives: We aimed to evaluate changes in healthcare costs 18 months after the implementation of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness (MULTI) versus treatment as usual (TAU).

Methods: In a cohort study (n=114; 65 MULTI, 49 TAU), we retrospectively retrieved cost data in Euros on all patient sessions, ward stay, medication use, and hospital referrals in the quarter year at the start of MULTI (Q1 2014) and after its evaluation (Q3 2015). We used linear regression analyses correcting for baseline values and differences between groups, calculated quality-adjusted life years (QALY) and deterministic incremental cost-effectiveness ratios, and performed probabilistic sensitivity analyses.

Results: Adjusted regression showed reduced total costs per patient per quarter year in favor of MULTI (B=-736.30, 95%CI: -2145.2-672.6). Corresponding probabilistic sensitivity analysis accounting for uncertainty surrounding the parameters showed MULTI was dominant over TAU with a saving in total costs of €417.48 (95%-CI: -2,873.2-2,042.1) against 0.06 improvement in QALY (95%-CI: -0.08-0.20). Costs saving estimates were statistically non-significant showing wide confidence intervals.

Conclusions: Regardless of cost savings, MULTI did not increase healthcare costs while improving QALY and additional previously observed health outcomes. This indicates that starting lifestyle interventions does not need to be hampered by costs. Potential societal and economic value may justify investment to support implementation and maintenance. Further research is needed to study this hypothesis.

Disclosure: No significant relationships.

Keywords: physical activity; Lifestyle; schizophrénia; cost-effectiveness

EPP0695

The role of academic factors on the development of mental illness stigma.

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Introduction: Stigma and discrimination can disrupt the lives of individuals with a mental illness, preventing their opportunities to become productive citizens. These Individuals must also face either an avoidant attitude by healthcare professionals or prejudices about their adherence to medications and the psychological nature of their physical symptoms.

Objectives: Assess stigma in terms of explicit and implicit attitudes among medical school students and junior doctors. Evaluate academic factors and interfering with these attitudes.

Methods: A cross-sectional study was conducted among students from medical schools in Tunisia.

All participants were invited to complete a brief anonymous electronic survey administered on the google forms online platform. Data were collected using self-administered questionnaires, Stigma Measurement, Mental Illness: Clinicians' Attitudes (MICA).

Results: The sample consisted of 1028 respondents. The respondents' mean age was 24.54 years (SD=3.7). Post-clinical students scored higher than pre-clinical students in questions 2, 6, and 12 on the rating scale. A positive significant relationship was identified with specialization in psychiatry. Residents who were specialized in