

EPP154

The impact of the new Dutch law on Court-Orders or Care Authorizations: Less or Shorter involuntary Admissions due to Earlier Intervention?

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Introduction: As of January 1, 2020, the new Dutch Mental Health Compulsory Care Act (WVGZ) came into effect, replacing the Special Admissions to Psychiatric Hospitals Act (Wet BOPZ).

Objectives: One of the expectations of the WVGZ was that earlier (medication-based) involuntary intervention in outpatient settings would lead to fewer or shorter hospital admissions. The most important change was the outpatient use of involuntary medication, which was not allowed before the law.

Methods: Data from the Argus rating scale (Noorthoorn et al, 2016) and its successor, the compulsory care registration were combined with background data on admissions and wards. For this study, patients with a court order (RM) in 2016 and 2017 and a compulsory care authorization (ZM) in 2022 and 2023 were selected.

Results: In 2016 and 2017, 549 patients received an RM, and 958 RM's were issued. In 2022 and 2023, there were 405 patients, and 546 ZM's were implemented. The total number of admission days for these patients before the law was 78,183 compared to 76,099 after the law. The average length of stay increased from 81 days per patient to 140 days per patient ($t=-8.93$, $p<0.001$). Seclusion decreased from 45,893 hours to 2,985 hours ($t=4.93$, $p<0.001$). Intramuscular (IM) medication was administered 137 times before the law and 369 times in clinical settings after the law (2022-2023) ($\chi^2=325.10$, $p<0.001$). IM medication was administered 777 times in outpatient settings.

Conclusions: Contrary to expectations, the legislative change did not result in shorter admissions for patients with a ZM. The data indicate significant differences in involuntary treatment for patients before and after the legal change. The presentation will explore possible factors influencing these figures.

Disclosure of Interest: None Declared

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Predictors of Treatment Completion Among Clients Involved with the U.S. Public Mental Health System

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Introduction: Research indicates that for psychiatric services to be generally effective, individuals have to complete the treatment. Although treatment completion does not necessarily equate to treatment success, it has been found to consistently lead to improved outcomes including improved rates of recovery and reduced risk of involvement with the justice system and other adverse outcomes. Treatment non-completion, on the other hand, has been associated

with a higher risk of readmissions for inpatient care, legal, and other health-related problems (Dreyer et al. S Afr J Psychiatr 2020; 26 a1255). These findings underscore the importance of examining factors associated with treatment completion.

Objectives: The goal of the study was to identify predictors for treatment completion among individuals receiving psychiatric services from state-administered behavioral health systems in Indiana, USA. Three domains of predictors were examined, including socio-demographic characteristics, comorbid conditions, and the type of treatment patients received.

Methods: Statewide records from merged administrative data sets were used for this analysis. Multivariate logistic regression was conducted using a sample of 15,412 adults receiving behavioral health services in fiscal year 2020.

Results: Among demographic characteristics only race was associated with treatment completion. Individuals who were non-Hispanic White were 20% more likely to complete their treatment compared to their minority (e.g., Black, Hispanic) counterparts ($p<.05$, OR = 1.20). Having more than one mental health disorder was associated with 16% decreased odds of completing treatment ($p<.05$, OR = 0.87). Individuals who were institutionalized for psychiatric conditions had 26% decreased odds of completing the treatment ($p<.05$, OR = 0.80), but those who received inpatient substance abuse related care were over four times more likely to complete their treatment ($p<.05$, OR = 4.61). Finally, individuals who attended any self-help groups had 63% greater odds of completing the treatment.

Conclusions: Findings suggest that individuals who simultaneously received substance abuse and mental health treatment had the greatest chances to complete treatment successfully. Study implications also suggest that self-help or support groups should be promoted as ways to motivate patients to adhere to treatment.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP159

Differences in Cognitive Performance Between Individuals at Familial High Risk for Schizophrenia or Bipolar Disorder and Healthy Controls: a Systematic Review and Meta-Analysis

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Introduction: Schizophrenia and bipolar disorder are severe psychiatric disorders influenced by genetic and environmental factors, sharing clinical features, risk factors, and genetic predispositions. Cognitive impairment is a central aspect of both disorders, affecting various domains like memory, attention and executive function. Distinguishing disorder-specific cognitive impairments from those shared across psychoses is challenging. Research on Clinical High