

However, an integrated psyche-education module for both adolescents with lived experience and their relatives was lacking until now.

Objectives: The development of a new integrated psycho-education module and the content of this module will be presented,

Methods: Stakeholders (people with lived experience and family members) were interviewed on their preferences for the content, form and timing of psycho-education individually (n=15) and in focus groups (n=7). This information was used by a task force of experts composed of people with lived experience with psychosis, family members and mental health professionals. Subsequently, the intervention was piloted in two mental health care organizations.

Results: Adolescents with lived experience preferred psycho-education on communications skills and wanted to learn how to communicate with their relatives during and after the psychotic episode, adjusted to their specific situation. They prefer psycho-education together with their relatives, not separately. They also noted that the content of psycho-education may differ depending on the relationship they have with their relatives. Relatives and people with lived experience both reported they needed basic knowledge about psychosis, training in communication and problem solving skills, content with respect to self-care and content about online information. With regards to the timing of psycho-education, relatives preferred basic information as soon as possible and communication skills later on.

Both groups felt an integrated psycho-education could be beneficial. The final integrated module is composed of themes related to different dimensions of recovery, e.g. societal and social impact and spirituality. Results of the pilot were used to refine the module.

Conclusions: This new integrated psycho-education module was based on stakeholders preferences and needs and was found to be helpful to increase mental health literacy and communication between adolescents with lived experience with psychosis and their relatives.

Disclosure of Interest: None Declared

EPV0989

Descriptive study of patients admitted to acute psychiatry care

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Introduction: As a first-year resident doctor in specialized psychiatry training in Portugal, I have begun my inpatient internship, which is the longest component of the psychiatry residency program. At the Department of Psychiatry and Mental Health at the Viseu Dão-Lafões Local Health Unit, residents are assigned to follow patients under the supervision of specialists and rotate through cases managed by different psychiatrists. This internship focuses on acute patients, with a predominant presence of affective and psychotic disorders.

Objectives: This study aims to characterize patients hospitalized in an acute care unit, based on a sample monitored by the author.

Methods: The data for this study was obtained from electronic health records systems used in Portugal, specifically Sclinico and Alert, covering information on patients I followed during the first nine months of 2024. Additionally, we conducted a literature review on this topic using PubMed.

Results: The study sample comprised 20 female and 17 male patients. On average, the age of female patients is approximately 10 years higher than that of male patients, with women averaging 56 years and men averaging 46 years. The majority of male patients are hospitalized involuntarily under Portugal's Mental Health Law, whereas this is less common among female patients.

The primary reason for hospitalization in men is psychotic decompensation within the context of schizophrenia, while affective disorders are predominant among female patients. The average length of stay is 45 days for male patients and 30 days for female patients.

Conclusions: The longer average hospital stay for men may be linked to psychotic decompensation, often due to non-compliance with therapy. This lack of insight frequently results in involuntary hospitalization due to the risks posed to themselves and others. In contrast, affective disorders generally involve better-preserved insight, which could explain the shorter average hospital stays for women.

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EPV0990

Gone missing or gone crazy? Key statistics about the relation between poor mental health and reports of missing people

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Introduction: The definition of a missing individual includes the description of a person whose location is not known alongside alarming signs concerning his state of security and health. Despite thousands of people reportedly missing every year, limited information is available about their identity, the reason of their disappearance and their final evolving.

Objectives: To explore the relation between poor mental health and reports of missing people.

Methods: A review of 29 articles -from 2010 to 2024- on PubMed and Google Scholar regarding people suffering from mental illness who were reported missing.

Results: 1 in 5 missing children suffer from mental illness.

1 in 10 missing children is at risk of suicide.

8 in every 10 missing adults suffer from mental health problems.

4 in every 10 people with dementia will go missing eventually, in many cases involuntarily.

3 in 10 missing adults face relationship issues with their partner or relatives.

1 in 50 missing adults struggle with domestic violence.

20% of missing individuals commit suicide, with the majority of them being men who use violent methods such as drowning or hanging.

Those usually reported missing are: females aged 13-17 and men aged 24-30.

Juveniles and adults under 60s usually go missing deliberately, compared to people of different ages.

Reasons for psychiatric patients to go missing, include: disappointment by healthcare professionals; different opinions than their loved ones' concerning their health; feelings of helplessness; belief that going missing is the only solution.