interview will act as determinants. We will answer the following two questions.

a) To describe the characteristics of patients who initially agreed to participate in the Nesda study but failed to show up at the actual research assessment appointment.

b) To compare these characteristics with the patients who initially agreed to participate and did show up and thus investigate which variables are associated with not showing up in spite of initial consent to participate.

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Sexual activities of adolescents from Serbian language speaking area

M. Stankovic [1], S. Miljkovic [2], D. Krasic [1], S. Stankovic [3], O. Milojkovic [1], M. Mitkovic [1]. [1] *Clinic for Mental Health Protection, Clinical Centre of Nis, Nis, Serbia* [2] *Primary Health Centre, Department of Psychiatry, Clinical Centre of Nis, Nis, Serbia* [3] *Gynaecology and Obstetric Clinic, Clinical Centre of Nis, Nis, Serbia*

Objective: Analysis data of sexual behaviour and sexual attitudes of adolescents in Serbia and Montenegro in context of traditional sexual upbringing and social transition.

Methods: The sample contained 203 participants, 101 males and 102 females, the age from 18-24, from Serbian language speaking area (Serbia, Montenegro, Republic Srpska). As an instrument of the research we used "Sexual Behaviour" questionnaire specially constructed for a National study of Serbian sexual behaviour. For our research we used questions about sexual behaviour divided in 5 parts: foreplay, coital behaviour, masturbation, sexual fantasy, sexual dreams, which we were statistically compared with 9 factors of sexual attitudes detached by factorial analyses.

Results: Our findings showed that males have had significantly more coital experience than females ($p<0,001$), earlier beginning of coital activity ($17,32\pm2,25$yrs. vs. $19,78\pm2,73$yrs, $p<0,001$), more sexual partners in general ($5,4\pm7,6$ vs. $1,7\pm1,5$, $p<0,001$), more sexual partners in last month ($1,7\pm1,7$ vs. $0,7\pm0,7$, $p<0,001$) more frequently masturbation ($p<0,01$), more dreams and fantasies about coital interactions, then females ($p<0,001$). But, males has less liberal sexual attitudes than females ($p<0,001$).

Conclusions: On the basis of received data, we concluded that sexual behaviour is in agreement with biological influences on genders and their social roles. We think that our findings showed hesitancy in adolescents to admit to having sexual experiences in context of social undesirable premarital sex. Regarding to contradiction of sexual attitudes and beginning of sexual activity we conclude that sexual attitudes are relatively changeable category then sexual behaviour, which is relatively stabile category.

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The structure and prevalence of mental disorders in patients of mental health and diagnostic centers in Armenia

S.H. Sukiasyan, S.P. Margaryan, N.G. Manasyan, A.A. Babakhanyan, A.L. Kirakosyan, M.M. Ordyan, A.N. Pogosyan. *Center of Mental Health, Yerevan, Armenia*

Background and aims: In western countries, the majority of depressed patients are treated in primary care, and in developing countries, the majority of such population is not revealed. The main objective of this study was to find out the structure and prevalence of mental disorders at the mental health and multidisciplinary diagnostic Centers.

Methods: We work out appropriate documents to collect the clinical and epidemiological data. The mental disorders diagnosed according to ICD-10. There were investigated 148 patients at the Center "Stress" and 122−Center "Diagnostica". The first group we conditionally named "psychiatric", and the second one "diagnostic". Baseline data on diagnosis, symptomatology and other independent variables was collected.

Results: Of the 148 "psychiatric" patients the highest was the number of patients with depressive disorders (F 32, 33, 34) − 45 (27.6%), then the mental disorders due to brain damage, dysfunction and physical disease (F06,07) − 15.6%, and dissociative (conversion) disorders (F44) − 14.7%. Among 122 "diagnostic" patient the most frequent diagnosis was Neurasthenia (F48.0) − 24.6%, then depression (F32,33,34) − 24.5%, and mental disorders due to brain damage, dysfunction and physical disease" (F06,07) − 19.7%. So the rate of depressive disturbances was high in both groups. It was common for depressed people to present with somatic rather than psychological complaints.

Conclusions: Of people with a need for depression treatment, great majority reject it. Results of this study will contribute to a better understanding of depressive disorders in primary health care settings in Armenia.

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Concurrent substance abuse and recent homelessness among patients with schizophrenia in The Hague, The Netherlands

E.S. Valencia [1], A. van Hemert [2], A. van der Plas [2]. [1] *Department of Epidemiology, Columbia University, New York, NY, USA* [2] *Parnassia Psychiatric Center, The Hague, The Netherlands*

Objective: To report on a first study on the characteristics of people with schizophrenia and a history of homelessness in The Hague, Netherlands.

Methods: Parnassia Psychiatric Centre is the sole mental health service provider for The Hague. We screened all 2723 electronic records of schizophrenia spectrum disorders patients at Parnassia in a recent year. We identified 112 patients with a homelessness history in the prior two years. We collected one-year data from the Parnassia Case Register on service use and clinical variables. In standardized interviews, we assessed clinical, substance use and homelessness histories of participants.

Results: The majority, 76% (N: 85) was contacted. Among those contacted, 14% was excluded and 14% refused to participate. We found no significant difference on service use, demographic and clinical characteristics for participants (N:60) and non-participants (N:52). The majority (88%) is male, 45% never married, mean age is 39 and 27% is foreign born. Mean education is 9 years. Prescribed medication history is high (87%), and 44% reports periods of 3 to 12 months and 32% reports periods of more than 12 months of lifetime homelessness. Lifelong substance use histories are high: 64% cocaine, 36% heroine, 25% amphetamine; 63% cannabis, 53% alcohol. Current use is considerable: 32% cocaine, 10% heroine, 15% amphetamine, 52% cannabis, 34% alcohol. The majority (76%) reports an incarceration history. They have a high HIV rate, 2 out of 32 tested (6.3%) were positive.

Conclusions: These individuals need specialized services to address their dual diagnoses, risk of homelessness, and prevent HIV and imprisonment.