Table 1. Clinical characteristics of the whole sample (N=1000).

	mean	SD
Age (years)	47.07	17.02
CGI-s at admission *	5	4-5
	N	%
Sex (female)	548	54.8%
Psychotic disorders	463	46.3%
Affective disorder	257	25.7%
Bipolar disorder	128	12.8%
Other disorders	152	15.2%
Hospital admission in the previous 5 years	313	31.3%

CGI-s: clinical global impression - severity. * median and IQR

Image:

Figure 1. Distribution of diagnoses according to treatment trajectories.

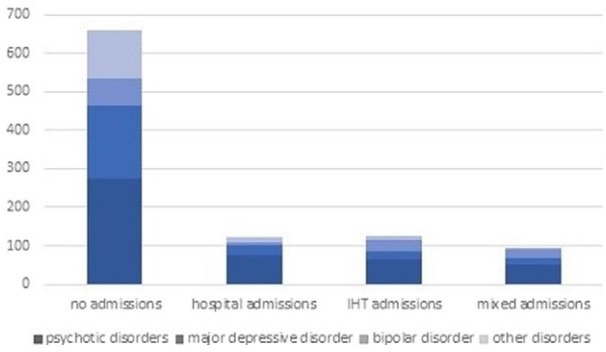
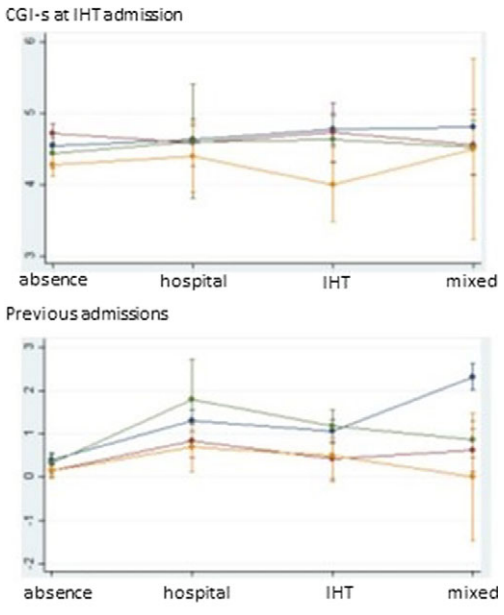


Image 2:

Figure 2. Subsequent admissions according to diagnostic group.



Conclusions: Patients that used to require inward management can now be treated at home when suffering an acute episode. Therefore, IHT has changed treatment trajectories for some patients with psychiatric disorders.

Disclosure of Interest: None Declared

EPP0066

Lessons from the Impact of War in Ukraine on Combatants' Mental Health during the Last Decade

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Introduction: The threat and preservation of the territorial integrity of Ukraine are not new issues. During the last decade, peacetime (Peace, until 2013) was disrupted by active hostility (AH, 2014–2015) and trench warfare (TW, 2016–2021). War exert acute and chronic impacts on mental health, may be a substrate for mental health disorders, especially worrisome since, today, the large-scale conflict has demanded the recruitment of adult civilians to defend and fight alongside armed forces troops.
Objectives: The analysis aimed to unveil the impact of those conflicts on the mental health of the army and help us to anticipate risk factors (ranks, time period) and need for resources (admissions and days of hospitalization per time period, rank and disease).
Methods: A retrospective cross-sectional analysis of an anonymized part of the internal database included 3995 anonymized records.Data are expressed as the frequency (%), fold-increase, or mean ± SEM. Chi-square analysis and ANOVA with Bonferroni post hoc correction were performed with Jamovi.
Results: The temporal distribution of admissions (Figure 1) showed a 6.97 (AH) and 3.62 (TW) [5.02 (TW1, 2016–2017), 3.91 (TW2, 2018–2019), and 1.95 (TW3, 2020–2021)] fold increase per year compared to peacetime. The most frequent mental health problems, accounting for 76.1% of cases, were 'anxiety, dissociative, stress-related, somatoform and other nonpsychotic disorders' (F40-F48, ANXd, 40.1%) and 'mental and behavioral disorders due to psychoactive substance use' (F10–F19, PSUd, 36.0%). 'Reaction to severe stress and adjustment disorders (F43, 76.5%) and 'Alcohol-related disorders (F10, 89.3%) were the predominant mental health disorders, respectively.
The ICD-10 category depended on the war period (Figure 2), with peacetime to TW2 accounting for 90% of cases. 'ANXd' were the main mental health problem in any period, with 61.8% of cases occurring in peacetime. PSUd, residual in peacetime 6.1%, reached their peak in active hostility (47.4%), with 97.9% of 'Alcohol-related disorders' as the cause of these admissions, which could agree with the use of alcohol serving as a coping mechanism in front traumatic events. In trench warfare, PSUd decreased (TW1, 39.2%; TW2, 25.1%).
Hospital stays for people with ANXd or PSUd lasted at least one month in peacetime but significantly decreased in war periods (Figure 3). This could be explained by a 'need for free beds effect' and the distribution of admissions by ranks.

Image:

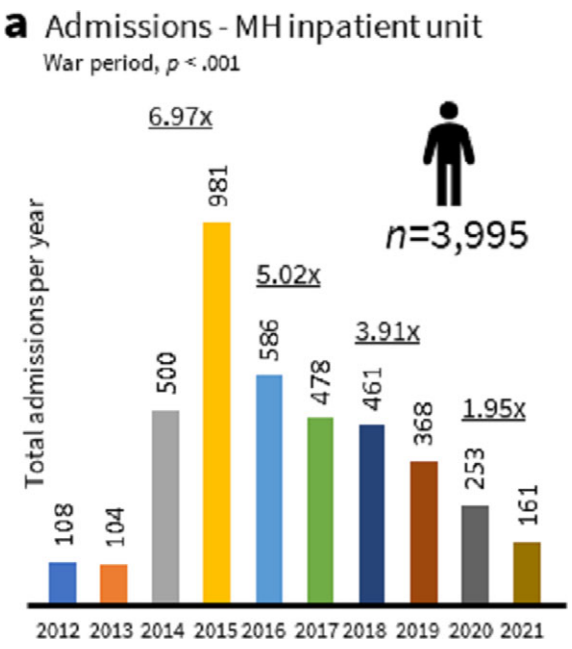


Image 2:

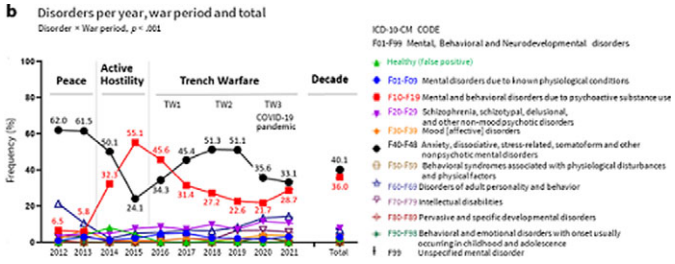
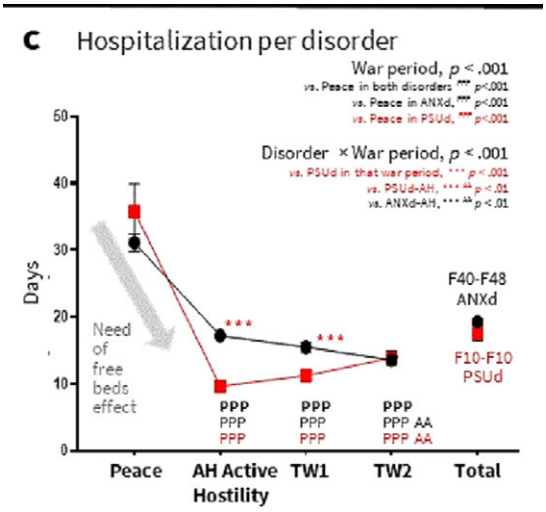


Image 3:



Conclusions: -
The dominance of ANXd, mainly among professional soldiers and high ranks, points to the need for rank-tailored psychological training in skills to reduce the ANXd burden.
-
The large number of PSUd in nonprofessional soldiers during wartime dictates the need to strengthen the selection of military personnel.
-
Hospitalizations in military operations are heterogeneous and depend on the military rank.

Disclosure of Interest: None Declared

EPP0067

Two-year experience of the implementation of a psychiatric home hospitalization care service for acute mental illness

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Introduction: Psychiatric home hospitalisation is a service aiming to support people with mental illnesses in their acute stage at their own home. This care model has been recently implemented in our territory with the main objective of avoiding hospital admissions.
Objectives: Our goal is to describe a cohort of patients followed up over 2-years in the context of a pilot mental health program within a community-based model (Mutua Terrassa University Hospital).
Methods: We conducted a prospective longitudinal study including 125 patients attended from 01/11/2020 to 09/11/2022 in our reference area of 250,000 inhabitants. The team was formed by 1 psychiatrist and 1 mental health nurse. DSM-5 diagnoses, socio-demographic variables, mean stay and care trajectories were collected.
Results: One-hundred twenty-five patients were attended (women: 70). Mean age at consultation: 38.3 years-old. Mean stay: 24 days. The most frequent diagnoses: non-affective psychotic disorders (58%), affective disorders (30%), followed by anxiety and personality disorders. Referrals from Community Mental Health Outpatient Services (CMHS) (72%), Acute Inpatient Unit (25%), and Psychiatric Emergency Service (3%). Referrals after discharge: CMHS (83%), Adult Acute Inpatient Unit (13%), others (4%). Individualized mental health plans were carried out in all cases, in coordination with community mental health services. Follow-up adherence after discharge was about 95%. Patients with first-episode of psychosis showed the highest degree of satisfaction (N=46).
Conclusions: Patients with emerging psychosis were the profile of users who showed the highest benefit of our service. Women showed higher adherence, and loss to follow-up was lower than we expected.

Disclosure of Interest: None Declared