

## Mental Health Policies

## EPP0525

## Comparing the characteristics of hospitalized patients admitted in involuntary or voluntary treatment after first episode psychosis

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**Introduction:** Individuals experiencing psychotic symptoms often lack insight into their conditions, especially in first psychotic episodes. According to the Portuguese Mental Health Law, involuntary hospitalization may be necessary in cases of severe mental disorder, involving a threat to the patient or his/her legal assets, when there is a refusal of the necessary treatment.

**Objectives:** The aim of our study was to characterize patients admitted involuntarily for first psychotic episode and to compare them with the patients undergoing inpatient voluntary treatment.

**Methods:** Out of a total of 87 patients diagnosed with first psychotic episode, hospitalized between 2020 and 2022 in our service, at *Hospital Magalhães Lemos*, 65 were included in the study. Exclusion criteria included patients from other residential areas. 40 patients were admitted under involuntary treatment, whereas 25 were hospitalized voluntarily. For both groups, we calculated the duration of untreated psychosis, the prevalence of psychoactive substance abuse, the type of treatment provided and the number of re-hospitalizations.

**Results:** Patients in involuntary treatment had longer duration of untreated psychosis (71 vs 38 weeks). Among these patients, 53% had comorbid psychoactive substance abuse, in contrast with only 36% of voluntarily treated patients. Upon discharge, 58% of patients in involuntary treatment were prescribed depot anti-psychotic medication, whereas only 12% of the ones in voluntary treatment. Out of 40 patients admitted involuntarily, 11 were re-hospitalized, but only 4 of the 25 patients in voluntary treatment (28 vs 16%).

**Conclusions:** Patients in involuntary treatment probably suffered from more severe disease, as seen for the higher duration of untreated psychosis and frequent comorbid substance abuse. Injectable medication was the preferred choice at the time of discharge for this group. Additionally, they experienced higher rates of re-hospitalizations. Recent changes in Portuguese Mental Health Law, that aims to safeguard the rights and responsibilities of individuals with mental health care needs, motivated this study.

**Disclosure of Interest:** None Declared

## EPP0526

## Comorbidity costs for the healthcare of mental patients

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**Introduction:** Most patients with mental disorders exhibit multiple comorbidities. Without doubt the presence of multiple co-occurring somatic and mental disorders is associated with a higher insurance spending for the psychiatric patients. The details of this association need to be elucidated.

**Objectives:** The aim of current study was 1) to delineate the typical nonmental comorbidities that occur among mental patients, and 2) to investigate social health insurance spending on comorbidities compared to the direct mental care costs of the same population. The analysis offers unique insight into the health care spending, since it focuses not only the costs of psychiatric care but reflects the whole range of treatments delivered to this group.

**Methods:** A database with the claim records of the Hungarian NHIF was created including direct healthcare costs for mental diagnosis. Patients were recorded either in primary or in specialist care with at least one mental health diagnosis in the last pre-pandemic year (2019). Adopting a case-control design, spending and comorbidities were compared to the control group, which comprised patients who did not have any mental diagnosis. Cases and controls were matched on demographic characteristics like age, gender, place of residence with deprivation index and marital status..

**Results:** Mental problems affected in 2019 more than 1,5 million persons in Hungary. Half of them did not access specialist care but were only seen with the mental diagnosis by a GP. Direct insurance spending for mental care is around 156 million EUR/year with 4% of the total direct health spending. Besides these costs another 665 million EUR (+17% of all health spending) were reimbursed for the same patient group for the treatment of other diseases. With regards to affected patient numbers, the three most important comorbidities were cardio-vascular conditions (34% of mental patients with 14% of all spending of the group); diseases of the digestive system (29% vs 14%); and musco-skeletal conditions (28% / 9% ) In terms of spending three other disease groups also have to be considered as of high significance: carcinomas (4% patients vs 13% of spending); neurological disorders (13% /vs 7%); and diseases of the endocrine, nutritional and metabolic system (24% vs 6%).

**Conclusions:** The analysis aims to raise awareness for the complex issues of comorbidities of mental patients. We see that this patient group suffers heavily from other conditions the costs of which is much higher than the direct mental care costs. A better understanding of the coexistence of somatic and mental disorders and a holistic approach of treatment (care integration, reimbursement across different types of care, etc.) would be desirable.

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