

based on gender, ethnicity and health. The mental health of those who feel discriminated against tends to be poorer, especially looking at the intersectionality of diversity domains.

**Conclusions:** The results of this study suggest that both more measures to prevent discrimination in a university hospital have to be implemented and individuals from marginalized groups need special psychosocial support to ensure a safer working environment. In addition, greater attention to diversity and inclusion in medical research is needed to develop appropriate responses and interventions, including diversity policies.

**Disclosure of Interest:** None Declared

## Others

### EPP0043

#### Piled-up Risk Factors: a Case Report of Diogenes Syndrome

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**Introduction:** Diogenes Syndrome (DS) is an uncommon neuro-behavioral syndrome characterized by social isolation, extreme neglect of personal care and a tendency to excessively accumulate useless objects in the home, usually leading to unsanitary living conditions. It is further characterized by a lack of insight into the condition, leading to a refusal to seek assistance.

**Objectives:** To outline the clinical features of primary DS, unassociated with other psychiatric conditions, emphasizing key risk factors contributing to its development.

**Methods:** Descriptive report of a case of DS, based on an interview with the patient, review of his clinical file, and a non-systematic literature review using the PubMed database.

**Results:** We report a case of a 62-year-old man, widowed since the age of 33, without children, living alone in a rural area in the north of Portugal. Currently retired, he worked as a Philosophy Professor. He had no known psychiatric history until 2015, when he attended two psychiatric appointments, due to anxiety and changes in sleep pattern. He has since lost psychiatric follow-up and in May 2022 he was brought to the emergency department by his neighbor, due to changes in his behavior. He was seen several times rummaging through trash and he didn't leave the house for a few weeks, resulting in a cluttered and unsanitary living space. He looked malnourished, unkempt and dirty. Despite not recognizing his behavior as problematic, he accepted hospitalization. No obsessive-compulsive, depressive or psychotic symptoms were detected, nor were dysfunctional personality traits. Reversible causes of dementia were excluded, a cranioencephalic CT scan revealed no abnormal findings and a neuropsychological assessment showed no changes in cognitive functions. Post-discharge, local health services provided home support, with meal delivery and house cleaning. However, he did not buy the medication and canceled the home support service several times, ending up being hospitalized again. After this second hospitalization in August 2023, he went to live with his brother in another city and has

remained stable, medicated with an SSRI and low dose Aripiprazole.

**Conclusions:** Primary Diogenes Syndrome is rare and its etiopathogenesis remains poorly understood. It is known that there is no distinction between genders, profession or socioeconomic status, and that it is more common in the elderly, single people, widowers and people with poor or non-existent social links with their local community. Familiarity with DS characteristics enables earlier recognition of such individuals, thereby facilitating prompt provision of social and clinical support in order to reduce morbidity, mortality, and enhance public health.

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### EPP0045

#### Community psychiatric care for people with mental disorder and homelessness, with the involvement of peer support. Cooperation of the Awakenings Foundation and BMSZKI

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**Introduction:** A person diagnosed with a psychiatric illness, must face labels and discrimination most of the time. Fear of these undermines the motivation of people in need to seek help. A special example of this phenomenon is the case of people experiencing homelessness and mental disorder, avoiding the additional stigma of homelessness and therefore do not seek any help for their mental ill-health. Availability of the specific services complicates their problem.

Fear of stigma, trauma, and previous bad experiences of using services also keep people experiencing homelessness away from services.

In Hungary, the February Third Working Group (F3) Report on the 2020 Homelessness Survey After the Penal Code - Before the Pandemic Homelessness - Services Perspectives by Péter Gyóri shows in his summary paper that only 29% had received psychiatric treatment.

**Objectives:** Methodology Center of Social and Its Institutions (BMSZKI), in collaboration with the Awakenings Foundation, developed a complex rehabilitation service for people experiencing homelessness and mental disorder. This presentation aims to present this good practice.

**Methods:** Complex rehabilitation based on the methodology of community psychiatric care with the involvement of peer support.

**Results:**

- provision of community psychiatric care for people experiencing homelessness and mental disorder,
- introduction of screening for effective care of undiagnosed persons with mental disorders,
- provision of outpatient and day hospital care
- focus of care in accommodation services on persons with mental disorders,
- the involvement of peer-support work in the service,