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Background and aims: The aims of this study was to identify patient characteristics associated with once-only contact with a community-based mental health service (CMHS), and to re-evaluate these patients 3 months after the contact.

Methods: A 33-month cohort of new episodes of care was followed-up to identify and interview once-only contact patients.

Results: Of the 1,101 patients who met the study criteria, 165 (15%) were discharged after the first contact, 87 (8%) dropped out after the first contact, 440 (40%) were low users and 409 (37%) were high users of the CMHS in the 90 days after the first contact. A higher GAF score, less severe psychiatric diagnoses and lower socioeconomic status were the factors most associated with once-only contact at baseline. At follow-up clinical conditions of patients who had only one contact (both discharged and drop-out) had improved and, in most cases, they were in contact with other services. Drop-out patients, however, were more unwell and less satisfied with the initial contact.

Conclusions: Although there is no way of knowing the status of patients who could not be located, information from the people interviewed suggest that, for a group of patients predominantly without psychoses, dropping out of contact after the first visit is associated with being less satisfied with the services received at the initial contact. This dissatisfaction may have led these patients seeking help elsewhere. Perhaps, some of these extremely low users are in need of a different or more specialized clinical treatment approach.

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Mental disorder and women

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Introduction: The epidemiology of mental disorders plays a significant role in the identification of the current status of mental health in society. As women play important role in protecting the mental health of the members of family and society. Therefore the mental health of the married women in Semnan has been studied.

Material and Methods: In this study mental condition of the married women has been studied. To do this a questionnaire (Scl-90-R) counting questions about anxiety, depression and etc., via interview was completed by questionnaires. Sampling was done in the form of stratification in which population affiliated each health center considered as a stratification and appropriate with volume, a share from total sampling was allocated to it. At the end of 970 cases contributed with US data were analyzed by using spss10 frequency tables and statistical graphs.

Finding: In this research 91.8% (890 cases) were urban and 8.2% (80 cases) were rural. With the age mean 25.6 ± 5.1 years were studied. In this study the common mental disorders which needed treatment were psychosis 9.1%, paranoid 7.3%, depression 6.8%. Meanwhile the common disorders needed the consultation were paranoid 21.3%, somatic complains 20%, depression 16.6%, sensitivity 16.5% and aggression 15.3%

Conclusion: Considering the high prevalence of the above disorders needing consultation and treatment, setting up the psychiatric

and psychological sections for women is necessary in the health centers.

Keywords: Prevalence, mental disorders, epidemiology, Scl-90-R.

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The epidemiology of common mental disorders in adolescents: The Epirus school project

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Background and aims: Adolescence is a high risk period for the development of anxiety and depressive disorders. Very few studies have investigated the epidemiology of common mental disorders in adolescents attending school and using structured psychiatric interviews. The aim of the presentation is to report on the methodology used to assess the common mental disorders in schools of the region of Epirus in Greece, using a computerized version of the revised clinical interview schedule (CIS-R).

Methods: A two stage design will be used: Adolescents will first complete the 12-item general health questionnaire (GHQ-12) and then a stratified random sampling will be selected for the psychiatric interview. The latter will be delivered using a computer network version of the CIS-R

Results: We used an open source program (phpsurveyor) to develop the computerized version of the CIS-R. We modified the program accordingly to include the full algorithm of the interview. Use of this interview to assess the common mental disorders was acceptable for adolescents and comparable with face to face interviews.

Conclusions: It is possible to use an internet-based structured interview to assess the common mental disorders in adolescents. Delivering this interview using the school-based computer laboratories may facilitate school-based epidemiological research.

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Characteristics of no shows in the netherlands study of depression and anxiety (Nesda)

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The present study investigates characteristics of those who appeared versus those who did not appear for a baseline assessment in the Netherlands Study of Depression and Anxiety. In NESDA 2850 persons are included in a 8 year follow up study on the course of anxiety and depression disorders. Within the NESDA screening data are collected on demographics, physical and mental conditions of potential participants. At the end of the screening it is registered whether the person meets the inclusion criteria and is willing to participate in NESDA. Within the inclusion procedures for the Nesda study about 30% of the persons who passed the screening and initially agreed to participate in the baseline assessment did not show up for the interview. Because of the large numbers of persons screened the NESDA study has enough statistical power to investigate differences between characteristics of shows and no shows.

We will use data from the inclusion phase basic demographics as sex, age, current employment status, and education and data on physical and mental functioning collected with questions from the CIDI

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

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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 ($17,32 \pm 2,25$ yrs. vs. $19,78 \pm 2,73$ yrs, $p < 0,001$), more sexual partners in general ($5,4 \pm 7,6$ vs. $1,7 \pm 1,5$, $p < 0,001$), more sexual partners in last month ($1,7 \pm 1,7$ vs. $0,7 \pm 0,7$, $p < 0,001$) 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

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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

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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.