

EPP0229

The Kids are not alright - When did we start getting more more distressed?N. Glozier^{1*}, R. Morris¹, F. Botha² and P. Butterworth³¹University of Sydney, Sydney; ²University of Melbourne, Melbourne and ³Australian National University, Canberra, Australia

*Corresponding author.

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Introduction: Much has been made of the decline in population mental health over COVID but most studies show this just exacerbated a long term trend. This has predominantly been attributed to changes in adolescent mental health over the past decade but there has been little evaluation of whether this post Millennium cohort was the first to demonstrate such a decline.

Objectives: This study investigates to what extent mental health differs in people born in different decades – i.e., possible birth cohort differences in the mental health of the population over the past two decades. To remove the linear dependency and identify any differences in trends between cohorts, we model mental health for each cohort as a nonlinear smooth function of age in an age-cohort model.

Methods: This analysis draws on 20 annual waves of the Household Income and Labour Dynamic in Australia (HILDA) survey, is a nationally representative household panel that commenced in 2001 with 13,969 participants. The birth cohort of each person was defined by the decade of birth year (1940s, 1950s, etc). Mental health was assessed with the MHI5 from the SF36, in each wave and K10 from alternate waves. We estimate and compare penalized smooth trends in mental health for each cohort using restricted maximum likelihood (REML) using generalized additive mixed modelling (GAMM). Cohort effects are captured by directly estimating the differences between the smooth age trends of adjacent cohorts.

Results: Later cohorts were more likely to have poorer mental health, higher distress, more likely to be single and unemployed, and less likely to be chronically ill or disabled. Mental health was worse for younger age-groups in each survey year, and this discrepancy is much greater in more recent surveys - consistent with a birth cohort effect. Millennials (those born in the early 1990s) had a lower score at the same age as earlier generations, and the later cohorts do not show the age-related improvement seen in other earlier cohorts as they aged. At age 30 the average MHI-5 score of those born in the 1990s was 67, compared to 72.5 and 74 for people born in the 1980s and 1970s.

Conclusions: The deterioration in mental health over time which has been reported in large cross-sectional surveys, likely reflects cohort-specific effects related to the experiences of young people born in the Millennial generation and, to a lesser extent, those from the immediately prior cohort born in the 1980s. We need to understand whether later cohorts are less resilient to similar risk factors experienced by earlier cohorts or whether they experience more and/or a greater severity of risks for mental ill-health. Such evidence is critical if the deteriorating pattern of mental health is to be arrested.

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Mental Health Care

EPP0230

The complex dynamics of therapeutic leave in Psychiatry

Â. S. Pinto*, T. P. Soares and A. Marques

Department of Psychiatry, Vila Nova de Gaia/Espinho Hospital Center, Vila Nova de Gaia, Portugal

*Corresponding author.

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Introduction: Therapeutic leave, the temporary and authorized absence of a patient from a psychiatric inpatient facility, is a practice rooted in the shift of mental illness towards more humane and recovery oriented care. This shift began to gain momentum in the mid-20th century, with the deinstitutionalization movement, which sought to treat psychiatric patients in less restrictive environments and facilitate their integration into the community. Today, therapeutic leave remains relevant in general psychiatry inpatient treatment facilities, and on an international level. It's additionally used as a way to assess the progress and the stability of the patient outside the controlled environment that is the hospital, and to provide a gradual transition back into independent living and potential stressors of the outside world. But it is administered more on tradition and perceived benefits than on solid scientific grounding, reflecting a practice guided by clinical experience rather than empirical data or guidelines.

Objectives: Our review aims to evaluate the existing body of research on therapeutic leave in general psychiatry inpatient units. We intend to identify the outcomes that have been studied, and assess the extent and nature of their impact.

Methods: This scoping review was conducted through a comprehensive search of academic databases, including Google Scholar, PubMed, Embase, Cochrane Library, and PsycINFO. Search terms were carefully selected to capture relevant publications, and the results were screened for their pertinence to the review's aims. Studies focused on forensic settings were excluded.

Results: The literature on therapeutic leave is notably limited, and the prevalence of its utilization in clinical practice remains unclear. Scientific publications primarily address readmission rates, with two indicating an increased risk in patients granted leave during their inpatient treatment. However, one report suggested a potential reduction. Length of stay (LOS) was negatively impacted, with prolonged hospitalization in these patients shown in one report. Post-discharge emergency room visits seem unaffected. A rise in readmission rates and LOS typically suggests higher subsequent healthcare costs. However, findings from another study contradict this expectation, with reduction of costs post-initial inpatient treatment. The literature also explores the hazards linked to therapeutic leave, highlighting that a significant portion, between 30 to 80%, of inpatient suicides transpire during such leave. Additional concerns extend to non-fatal self-harm, as well as the possibility of patients causing harm to others or to property.

Conclusions: Our review reveals a significant research gap in therapeutic leave's effects, with a reduced number of outcomes studied and inconclusive findings. Future studies should aim to clarify these outcomes and eventually define therapeutic leave protocols.

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