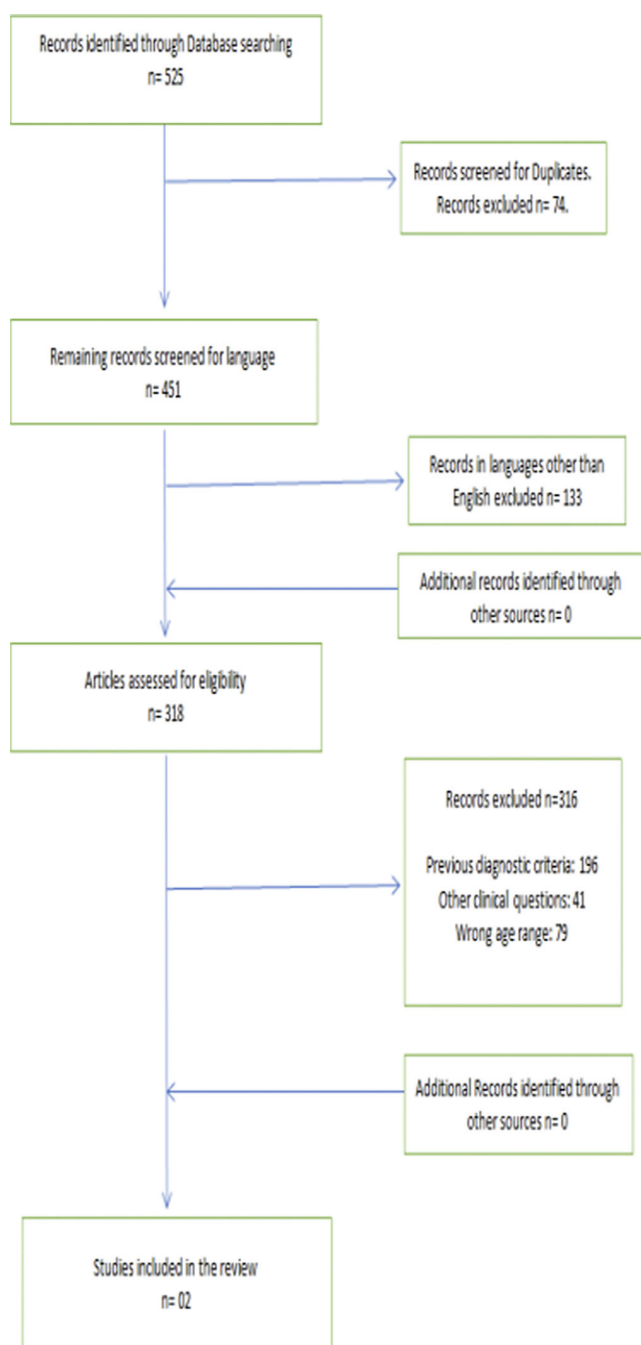


Results: All searches yielded 525 results. Other sources didn't identify any other records to be included. Out of these 525 results, 74 were duplicates. The inclusion and exclusion criteria were applied on the remaining resources. Of the remaining records, 133 were in language other than English, and thus, were excluded. Remaining 318 articles were assessed for eligibility. Of these, 196 had used diagnostic criteria or rating scales based on previous diagnostic criteria, and thus were excluded. Furthermore, 41 articles had focused on a totally other clinical question than ours. 79 articles had the wrong age range as per our diagnostic criteria. Thus, the total number of articles which met inclusion and exclusion criteria was 02. The results showed higher rates of BPD in adolescents, especially in those exposed to online sexual solicitation (OSS) (355 vs 13%) and in females (80% of cases).

Image:



Conclusions: Despite the research and diagnostic allowance, there still seems to be reluctance among clinicians to diagnose BPD in adolescents. We advise consideration of BPD in adolescents if clinical picture indicates and application of the relevant criteria so patients can get appropriate treatment and support that they need.

Disclosure of Interest: None Declared

EPP0294

Associations between general and specific psychopathology factors in parents and psychiatric, behavioral, and psychosocial outcomes in offspring: a Swedish population-based register study

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Introduction: Psychiatric conditions in parents are associated not only with the same condition in offspring, but also with virtually all other psychiatric conditions. However, it remains unknown whether this intergenerational transmission of psychiatric conditions was attributable to broader psychopathology comorbidity or to specific conditions.

Objectives: To estimate associations between general and specific factors of psychopathology in parents, and a wide range of register-based outcomes in their offspring.

Methods: Based on Swedish national registers, we linked 2 947 703 individuals born in Sweden between 1970 and 2000 to their biological parents (1 705 780 pairs of parents) and followed them to December 31, 2013. First, we estimated one general and three unrelated (specific) psychopathology factors (capturing internalizing, externalizing, and psychotic problems, respectively, independently of general psychopathology) based on nine parental register-based psychiatric diagnoses and violent criminal court convictions. Second, we regressed each offspring outcome on the latent general and three specific factors simultaneously.

Results: The general psychopathology factor in parents was significantly associated with all 31 offspring outcomes (mean Odds Ratio (OR) = 1.22; range: 1.08–1.40), which means that children whose parents scored one standard deviation above the mean on general psychopathology had, on average, a 23% higher probability of all outcomes. The specific psychotic factor in parents was primarily associated with psychotic-like outcomes (mean OR = 1.17; range: 1.05–1.25), and the specific internalizing factor in parents was primarily associated with offspring internalizing (mean OR = 1.11; range: 1.11–1.13) and neurodevelopmental outcomes (mean OR = 1.07; range: 1.02–1.10). The specific externalizing factor in parents was associated with externalizing (mean OR = 1.27; range: 1.21–1.32) and internalizing outcomes (mean OR = 1.10; range: 1.01–1.13).

Conclusions: The intergenerational transmission of psychiatric conditions across different types of spectra appeared largely attributable to a parental general factor of psychopathology, whereas specific factors were primarily responsible for within-spectrum associations between parents and their offspring. Service providers

(e.g., child psychologists, psychiatrists, teachers, and social workers) might benefit from taking the total number of parental mental health problems into account, regardless of type, when forecasting child mental health and social functions.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0295

“Scan Me!”: a rehabilitation approach at the intersection between digital interventions and mountain-therapy

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Introduction: Mountain-therapy is a therapeutic-rehabilitative approach aimed at secondary prevention, treatment, and rehabilitation of individuals with different pathologies or disabilities. Interventions in this field are based on potentially transformative dimensions of the mountain environment. Activities can include trekking, climbing, hiking, speleology, and winter sports. Benefits associated with these interventions are related to physical health as well as to rehabilitation in the domain of mental health and to the promotion of healthier lifestyles.

Objectives: The pilot project named “Scan Me!” has been developed by mental health services (*Centro Diurno*) of Cuneo (Italy), drawing on their long-standing experience with Mountain-therapy. The aim was to improve the efficacy of mountain-based activities, introducing elements of digitalisation able to actively engage service users and the broader community.

Methods: “Scan Me!” introduces an innovative activity of mapping, communicating, and digitising the mountain environment. The intervention includes: i) participatory identification of thematic areas (e.g. history of a place; local biodiversity; ancient practices); ii) exploration of the identified areas through readings, interviews and research; iii) preparing of messages (texts, pictures, videos) that the group wishes to convey; iv) creation of QR-codes containing the messages; v) positioning of QR-codes along mountain trails during dedicated excursions; vi) setting up of online surveys to get feedback from QR-codes’ users; vii) group discussion of feedbacks and the overall experience. The project includes monitoring and evaluation tools, such as activity forms (filled in with observational data by mental health professionals), self-administered questionnaires for participants, and engagement indicators.

Results: Findings show that the project enhances the therapeutic-rehabilitative value of mountain-based activities, such as increased self-esteem and self-efficacy that follow the completion of a route and relational skills developed within a group. The project shows encouraging results in the planning ability area (identification of themes, setting up of messages, creation and positioning of QR-codes). Being rooted in participants’ interests, the project promotes service users’ knowledge, its sharing with the group and with the general public (mountain visitors). Furthermore, the

project implies group reflection, commitment to a concrete objective, and attunement with the recipients of messages (which needed to be tailored for heterogeneous audiences – e.g.: hikers, students, tourists). Lastly, the project is youth-friendly, allowing services to engage a group they aim, but often struggle, to reach.

Conclusions: The pilot encourages further research to understand the potential of rehabilitation tools at the intersection between nature-based and digital mental health interventions.

Disclosure of Interest: None Declared

EPP0296

Changing our way of working for a greater integration of mental health patients: The evolution of the Zamora’s Assertive Community Treatment over the last 10 years

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Introduction: Since its beginning in the 1970s in Wisconsin, Assertive Community Treatment (ACT), has been adopted by numerous hospitals worldwide. It improves outcomes for people who are most at-risk of psychiatric hospitalization. The main goal is to provide a global attention with a focus on promoting maximum autonomy and facilitating integration into society. In 2012, the Health Care Complex of Zamora, Spain, adopted this pioneering approach to Mental Health. The main efforts were focused on creating a community network for individuals with severe mental disorders. It embraced a biopsychosocial model of intervention aimed at facilitating patient recovery, giving them tools to create a new life project based on their own autonomy.

Objectives: The primary objective of this study was to assess the progress of the Assertive Community Treatment (ACT) since its introduction at the Health Care Complex of Zamora, with a specific focus on analyzing the number of hospitalizations as the dependent variable.

Methods: A quantitative analysis about psychiatry number of hospitalizations was conducted using the database of the Zamora’s Psychiatry Hospitalization Unit. SPSS Statistics for Windows was used to calculate statistical values related to number of hospitalization. The dataset covers the period from 2010 to 2017.

Results: The implementation of ACT has resulted in a significant reduction in hospitalizations reaching up to 75% in the Psychiatry Service of Zamora. It has been revealed a decrease from 17107 hospitalizations registered in 2011 to a total reduction to 4869 stances in 2013. A consistent trend in the reduction of hospitalizations has been observed (figure 1). A restructuration of the Hospitalization Unit was performed in order to implement the community model and reduce hospitalizations. Removal of more than 50% of the beds was developed. Besides, there has been