

Background: Finnish mental health policy has aimed to reduce psychiatric inpatient beds and the average duration of psychiatric inpatient treatment period has been reduced noticeably since 1980s. At the same time, the aim has been to increase outpatient services for people with schizophrenia and other psychotic disorders. Along with this policy, there is some evidence that increasing number of people with psychosis have never been admitted to hospital.

The purpose of this study was to harmonize health care data in five large Finnish birth cohorts and evaluate evidence on whether the cumulative incidence of adolescent and adulthood hospitalization due to schizophrenia and other psychotic disorders has changed over the decades.

Methods: We used data from five different Finnish birth cohorts: Northern Finland Birth Cohort 1966 (NFBC 1966), 1987 Finnish Birth Cohort (FBC 1987), Finnish 1981 Birth Cohort Study (FBCS 1981), Northern Finland Birth Cohort 1986 (NFBC 1986) and 1997 Finnish Birth Cohort (FBC 1997). NFBC 1966 includes the people born in the two northern most provinces of Finland with the expected date in the year 1966, comprising of 12,231 children and the NFBC 1986 between July 1st, 1985 and June 30th, 1986 including 9,479 children. FBCS 1981 consist of a sample including 10% of the Finnish children born in 1981. The sample is based on the school sampling, comprising of 5,417 children. FBC studies follows all children survived perinatal period born in Finland in 1987 and in 1997. FBC 1987 comprises of 59,476 children and FBC 1997 of 58,802 children.

The main outcome in this study was hospitalization due to schizophrenia and other psychotic disorders. The data of mental disorders were obtained from the Care Register for Health Care (CRHC). Data covers the years from 1969 to 2017. The CRHC data was harmonized in each cohort using the same program. The harmonization included personal identification number and dates (entry date, date of discharge) revisions. The diagnoses were confirmed to be on the right format.

Final dataset included total N = 145,405 subjects. The follow-up for the study subjects was from age 0 to 18 years in all five birth cohorts and from age 0 to 28 years in all other cohorts except FBC 1997.

Cumulative incidence of hospital treated schizophrenia and other psychotic disorders in each cohort was calculated. Test of equal proportions was used to calculate the Pearson's chi-squared statistic. The linear association was also tested using chi-squared test for trend in proportions.

Results: At ages of 0 to 28 years the cumulative incidences of hospital treated psychosis were in NFBC 1966 1.0% (N=124), FBCS 1981 1.5% (N=81), NFBC 1986 1.2% (N=109) and FBC 1987 1.6% (N=947) (χ^2 : 30.6, $p < .001$; χ^2 trend: 23.5, $p < .001$). Respective numbers at age of 0 to 18 years were in NFBC 1966 0.1% (N=14), FBCS 1981 0.3% (N=15), NFBC 1986 0.3% (N=33), FBC 1987 0.4% (N=256) and FBC 1997 0.3% (N=195) (χ^2 : 31.6, $p < .001$; χ^2 trend: 9.9, 0.001).

Hospital treated schizophrenia between ages of 0 to 18 years was too rare to analyze (NFBC 1966 N=5, FBCS 1981 N=4, NFBC 1986 N=4, FBC 1987 N=41 and FBC 1997 N=15). At ages of 0 to 29 years the cumulative incidences were NFBC 1966 0.4% (N=59), FBCS 1981 0.6% (N=34), NFBC 1986 0.3% (N=27) and FBC 1987 0.5% (N=297) (χ^2 : 10.5 $p = 0.015$; χ^2 trend: 0.01, $p = 0.912$).

Discussion: The main finding of the study was that the cumulative incidence of first-admission inpatient treated psychosis has increased over the decades in Finland. This is somewhat opposite to the Finnish mental health policy plan aiming to treat people with schizophrenia and other psychotic disorders mainly in outpatient services.

M131. RETURN TO LABOUR MARKET IN SCHIZOPHRENIA AND OTHER PSYCHOSES – THE NORTHERN FINLAND BIRTH COHORT 1966

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Background: People with psychotic disorders typically have the poorest rate of employment compared to other mental disorders. However, the chances

of returning back to labour market and work after long-term work disability is unclear. Aim of this study was to study proportion of persons who can return to labour market after they have received disability pension. We also aim to study potential predictors for return to work.

Methods: The study was based on the Northern Finland Birth Cohort 1966 (NFBC1966) (N=12 058) which is an unselected, general population-based sample. NFBC1966 offers us a unique way to examine return to labour market and its predictors in general population sample with true prospectively collected data with 50-years follow-up. Different national registers were utilized in the study (information about psychiatric diagnoses and occupational outcomes). Occupational outcomes until end of the 2016 were measured by information about disability pension, disability benefits and employment contracts. The sample included 232 schizophrenia patients, 208 persons with other psychosis and 1927 persons with non-psychotic psychiatric disorder diagnosed until the end of 2016. There is also large amount of predictor data (for occupational outcomes) collected since birth until recent years.

Results: Of the 141 (61%) persons with schizophrenia who had been on disability pension due to psychiatric reason, disability pensions of 16 (11%) persons had ended due to return to labour market. Of the 74 (32%) persons in the other psychosis subgroup and 180 (9%) in the non-psychotic psychiatric disorder subgroup who had been on disability pension due to psychiatric reason, corresponding numbers of pension's ending due to return to labour market were 18 (24%) and 56 (31%), respectively. Disability pensions of 14 (10%) persons in schizophrenia group, 3 (4%) persons in other psychosis subgroup and 4 (2%) persons in non-psychotic psychiatric disorder subgroup had ended due to death. Disability pensions of 111 (79%) persons in schizophrenia group, 53 (72%) persons in other psychosis subgroup and 120 (67%) persons in non-psychotic psychiatric disorder subgroup were still running. Later, also sociodemographic information, psychiatric and somatic comorbidity and age at the onset of disease as predictors for the good occupational outcome (i.e. return to work) will be analysed and presented.

Discussion: Our results indicate that having schizophrenia diagnosis often means relatively poor occupational outcome compared to other psychiatric disorders and ending up on disability pension. Besides of that some people with psychosis manage to maintain their working ability, some people also manage to return to labour market after being on disability pension. Finding the predictors for returning back to labour force in long-time follow-up can help us to cut off the long-term disability periods and support people back to work in the future.

M132. URBANICITY AND PSYCHOSIS IN A CHINESE UNDERGRADUATE POPULATION: PRELIMINARY FINDINGS

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Background: Urban birth and upbringing are consistently associated with schizophrenia and other psychoses but the key urban exposures remain unknown. China has previously found prevalence of psychosis higher in rural areas but has shown the largest displacement of population from rural into urban areas of any country in the world over the past 40 years. Studies of psychotic experiences (PE) show inconsistency but this may be due to confounding of PEs by depressive symptoms. This suggests the need to differentiate between PEs on a population continuum with non-affective psychosis and those secondary to common mental disorders when studying urbanicity. Our aims were to investigate effects of exposure to urban birth and upbringing on psychosis in a large Chinese undergraduate sample.

Methods: Cross-sectional surveys conducted annually during first year of university, 2014–2018, n=39,446. Self-reported categorical measures of psychosis included psychoticism, paranoid ideation, and schizotypal symptoms using SCL-90-R, and lifetime clinical diagnosis of schizophrenia; depressive symptoms using PHQ 9; putative etiological risk factors of family history and childhood maltreatment; urbanicity measured