

# Closing the gap between research and policy in mental health



# ENMESH

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Network For Mental Health Service Evaluation

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# ENMESH

## BOOK OF ABSTRACTS

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## Preface

Dear Colleagues and Friends,

**O**n behalf of the ENMESH Board Committee, it is a great pleasure to welcome you to the Xlth ENMESH International Conference in Málaga. You will have the opportunity to choose from about 500 contributions delivered by mental health services researchers from 30 countries from the 5 continents: 20 from Europe, 5 from America, 3 from Asia, 1 from Oceania and 1 from Africa.

This is an excellent response, better than expected, to our invitation to participate in this very important event about the thematic "Closing the gap between research and policy in mental health". This mix of cultures will allow the exchange of experience in both worldwide research and health management. New models of mental health services which are not only different but also complementary, will be presented which will allow us to breach the gap between research and policy of mental health services across continents.

In line with previous ENMESH International Conferences, general keynote lectures will consist of 5 plenary sessions which will be held by 10 experts from 7 different countries (Canada, Australia, Germany, United Kingdom, France, Portugal and Spain) concerning the four Conference Thematic Tracks: (1) Global mental health, (2) From epidemiological research to clinical implementation: a) From prevention to interventions; b) Novel services for mental health care. (3) Closing the gap between psychiatric care and primary care and (4) Mental health during an economic crisis.

The core scientific program consists of 47 symposia with 4, 5 or 6 presentations each (234 speakers), 23 oral presentation sessions with 4 or 5 papers each (114 oral presentations) and 88 posters in 2 e-virtual poster sessions with 6 simultaneous e-poster each. Most have been classified according to the main thematic tracks but due to space and time restrictions this was not possible for all, and for this we sincerely apologize. We are also sorry that the daily timetable throughout the conference is so long.

We are grateful to all presenters for submitting their work, to the distinguished experts for accepting our invitations to give keynote speeches, and to the many colleagues who agreed to chair oral presentation or poster sessions. We give thanks to the Málaga University (Research Department and Psychology School), to the Spanish Society of Psychiatric Epidemiology, to Spanish Society of Neuropsychiatry and to the Mental Health Unit of the University Regional Hospital of Málaga for their support.

Finally, we are grateful to the Local and ENMESH Scientific Committee for their wonderful job in reviewing the submitted papers and in preparing the final version of the program. Finally, we thank the FASE 20 team, particularly to Neomar Betancourt, for their organizational work.

The book of abstracts will be published online on the ENMESH website ([www.enmesh.eu](http://www.enmesh.eu)). Please visit the ENMESH website ([www.enmeshmalaga2015.com](http://www.enmeshmalaga2015.com)) for the latest news.

We hope that the Xlth ENMESH International Conference 2015 will provide a truly fruitful experience for everyone and that your stay in Málaga will be enjoyable.



**Mirella Ruggeri**  
Chairperson ENMESH



**Berta Moreno-Küstner**  
Scientific Coordinator



**Luis Salvador-Carulla**  
Scientific Coordinator

## SYMPOSIA

**Symposium 25: Use of electronic primary health care records can answer key questions about the mental health of populations.****Brief overview of Primary Care Databases in the UK.****Speaker:** Irwin Nazareth

*Professor of General Practice and Joint Director PRIMENT ClinicL Trials Unit. Department of Primary Care and Population Health. University College London. United Kingdom.*

What are the factors that illustrate the potential importance of this symposium? (Timeliness of topic, unique nature of dataset, etc...)

Observational research is assuming greater prominence as large electronic, clinical data bases become available for analysis. Electronic health records (EHR) provide access to clinical and social data from large populations that are sometimes hard to reach and excluded from cohorts and RCTs, e.g. severe mental illness, the elderly, the bereaved, children and pregnant women. Primary care records in the UK contain data on patients throughout their lives and are a rich source for research. New linkages to secondary care, social and census data are increasing their value in research. These five presentations will demonstrate how cost effective research into risk, health outcomes, and effectiveness and safety of treatments is possible using large electronic clinical records.

**Using primary care databases to improve the physical care of people with severe mental illnesses. Results from the PRIMROSE programme.****Speaker:** David Osborn

*Professor of Psychiatry. Division of Psychiatry. Faculty of Brain Sciences. University College London (UCL) Medical School. London. United Kingdom.*

**Objectives**

People with Severe Mental Illness (SMI) including schizophrenia and bipolar disorder have excess cardiovascular disease (CVD). Risk prediction models, validated for the general population, may not accurately estimate cardiovascular risk in this group. We aimed to develop and validate a risk model exclusive to predicting CVD events in people with SMI, using established cardiovascular risk factors and additional variables.

**Methods**

This was a prospective cohort and risk score development study in UK Primary care involving 38,824 people aged 30-90 years with a diagnosis of SMI (schizophrenia, bipolar disorder or other non-organic psychosis). Median follow-up 5.6 years with 2,324 CVD events (6%). The main outcomes and measures were ten year risk of first cardiovascular event (myocardial infarction, angina pectoris, cerebrovascular accidents or major coronary surgery). Predictors included age, gender, height, weight, systolic blood pressure, diabetes, smoking, body mass index (BMI), lipid profile, social deprivation, SMI diagnosis, prescriptions of antidepressant, antipsychotics and reports of heavy alcohol use.

**Results**

We developed two risk models for people with SMI: The PRIMROSE BMI model and a lipid model. These mutually excluded lipids and BMI. From cross-validations, in terms of discrimination,

for men, the PRIMROSE lipid model D statistic was 1.92 (1.80-2.03) and C statistic was 0.80 (0.76-0.83) compared to 1.74 (1.54-1.86) and 0.78 (0.75-0.82) for published Framingham risk scores; in women corresponding results were 1.87 (1.76-1.98) and 0.80 (0.76-0.83) for the PRIMROSE lipid model and 1.58 (1.48-1.68) and 0.76 (0.72-0.80) for Framingham. Discrimination statistics for the PRIMROSE BMI model were comparable to those for the PRIMROSE lipid model. Calibration plots suggested that both PRIMROSE models were superior to the Framingham models.

**Conclusions**

The PRIMROSE BMI and lipid CVD risk prediction models performed better in SMI than models which only include established CVD risk factors. Further work on their clinical and cost effectiveness is needed to ascertain the best thresholds for offering CVD interventions.

**Key words**

Schizophrenia, bipolar disorder, cardiovascular disease, risk prediction.

**Other authors:** King, Michael; Walters, Kate; Nazareth, Irwin; Har- doon, Sarah; Petersen, Irene; Marston, Louise; Holt, Richard; Omar, Rumana; Morris, Richard.

**Age variation in the diagnosis and management of depression in older adults.****Speaker:** Kate Walkers

*Senior Clinical Lecturer. Primary Care & Population Health. University College London. United Kingdom.*

**Objectives**

Evidence suggests older people may have lower rates of diagnosis and treatment for depression than their younger counterparts. This study aims to determine age variation in recording of depression symptoms and diagnosis in primary care, and subsequent anti-depressant treatment, referrals for talking therapies and specialist mental health services in a large, nationally representative UK cohort.

**Methods**

Design: Cohort study

Population: Adults aged 55 years and over registered with one of 562 GP practices contributing quality data to The Health Improvement Network (THIN) database in the UK. We have calculated trends in the recording of new episodes of depression symptoms, depression diagnoses and anti-depressant drugs in the UK over 2003-2013 by age and sex. We will explore if this varies by socio-economic status and type of neighbourhood. We will investigate differences by age in treatment with anti-depressant medication (initiation and discontinuation), other psychotropic medication and psychological therapies following a new episode of diagnosed depression in primary care.

**Results**

We have extracted data from nearly 1.7 million patients registered with participating practices and are currently analysing this data. Preliminary findings suggest important differences in rates of new recorded episodes of depression, depression symptoms and anti-depressant prescriptions by age, with lowest combined rates at age 65-70 years for men, and 60-65 years for women. There have been changes in recording of depres-

sion diagnoses and symptoms over time, particularly for older age groups (age 80+years).

**Conclusions**

Our early findings suggest that the lowest combined rates of depression, depressive symptoms and antidepressant use in primary care are in the early post-retirement period. We will discuss the implications of our findings, and the strengths and limitations of using primary care data to research the diagnosis and management of common mental disorders.

**Key words**

Depression; primary care; age inequalities; routinely collected data.

**Other authors:** Falcaro, Milena; Freemantle, Nick; King, Michael; Ben-Shlomo, Yoav.

**Closing the gaps: Electronic health records and the epidemiology of bipolar affective disorder.**

**Speaker:** Joseph Hayes

*Medical Research Council Training Fellow. Division of Psychiatry. Faculty of Brain Sciences. University College London (UCL) Medical School. London. United Kingdom.*

**Objectives**

Bipolar affective disorder (BPAD) is a life-long, recurrent, episodic illness with high rates of hospitalisation, suicide and comorbidity. It affects at least 1% of the UK population and is the sixth most common cause of disability in the world. Despite this BPAD research is significantly underfunded, even when compared to other severe mental illness such as schizophrenia. We used UK primary care electronic health records (EHR) to better understand the incidence of, trends in prescribing for, and outcomes in BPAD.

**Methods**

The Health Improvement Network contains primary care records of over 12 million people and is a representative sample of the UK population. From these EHR we:

1. Calculated annual incidence of new recording of BPAD between 2000-2010.
2. Determined prescribing trends for maintenance medications (mood stabilisers and antipsychotic medications).
3. Determined the success of maintenance monotherapy for BPAD by examining rates of stopping/swapping and add-on of medication.
4. Calculated rates of cardiovascular, renal, hepatic and thyroid disease for individuals with BPAD prescribed maintenance medications.

**Results**

Recording of new diagnosis a BPAD appeared relatively stable over the study period (15 per 100,000 person years at risk). The proportion of patients offered treatment increased markedly between 1995 and 2009 (when 78.5% were prescribed psychotropic medication). Increases came from prescribing of second generation antipsychotics and valproate. Perhaps most worryingly, by 2009, a third of women of childbearing age were prescribed valproate. Preliminary results suggest rates of physical illness studied were elevated dependent on medication prescribed.

**Conclusions**

Large EHR databases facilitate research which would often be precluded by rare diseases and outcomes. Findings from such

studies have the potential to be more generalisable, because of the population based nature of the cohort, capturing the full range of illness severity and service engagement. There are a number of questions relating to BPAD that are unlikely to be answered by alternative Methods.

**Key words**

Bipolar affective disorder, epidemiology, electronic health records, primary care, United Kingdom

**Other authors:** Haroon, Sarah; Prah, Philip; Blackburn, Ruth; Nazareth, Irwin; Osborn, David; Walters, Kate; Petersen, Irene; King, Michael.

**Psychotropic medication in pregnancy: prescribing and safety.**

**Speaker:** Irene Petersen

*Senior lecturer. Department of Primary Care and Population Health. University College London. United Kingdom.*

**Objectives**

Many women with mental health problems face a treatment dilemma when they become pregnant or plan pregnancy as limited information is available on safety of psychotropic medication. Electronic Health Records (EHR) offer an excellent opportunity to examine use and safety of psychotropic medication prescribed in primary care.

**Methods**

We used data from The Health Improvement Network (THIN) including nearly 500,000 pregnancies in women registered with a general practice in UK. We examined if pregnancy is a major determinant for stopping psychotropic medication (antidepressants, antipsychotics, lithium and AEDs). We also examined the associations between prescription of antidepressants and antipsychotics in pregnancy and adverse pregnancy and birth outcomes using comparative cohort designs including women with different exposures.

**Results**

Pregnancy was a major determinant of discontinuation of psychotropic medication (antidepressants, antipsychotics, lithium and AEDs (used as mood stabilisers)). Less than 20% of women who were on antidepressants before pregnancy continued treatment after 6 weeks of pregnancy. The figures for typical antipsychotics, AEDs and lithium were 25-30 %, while 50% women on atypical antipsychotics continued treatment after 6 weeks. Of the women who continued SSRI or antipsychotic treatment in pregnancy 4% and 14% had a history of drug use problems, 36% and 46% were smokers, 4% and 7% had a history of an alcohol problem and 11% and 18% were obese (BMI >30 before pregnancy), respectively. In contrast, pregnant women not on psychotropic treatment in pregnancy <1% had a history of drug use and alcohol problems, 20% were smokers and 5% were obese. The risks of congenital heart anomalies was the same for children born to women prescribed antidepressants in pregnancy as those who stopped treatment before pregnancy or not on treatment (<1% in all groups). Similar results was found for antipsychotics. However, a history of alcohol, drug use problems and obesity were associated with increased risks.

**Conclusions**

Pregnancy is a major determinant of discontinuation of psychotropic medication. Treatment with antidepressants or antipsychotics per se may not increase the risk of adverse birth outcomes. However, it is important to take into consideration other

factors such as history of alcohol, drug use and obesity.

**Key words**

psychotropic medication; pregnancy; birth outcomes, general practice data base.

**Other authors:** Nazareth, Irwin; McCrea, Rachel; Sammon, Cormac; Osborn, David.

**The impact of bereavement on mental health and mortality.**

**Speaker:** Michael King

*Professor of Primary Care Psychiatry and Joint Director of PRIMENT Clinical Trials Unit. University College London Medical School. London. United Kingdom.*

**Objectives**

Bereavement is a universal experience and is regarded as the most stressful of all life events and it may place older spouses and partners at risk of increased morbidity and mortality. However, there are few large scale prospective studies of the health outcome of bereaved spouses and partners, and results are inconsistent. Our objective was examine the outcome of bereavement in three cohorts.

**Methods**

The results of three studies will be briefly described. All were conducted on The Health Improvement Network (THIN) UK primary care database. 1) In the first, participants were a) aged 40+, who had been exposed to the death of a cohabitee from cancer (age gap no greater than 15 years); and b) a comparison cohort frequency matched on five year age bands and sex who were cohabiting with a living partner. 2) In the second study participants were a) cohabitees aged 60+ years (age gap no greater than 15 years) of people who died with a diagnosis of cancer, chronic obstructive pulmonary disease (COPD) or dementia, and b) with at least one year of data before bereavement. 3) In the third, we conducted a self-controlled case series (SCCS) of patients aged 50+ for whom the exposure was the death of a cohabitee 2 years before or after the death of a case.

**Results**

No elevated risk of mortality following bereavement was found in studies 1 and 2 but all bereaved patients were more likely to receive prescriptions for psychotropic medication following the death. This third analysis is ongoing and results will be available for the presentation.

**Conclusions**

The lack of difference on mortality runs counter to some other studies. Crucial in all cohort studies is the selection of appropriate controls in which there are no hidden biases. The SCCS analysis to be used in the third study is a way around this difficulty as people act as their own controls and thus residual confounding is eliminated. It is likely to give the most unbiased estimate of the impact of bereavement.

**Symposium: 29. Epidemiology of Mental Disorders in Andalusia: The PISMA-ep Study.**

This symposium will present a recent survey just developed in Andalusia (Spain) focused on the identification of prevalences of common mental disorders and its potential risk factors. Data are preliminary results of a large epidemiological cross-sectional survey using a sample of some 4507 community-dwelling participants. Initially, the Methods and general results of the

so-called PISMA-ep study will be presented by the study's principal investigator. Subsequently, co-investigators will present specific data on maltreatment, suicide risk and the relationship between economic crisis variables and mental disorders. The study has been financed by a Regional Grant from the Andalusian Government and has been developed under the auspices of the Integral Mental Health Andalusian Plan (PISMA).

**The PISMA-ep Study: Methods and Main Findings.**

**Speaker:** Jorge Cervilla Ballesteros

*Psychiatrist. Spanish Psychiatric Epidemiology Society (SEEP). University of Granada. Spain.*

**Objectives**

There are no previous epidemiological studies, either using current diagnostic criteria or exploring the entire region, in Andalusia, Spain. The PISMA-ep study was an initiative from the Integral Plan for Mental Health (PISMA), of the Regional Ministry of Health, to ascertain current prevalences of common mental disorders and to identify potential risk factors that could be preventive targets.

**Methods**

A cross-sectional survey including 4507 community-dwelling participants representing 79% of all initially approached who constitute a large and representative sample of the Andalusia region.

Results 23% of the subjects fulfil diagnostic criteria for any ICD-10 mental disorder. Being female, having lower educational level, having a family history of mental disorder and scoring high on personality disorder/trait scales, among others, emerged as potential correlates/risk factors for mental disorder.

**Conclusions**

Detailed prevalence and correlates of major mental disorders will be presented and contrasted with existing data from other European regions.

**Key words**

Cross-sectional, prevalence, mental disorder, risk factors, cognition, personality.

**Other authors:** Gutiérrez, Blanca; Ruiz, Isabel; Rodríguez-Barranco, Miguel; Moreno-Küstner, Berta; Valmisa, Eulalio; Carmona, José.

**Prevalence and Correlates of Suicidal Risk.**

**Speakers:** Paloma Huertas Maestre.

*Student PhD Psychology programme. School of Psychology. University of Málaga. Spain.*

**Berta Moreno-Küstner**

*Psychologist. Professor of Psychology. School of Psychology. University of Malaga. Spain.*

**Objectives**

Recent studies conducted simultaneously in several European countries, including Spain, have provided data on the incidence of suicidal ideation and the existence of different risk factors potentially linked to their existence and to step between suicidal ideation and suicide attempts. Suicide is a very important public health problem. Over 800,000 people die due to suicide every year and there are many more who attempt suicide, It is a global phenomenon in all regions of the world (World Health Organization). However, little is known about the prevalence and associated factors of key behaviors related to this in our region, Andalusia. This research aims to show the prevalence and associated factors of suicidal risk, from the results of PISMA-ep study. ( Epidemiological Study on Fre-

quency and Risk Factors of Mental Disorders in Andalusia).

**Methods**

The study is a cross-sectional household survey conducted on a representative probability sample of noninstitutionalized adults aged 18-75 year of both sexes. 4507 subjects were interviewed using the Mini International Neuropsychiatric Interview (MINI) to assess the prevalence of suicidal behaviour in Andalusia. An inventory of associated variables was employed to evaluate the impact of various factors on suicide.

**Results**

6.4 % of the sample showed suicidal risk. Of this percentage, 61.9 % showed low suicide risk , 16.6 % showed moderate risk and 21.5 % showed high risk. Different variables analyzed (socio-demographic factors, life experiences, psychological disorders, social support and other) correlated with suicide risk.

**Conclusions**

Detailed prevalence and correlates of suicide will be presented and contrasted with existing data from other regions.

**Key words**

Cross-sectional, risk factors, prevalence, suicidal risk, suicide behavior.

**The Epidemiology of Paranoia.**

**Speaker:** Carmen Maura Carrillo

*Santa Ana Hospital. Motril. Granada. Spain.*

**Objectives**

Although some studies have previously report both prevalence and correlates of Paranoid Thinking and Clinical Paranoia in a Spanish general population. Reports from clinical and non-specific epidemiological studies suggest a low prevalence of delusional disorder, although this notion maybe due to nosological problems or/and symptom encapsulation.

**Methods**

A thorough and specific measure of paranoid thinking (Green Paranoid Thoughts Scale) was also used to ascertain global, persecutory and reference paranoid thinking. Correlates and risk factors were also explored.

**Results**

1.2% of the sample was found to have clinically significant levels of paranoia.

**Conclusions**

Prevalence and risk factors for all above-mentioned outcomes will be discussed. The prevalence of Clinical Paranoia and that of Delusional Disorder may be higher than previously thought.

**Key words**

paranoia, delusional disorder, prevalence, risk factors.

**Other authors:** Ibáñez, Inmaculada; Cervilla Ballesteros, Jorge.

**The Epidemiology of Psychosis .**

**Speaker:** Margarita Guerrero

*Santa Ana Hospital. Motril. Granada*

**Objectives**

No previous studies have previously reported both prevalence and correlates of psychosis symptoms in a community sample from Andalusia, Southern Spain.

**Methods**

The Psychosis section of both, MINI International Neuropsychiatric Interview and SCID-I, were used in a large representative sample of some 4507 Andalusian participants who lived in the community. Correlates and risk factors were also explored.

**Results**

The prevalence of any psychotic disorder was 2,5 (current) 3,6 (life time).

**Conclusions**

Prevalence and risk factors for all above-mentioned outcomes will be discussed.

**Key words**

Psychosis, risk factors, epidemiology, prevalence.

**Other authors:** Cervilla Ballesteros, Jorge.

**Functionality and Mental Disorders.**

**Speaker:** José Eduardo Muñoz Negro

*Granada University Hospitalary Complex. Granada. Spain.*

**Objectives**

We aimed to identify the degree of disability and social functioning linked to mental disorders in the community.

**Methods**

The degree of disability was measured with the PSP and the SIX scales, association analyses were made to identify the relationship between both functionality or social functioning and mental disorder.

**Results**

This presentation will report on the association between functionality and social index measures in mental disorders as measures in a representative sample of the Andalusian population.

**Conclusions**

Both functionality and social functioning are lessened in mentally disordered people as compared with those who do not have a mental disorder.

**Key words**

Functionality, social support, epidemiology, mental disorder.

**Genetics of Mental Disorders in the PISMA-ep Study.**

**Speaker:** Blanca Gutiérrez

*Granada University Hospitalary Complex. Granada. Spain*

**Objectives**

Genetic risk factors are one of the major contributors to the aetiology of mental disorders, mostly in interaction with environmental and social risk factors.

Methods 95.6% of the PISMA-ep sample agreed and consented to provide a saliva sample from which DNA was extracted for genotyping of polymorphisms related to mental disorder.

**Results**

Genetic Risk Associations and genetic by environment interactions between genetic risk factors and both any mental disorder and depression will be presented, the results will be preliminary as they are based on a pilot subsample.

**Conclusions**

Genetic risk factors may be linked to both general presence of mental disorder and specific mental disorders such as depression.

**Key words**

Genetics, epidemiology, risk factors, mental disorder.

**Other authors:** Rivera, Margarita; Molina, Esther; Cervilla Ballesteros, Jorge.

**Symposium: 32. Recovery-oriented service provision for people with long term mental health problems: current developments and challenges.**

In Europe, the care provision for people with long-term mental health problems is more and more focused on recovery and social inclusion instead of on psychiatric impairments. This provides chances for mental health service users to live a life as normal as possible, for social inclusion, and e.g. de-stigmatisation. On the other hand, these people are vulnerable and at risk of discrimination, marginalisation, and victimisation. In this symposium we present current developments and challenges of recovery oriented care provision.

**Rehabilitation Effectiveness for Activities for Life: results from a national programme of research into inpatient mental health rehabilitation services in England.**

**Speaker:** Helen Killaspy

*Professor of Rehabilitation Psychiatry. Division of Psychiatry. University College London. United Kingdom*

**Objectives**

Mental health rehabilitation services focus on people with longer term and complex needs. The majority of this group have a diagnosis of schizophrenia with severe negative symptoms and other problems that have complicated their recovery. These problems often impact on day to day function and necessitate lengthy admissions to hospital. For these reasons, this relatively small group absorb a large proportion of mental health and social care resources but, until recently there was little research into the aspects of care that were most beneficial for them and little evidence to guide practitioners and service planners.

**Methods**

The programme comprised four related workstreams: a national survey of inpatient mental health rehabilitation services; development of a staff training intervention to increase engagement of service users in activities; a cluster RCT to assess the efficacy of the staff training intervention; a naturalistic cohort study to investigate service and service user factors associated with better clinical outcomes.

**Results**

A high participation rate was achieved. Most inpatient rehabilitation services were based in the community. The quality of services had more influence on service user autonomy than service user characteristics. The staff training intervention was not found to increase service user engagement in activities in our trial. However problems with sustaining the techniques were identified. Our cohort study found that two-thirds of service users were successfully discharged to supported accommodation at 12 month follow-up; the recovery orientation of the service, service user social skills and level of engagement in activity predicted successful discharge.

**Conclusions**

Mental health rehabilitation services in England are able to support the majority of people with complex psychosis to achieve

successful discharge. Services that use a recovery orientated approach to provide interventions that enhance service users' activities and social skills are recommended. Further research on how to implement complex interventions that facilitate these skills in this service user group are needed.

**Key words**

Inpatient, Rehabilitation, Complex psychosis, Complex intervention, Outcomes

**Other authors:** Craig, Tom; Holloway, Frank; Cook, Sarah; Mundy, Tim; Marston, Louise; Omar, Rumana; McCrone, Paul; Leavey, Gerard; King, Michael; Green, Nick; Harrison, Isobel; Lean, Melanie.

**Deinstitutionalisation, social inclusion and personal recovery, the MOVE study.**

**Speaker:** Charlotte de Heer-Wunderink

*Hanze University of Applied Sciences. Groningen.*

**Objectives**

Cuts in mental health care budgets oblige Dutch residential care facilities to decrease their available places with 30%. As a consequence, service users will have to move to an independent living situation. The residential care facilities provide recovery oriented support to help their service users to become (more) independent. In this study, we investigate the effects of moving towards an independent living situation on the service users' social inclusion and personal recovery.

**Methods**

A two year follow-up study, the MOVE study, is currently conducted in six Dutch regional institutes for residential care and one provincial mental health care centre. More than 130 service users have been interviewed three times and asked about their living situation, social inclusion and personal recovery.

**Results**

Preliminary results show that people who have made the transition to an independent living situation have had a shorter duration of residential care and are younger compared to residents. They also seem to experience more personal recovery. They do not seem to differ from residential service users in the degree to which they are socially included.

**Conclusions**

It seems the transition to a more independent living situation can have positive effects on the lives of service users with severe mental illness, at least in the area of personal recovery. Regarding the improvement of social inclusion, it seems other complementary measures are needed.

**Key words**

Deinstitutionalisation, social inclusion, recovery-oriented care, severe mental illness.

**Other authors:** Van der Zee, Ingrid; Vos, Sandra; Nieuwenhuijsen, Wim .

**'To take over or to take on': challenges concerning hospitalisation of professionals and service users of recovery-oriented residential care facilities.**

**Speaker:** Sandra Vos

*Hanze University of Applied Sciences. Groningen. The Netherlands.*

**Objectives**

Due to mental health care budget cuts, a large group of service users in residential care facilities, currently have to move

towards a more independent living situation. The aim of the present study was to qualitatively explore the way managers and care providers perceive possibilities and problems that accompany this transition. 'Do they think it's realistic, possible and under what constraints?'

**Methods**

Six care providers and four managers of Regional Institutes for Residential Care (RIRC) participated in a qualitative study. Semi-structured interviews were conducted to gain insight in their views on possibilities and problems accompanying the transition of residents to an independent living situation.

**Results**

The respondents expect a large group of service users to be able to move towards a more independent living situation. All respondents stated hospitalisation to be an impedimental factor hindering the empowerment of service users. Care providers state they are inclined to provide more support than needed, 'take over tasks' or 'think they know what's best'. Consequently, they experience service users to lack initiative and become dependent, and sometimes take care for granted. Stigmatisation is also an important barrier for service users' recovery. Service users' self-stigmatisation, stigmatisation by care providers and stigmatisation from society prevent improvement of service users' social inclusion.

**Conclusions**

RIRC's provide recovery-oriented care focused on personal, social and vocational recovery. However, hospitalisation of professionals as well as service users is still an important barrier for service user empowerment. Continued focus on and training of rehabilitation skills of professionals is essential to integrate recovery oriented care in daily practise.

**Key words**

hospitalisation, recovery-oriented care, deinstitutionalisation, severe mental illness.

**Other authors:** Van der Zee, Ingrid; De Vries, Janneke; De Heer-Wunderink, Charlotte.

**Enhancing participation in patients with severe mental illness: what works? A secondary analysis of the results of a randomised controlled trial on the Boston University Approach to Psychiatric Rehabilitation.**

**Speaker:** Sarita Sanches

*Altrecht Mental Health Care, Utrecht and Tilburg University. Tilburg. The Netherlands.*

**Objectives**

People with Severe Mental Illness (SMI) frequently experience problems with regard to participation (i.e. work, education, social contacts and living situation) and require professional support in this area. The Boston University approach to Psychiatric Rehabilitation (BPR) is a comprehensive methodology that can offer this kind of support. So far, several Randomised Controlled Trials (RCT's) investigating the effectiveness of BPR have yielded partially positive outcomes with regard to participation. However, information about the factors that predicts successful goal attainment is lacking. Aim of the study is to gain more insight into patient, counsellor and contact characteristics that can explain why some clients were able to successfully reach their goals whereas others were not.

**Methods**

Secondary analyses will be performed on the results of a multisite RCT study that investigated the effectiveness of BPR compared to Care As Usual (CAU) for 156 adults (18+ years of age) with SMI who wished to increase their participation. These analyses will be carried out in order to gain more insight into patient, counsellor and contact characteristics that can explain why some clients were able to successfully reach their goals whereas others were not. Furthermore, special emphasis will be placed on characteristics of the support offered and the influence of model fidelity.

**Results**

The results will provide insight into the influence of model fidelity, patient characteristics, type of goal, counsellor characteristics and characteristics of the therapeutic relationship on goal attainment at 12 months.

**Conclusions**

These results can be used to make decisions about further implementation of the method. Also, insight into the working mechanisms of BPR will add to the knowledge about the effectiveness of psychiatric rehabilitation in general. The large sample size, geographical coverage and heterogeneity of the study group, will ensure reliable generalisation of the study results.

**Key words**

Psychiatric Rehabilitation, Recovery-oriented care, goal attainment, fidelity, severe mental illness.

**Other authors:** Swildens, Wilma; van Busschbach, Joeske; van Weeghel, Jaap

**Parenting and psychiatric rehabilitation: Can parents with severe mental illness benefit from a new approach?**

**Speaker:** Joeske T. van Busschbach

*Senior Research. Parnassia Groep. Rotterdam. The Netherlands.*

**Objectives**

Parenting is a complex and demanding task that can be an extra challenge when you have a severe mental illness (SMI). In this presentation both the results of a qualitative study on parenting will be presented and those of a pilot study testing a program for parents based on the "choose-get-keep" model of psychiatric rehabilitation (Van der Ende et al. 2010; 2014).

**Methods**

In the qualitative study 27 parents with SMI shared their experiences on what this means for them in day to day life, how they cope and their wishes as it come to help from others. The program Parenting with Success and Satisfaction (PARSS) was evaluated in a quasi-experimental design where 26 parents were followed over one year, comparing those who received the intervention with parents in a control group. Primary outcome measures were (changes in) parenting success and satisfaction empowerment and quality of life. Information was gathered from both the parent, a person from his next of kin and a care provider.

**Results**

Parents with SMI have problems balancing between their own needs and those of their children and are anxious about asking for help from others for fear of stigma and separation. Being a parent however also offers a basis for social participation and gives meaning to life. The first experiences with the PARSS

program were mixed with satisfaction in parenting and self-reported quality of life (qol) changing during the year in both groups, but only for qol a significantly higher change for the intervention group was found. There were no significant changes in either group for success in parenting as reported by parents themselves mental health practitioners and next of kin

**Conclusions**

The new program has the potential to function as a useful tool in supporting parents, especially since parents express an explicit need for support in a rehabilitative context. However, since this was a pilot study, larger controlled studies are needed, with special attention to enhancing program fidelity.

**Key words**

Parenting , SMI, rehabilitation, qualitative, quality of life.

**Other authors:** Van den Ende , Peter; Van Weeghel, Jaap; Korevaar, Lies.

**Illness management and recovery in the Netherlands; Design of an RCT + results of a pilot study.**

**Speaker:** Bert-Jan Roosenschoon

*Senior Research. Parnassia Groep. Rotterdam. The Netherlands.*

**Objectives**

Illness Management and Recovery (IMR) is a standardized curriculum-based psychosocial program designed to provide persons with severe mental illness information and skills necessary for managing their illness effectively and working toward achieving personal recovery goals. IMR is an evidence based practice in the USA (Mueser KT et al. 2002 & 2006). A toolkit for implementing is available ([www.mentalhealth.samsha.gov](http://www.mentalhealth.samsha.gov)). IMR has been adopted and implemented in several countries. In Bavo Europoort, Rotterdam the Netherlands, implementation of IMR started in 2009. First we did a pilot-study to evaluate the quality of the implementation of IMR in a group format. We investigate the effectiveness of IMR by comparing IMR in group format with Care as usual. We investigate whether IMR leads to better illness management including better coping and to less symptoms and less relapses and to better personal and social recovery

**Methods**

The design is a randomised multi-centre, single blinded, clinical trial of IMR compared with treatment as usual for 185 outpatients with a severe and persistent mental illness (SMI) getting care in two mental health centres in the regions of the cities of Rotterdam and Dordrecht in the Netherlands. There are 3 of measurement.

**Results**

The design of the RCT is based on the model of Kim Mueser (2006) We present this design and the some results of the analysis of the first measurement. Participants in the pilot were mostly stabilized clients with schizophrenia; in the pilot study, clinicians and clients who finished the program were very positive/ satisfied; participants showed improvements.

**Conclusions**

There was different drop-out from treatment in different phases of the curriculum. To improve program fidelity investment in training and supervision of trainers is needed. An RCT was feasible and is in execution now.

**Symposium: 36. The QuEST Study: Quality and Effectiveness of Supported Tenancies for people with mental health problems. A national programme of research across England.**

A very large number of people with mental health problems live in supported accommodation in the community. These facilities represent a significant cost to the tax payer, yet there has been very little empirical research to guide clinicians, service planners and policy makers about the most appropriate and effective models and the content of care and support that should be provided. The QuEST study is attempting to address this evidence gap.

**Overview of the QuEST Programme.**

**Speaker:** Helen Killaspy

*Professor of Rehabilitation Psychiatry. Division of Psychiatry. University College London. United Kingdom.*

**Objectives**

Many people with mental health problems live in supported accommodation in the community. These facilities represent a significant cost to the tax payer, yet there has been very little empirical research to guide clinicians, service planners and policy makers about the most appropriate and effective models and the content of care and support that should be provided. The QuEST programme aims to address this evidence gap.

**Methods**

- WP1- Adaptation of an existing quality assessment tool for use supported accommodation services
- WP2- National survey and cohort study involving 90 services and 600 service users who will be followed-up over 30 months to assess the service and service user characteristics associated with greater clinical and cost-effectiveness
- WP3- Qualitative study involving 30 staff and 30 users of supported accommodation services to investigate the factors that most help service users gain confidence and skills for living successfully in the community
- WP4 - feasibility study to assess whether a large scale trial comparing two existing models of supported accommodation (supported housing and floating outreach) could be compared in terms of their clinical and cost-effectiveness in a large scale randomised trial.

**Results**

An overview of the programme will be presented. Subsequent speakers will describe results from WP1, WP2 and WP3 and related projects.

**Conclusions**

Mental health supported housing is an important component in supporting people in their recovery. The QuEST programme aims to identify the most clinically and cost-effective approaches.

**Key words**

Supported accommodation, Recovery.

**Other authors:** Priebe, Stefan; Leavey, Gerard; King, Michael; Eldridge, Sandra; McCrone, Paul; Arbuthnott, Maurice; McCabe, Gavin; Curtis, Sarah; Shepherd, Geoff; Eliot, Jake; Dowling, Sarah; Krotofoil, Joanna; McPherson, Peter; Harrison, Isobel; Sandhu, Sima.

**Systematic literature review of the evidence for different models of supported accommodation for people with mental health problems.**

**Speaker:** Joanna Krotofil

Research Associate, QuEST Project, Division of Psychiatry, University College London. United Kingdom.

**Objectives**

The process of de-institutionalisation has placed an emphasis on linking care in the community with housing provision and housing related support for people with mental health problems. Specialist mental health supported accommodation services have been widely implemented, however little is known about their quality and effectiveness, or of service user’s experience of the support they receive. There is a need to summarise the evidence base in this field to inform service planning and research foci for future enquiry.

The aim of this review is to synthesise the current evidence on mental health and psychosocial outcomes for individuals utilising specialist mental health supported accommodation and examine service users’ experiences of support.

**Methods**

A systematic literature review has been undertaken using comprehensive search terms in 12 electronic databases. 10662 titles have been identified. Based on relevance criteria, 590 abstracts were retained and reviewed. Full texts of 342 publications are currently being retrieved and quality assessed for inclusion in the review.

**Results**

A narrative synthesis will be used to identify factors associated with positive outcomes in supported housing and themes and domains related to service users’ experience.

**Conclusions**

Results of the review will be presented.

**Key words**

Supported housing, mental health, systematic literature review

**Other authors:** McPherson, Peter; Killaspy, Helen; Priebe, Stefan; Leavey, Gerard; King, Michael; Eldridge, Sandra; McCrone, Paul; Arbuthnott, Maurice; McCabe, Gavin; Curtis, Sarah; Shepherd, Geoff; Eliot, Jake; Dowling, Sarah; Harrison, Isobel; Sandhu, Sima.

**Adaptation of the Quality Indicator for Rehabilitative Care for supported accommodation services.**

**Speaker:** Peter McPherson

Research Associate, QuEST Project, Division of Psychiatry, University College London. United Kingdom.

**Objectives**

In Western Europe and North America, the process of de-institutionalisation has led to a significant increase in community based care for people with severe mental illness. Supported accommodation operates as a component of the broader mental health ‘care pathway’ and attempts to meet the support needs of service users by providing focussed, flexible support. At present, however, there are no valid and reliable measures to assess the quality of supported accommodation services. The current paper describes the process of adapting the Quality Indicator for Rehabilitative Care (QuIRC) for use in supported accommodation settings.

**Methods**

To adapt the QuIRC for use in supported accommodation set-

tings, the measure was initially reviewed by three focus groups, comprised of staff from supported accommodation services (N=12). The measure was then reviewed by a Service User Reference Group (SURG) and Expert Panel (EP). All comments from focus groups and SURG and EP reviews were collated and proposed amendments were decided based on consensus of the Project Management Group. An amended version of the QuIRC was then created.

The psychometric properties of the 143-item amended QuIRC were then tested using a representative sample of managers from supported accommodation services (N=52). Internal consistency was assessed using Cronbach’s alpha. Item variance and inter-rater reliability were also assessed. The measure was subsequently administered to an additional sample of supported accommodation managers (N=87) in order to explore the factor structure of the measure, and re-assess internal consistency.

**Results**

The amended QuIRC initially demonstrated variable internal consistency. Subsequent exploratory factor analysis identified a seven-factor structure, corresponding to the structure of the original QuIRC; all items loaded onto the predicted domains with a loading of ±0.3. Internal consistency was also improved, with Cronbach alpha for the seven domains ranging from 0.37-0.66.

**Conclusions**

These findings suggest that the amended QuIRC is a promising instrument for assessing quality in supported accommodation services. Further testing, with larger, international samples, should provide a clearer indication of the true psychometric properties of the measure.

**Key words**

Supported housing; mental health; quality assessment; instrument; psychometrics

**Other authors:** Killaspy, Helen; Priebe, Stefan; Leavey, Gerard; King, Michael; Eldridge, Sandra; McCrone, Paul; Arbuthnott, Maurice; McCabe, Gavin; Curtis, Sarah; Shepherd, Geoff; Eliot, Jake; Dowling, Sarah; Harrison, Isobel; Krotofil, Joanna; Sandhu, Sima.

**Results from the national survey of supported accommodation services.**

**Speaker:** Isobel Harrison

Research Associate, QuEST Project, Division of Psychiatry, University College London. United Kingdom

**Objectives**

To assess quality of supported accommodation services in England and the proportion of people who successfully move on to more independent settings.

To identify service and service user factors associated with greater quality of life, autonomy and move-on.

**Methods**

National survey of 90 supported accommodation services from 14 regions. Random selection of 30 services from each of the three main service types: residential care, supported housing and floating outreach. Random selection of 150 service users from each the service types (N=450).

Data collected from service managers using the adapted QuIRC; availability of local rehabilitation services, support from local mental health services, availability of accommodation for service user move on and percentage of out-of-area placements. Service users interviews; socio-demographic characteristics,

clinical history, risk history, quality of life, therapeutic culture of the service, autonomy and client's assessment of treatment. Supported accommodation staff; challenging behaviours, use of substances, needs and social functioning.

### Results

A total of 87 supported accommodation services participated, comprising around one third each of each accommodation type, and 619 service users. Analysis is in progress and will utilise multilevel regression to examine the association between service factors and service user factors and clinical outcome. Service factors will comprise type of service, quality, input from local mental health services and availability of move-on accommodation. Service user factors will consist of sociodemographic characteristics, clinical history, social functioning, needs, substance misuse and challenging behaviours. Service user rated outcomes will include quality of life, autonomy, therapeutic milieu and satisfaction with care.

### Discussion

Differences between service type and associations with quality and service user outcomes at baseline will be presented.

### Key words

Supported accommodation; Mental health; Quality of life; Costs; Patient reported outcome measure.

**Other authors:** Killaspy, Helen; Priebe, Stefan; Leavey, Gerard; King, Michael; Eldridge, Sandra; McCrone, Paul; Arbuthnott, Maurice; McCabe, Gavin; Curtis, Sarah; Shepherd, Geoff; Eliot, Jake; Dowling, Sarah; Sandhu, Sima; Krotofil, Joanna; Mcpherson, Peter.

## **Staff and service user experiences of supported accommodation in England.**

### Speaker: Sima Sandhu

Researcher, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development, Queen Mary University of London. United Kingdom.

### Objectives

To explore staff and clients' views and experiences on what makes an effective and helpful supported accommodation service in terms of gaining confidence and skills for living successfully in the community.

### Methods

Semi-structured interviews were conducted with clients (n = 30) to identify the aspects of supported accommodation considered to be helpful and unhelpful to living in the community. In addition, staff (n = 30) from these services were also interviewed about their experiences and views on the most effective components of care in supported accommodation, as well as the barriers to providing them. The interviews were analysed using thematic analysis.

### Results

Themes from the client and staff interviews indicated consensus on what was effective or helpful about these services, with only slight variations by service type. Services were viewed as effective when they supported clients with their mental health by offering practical support in terms of instrumental activities of daily living, or encouraging clients to build their existing capabilities. Living environments that were safe, secure and stable were regarded as helpful, as were services where: staff personally knew and understood their clients in open trusting relationships; where other clients in the service were a supportive

presence; where clients gained structure in everyday activities through key-working and use of incremental steps; where social and community engagement was tailored to the individual; and where there was joint working both inside and outside of the client-staff relationship. Moreover, staff attributed training, regular supervision, and being available and flexible for their clients as important to providing an effective service. Some staff also expressed particular concerns about creating dependency whilst clients were in their service, and the difficulties of clients not engaging with services. Some clients raised a lack of involvement in decisions concerning them as a particularly unhelpful aspect of some services.

### Conclusions

The findings from the qualitative interviews provide a clear understanding of the key features and approach to care that should be provided in good quality supported accommodation services, as well as the barriers that can restrict this.

### Key words

Service User, Staff, Supported Accommodation, Interviews, Experiences, Views.

**Other authors:** Killaspy, Helen; Priebe, Stefan; Leavey, Gerard; King, Michael; Eldridge, Sandra; McCrone, Paul; Arbuthnott, Maurice; McCabe, Gavin; Curtis, Sarah; Shepherd, Geoff; Eliot, Jake; Dowling, Sarah; Harrison, Isobel; Krotofil, Joanna; Mcpherson, Peter.

## **Staff morale in supported accommodation in England.**

### Speaker: Sarah Dowling.

Project Manager, QuEST Project, Division of Psychiatry, University College London. United Kingdom.

### Objectives

The well-being of staff working in mental health services has been described as vital to the provision of reliable and cost-effective services. Research with staff working in community and inpatient mental health services has shown that although satisfaction levels tend to be good, in some settings levels of the emotional exhaustion component of burnout may be high. While supported accommodation is considered an essential part of mental health services, little is known about the experiences of staff working in these facilities. Using the Job Demands-Resources (JD-R) model as a theoretical framework, this study will explore morale in the English mental health supported accommodation workforce.

### Methods

The study is cross-sectional in nature and will involve staff randomly selected from supported accommodation services in a nationally representative sample of 14 geographic areas. Participants will be asked to complete an online questionnaire which will include instruments used in previous studies of staff working in hospital and community mental health services. Service quality will be measured via a manager-completed questionnaire, the Quality Indicator for Rehabilitative Care (QuIRC), which was adapted for use in supported accommodation settings as part of the wider QuEST project.

The occupational and socio-demographic characteristics of the staff sample will be described and the levels of morale compared with those found in staff working in other English mental health services. Levels of engagement, burnout, job satisfaction and mental well-being will be described, and the association of these variables with service quality examined using the JD-R model.

**Results**

An overview of the project and progress on recruitment will be presented.

**Conclusions**

This project will address the need for evidence on morale in the mental health supported accommodation workforce and enable the development of interventions to address job demands.

**Key words**

supported accommodation, mental health, morale, burnout, well-being, Job Demands-Resources model.

**Other authors:** Killaspy, Helen; King, Michael; Marston, Louise; Atkins, Lou

**Symposium: 43. How to implement evidence in mental health care practice?**

This symposium addresses:

- (a) how guidelines are updated, and what factors have an impact on that process in middle and low income countries (Barbui);
- (b) how guidelines are implemented, and what level of knowledge we have on guideline implementation strategies and effects (Becker);
- (c) what progress has been made internationally towards the typology and development of clinical practice guidelines in mental health care practice (Salvador-Carulla); and
- (d) how an evidence- and consensus-based guideline for the care of severely mentally ill people was developed in Canada (Lesage).

The symposium aims at contributing to the knowledge base on strategies that are helpful in rolling out evidence-based mental health care in different countries and diverse care settings.

**Evidence on the effects of guideline implementation in mental health care.**

**Speaker:** Thomas Becker

*Professor. Ulm University, Dep. of Psychiatry II, BKH Gueznburg. Germany.*

**Objectives**

There is consensus that care systems for people with severe mental illness (SMI) should be evidence-based. However, there is no sufficient knowledge base on the effects of the implementation of treatment guidelines on the process and outcomes of care for people with SMI and on how implementation can best be achieved.

**Methods**

Two reviews of studies of (a) guideline implementation strategies (for clinical practice guidelines in mental health care, recent studies, narrative review), and of (b) the effects of guideline implementation on care process and treatment outcomes among people with SMI (systematic review).

**Results**

- (a) There is a trend toward an improvement in process and outcome following guideline implementation, knowledge is sparse, and potential barriers to the translation of knowledge into action need to be taken into account in guideline implementation projects.
- (b) Randomised studies (n=5) provided initial evidence that implementation of treatment guidelines may achieve small changes in mental health care practice, knowledge is sparse, and there

is little knowledge on how implementation is best achieved. It is not possible to arrive at definitive Conclusions. There is moderate evidence of stronger effects of guideline implementation on patient outcomes than on care processes.

**Conclusions**

Small changes in mental health care practice following guideline implementation have been demonstrated in a small number of studies but there is uncertainty in terms of how clinically meaningful and sustainable effects can best be achieved.

Barbui C, et al. (2014) Implementation of treatment guidelines for specialist mental health care (Review). *Cochrane Database Syst Reviews*, Issue 1 DOI: 10.1002/14651858.CD009780.pub2  
Girlanda F, et al. (2013) Guideline implementation strategies for specialist mental healthcare. *Curr Opin Psychiatry*, 26 DOI: 10.1097/YCO.0b013e328361e7ae.

**Key words**

Care process, evidence-based care, guideline implementation, mental health care, patient outcome.

**Other authors:** Girlanda, Francesca; Barbui, Corrado; Kösters, Markus.

**WHO framework for improving mental health care in middle (and low?) income countries.**

**Speaker:** Corrado Barbui.

*Professor. Section of Psychiatry and Clinical Psychology. Dep. of Medicine and Public Health. University of Verona. Italy.*

**Objectives**

In 2008, the World Health Organization (WHO) developed the Mental Health Gap Action Programme (mhGAP) in order to enhance the capacity of Member States to respond to the growing burden of mental, neurological, and substance use (MNS) disorders. An essential component of mhGAP is an integrated package of evidence-based guidelines for MNS disorders identified as conditions of high priority globally and particularly in low and middle income countries (LAMIC). As evidence-based guidelines are designed to reflect current research, regular update is of paramount relevance. Recently, WHO put in place a formal updating procedure in order to ensure that WHO guidelines for MNS disorders remain useful in improving mental health care and patient outcomes. Here we report some challenges encountered during the use and adaptation of the GRADE approach in updating the WHO guidelines on MNS disorders.

**Methods**

WHO guidelines for MNS disorders were updated following the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach for creating clinical practice guidelines based on an explicit assessment of the evidence.

**Results**

A first preliminary challenge for update was the identification of recommendations where update was deemed as needed and appropriate. A second challenge was that most systematic reviews, including Cochrane reviews, select randomized trials only, and some questions being addressed could not be easily answered by randomized trials. Third, the update process yielded quality ratings suggesting that any estimate of effect was very uncertain. This illustrated to the panel of experts, whose task was to produce practical treatment recommendations, that the background evidence was very weak for most scoping questions. Another issue that emerged was that attributing value not only to the evidence base, but also to other consid-

erations, might have both negative and positive consequences. A potential negative consequence is that recommendations may be only loosely related to the background evidence. On the contrary however, value-based decisions may be unavoidable in specific circumstances, especially in mental healthcare.

**Conclusions**

According to recently implemented WHO standards, all recommendations issued by WHO should be regularly updated using the GRADE methodology. In this paper, we discuss some possible ways to overcome the main challenges encountered during the update process.

**Key words**

Guideline, update process, low- and middle-income countries

**Organizing an evidence- and consensus-based guideline for care for severely mentally ill people in Canada.**

**Speaker:** Alain Lesage

*Professor. Département de psychiatrie. Université de Montréal. Canada*

**Objectives**

Consensus conferences represent a high-level knowledge synthesis approach developed by Health Technology Assessment (HTA) agencies. With regards to the mental health services system, the last high-level knowledge synthesis was commissioned by the Health Evidence Network (HEN)\_WHO\_Europe bureau to 2 experts, Thornicroft and Tansella in 2003- “What are the arguments for community-based mental health care?”.

**Methods**

The conference has been commissioned by the Government of Alberta to the Institute of Health Economics (IHE) that performs HTA in Alberta and Canada. A scientific committee selected the questions and asked for answers from a group of over 20 national and international experts, including members of ENMESH. A jury composed of researchers, policy-makers, professionals, and people and families with lived experience with mental disorders, or from minority like Aboriginal people, heard the experts within 2 days, and on the third day produced a consensus statement.

**Results**

The consensus statement and experts conference are available on-line at the IHE website (<http://ihe.ca/research-programs/knowledge-transfer-dissemination/consensus-development-conference-series/improving-mental-health-transitions/about-the-improving-mental-health-transitions-consensus-development-conf>). Severe and persistent mentally ill patients would represent circa 1.5% of the population; they are found in high-contact with services (i.e. hospitalisation; residential services; intensive home care) or among imprisoned or homeless. There is a need for a fixed point of responsibility through a flexible community mental health team with a functional capacity for assertive community treatment, intensive case management and case management, delivering effective medication, system and individual psychosocial treatments for patients and families, psychotherapies within philosophies of recovery and cultural safety. Specialised teams for homeless mentally ill and discharged prisoners must be developed separately, but with a view of relaying patients and families to regular flexible community mental health teams.

**Conclusions**

The evaluations and feedback have been positive from partici-

pants and governments. It is early to evaluate the impact on actual policies by the government which commissioned this consensus conference.

**Key words**

Health Technology Assessment, knowledge synthesis, severe mental illness, mental health system, evidence-based interventions, philosophies of care

**Towards a new taxonomy of scientific knowledge and its implication for the typology and development of clinical practice guidelines.**

**Speaker:** Luis Salvador-Carulla

*Psychiatrist. Professor of Disability and Mental Health. University of Sydney. Australia.*

**Objectives**

There is concern about the gap between (a) scientific evidence and (b) use in policy and practice (evidence to practice gap). Not all research waste can be attributed to poor implementation of experimental evidence. Relevant issues include lack of validity of EBM guidelines in complex interventions, lack of context-specific applicability, limited use of EBM in decision making under conditions of uncertainty. Alternatives include refinements (e.g. AGREE, GRADE) and bottom-up expert-based guidelines (e.g. Guidelines through Clinical Quality Improvement). There is a need to consider the taxonomy of scientific knowledge.

**Methods**

The discussion group “Dialogues on Complexity and Health Systems” (DOCAHS) is a multidisciplinary expert group at Sydney University to advance the understanding of complexity issues in public health research. In 2013-2014 DOCAHS produced three position documents analysing models of health care, framing of scientific knowledge and revising EBM use to guide implementation.

**Results**

The EBM grading system for clinical guidelines may imply a merologic error in conceptualizing evidence (classical EBM uses a part to represent the whole). This may not be important in analysing efficacy and safety but is essential in the analysis of effectiveness and utility, domains of implementation knowledge and not of discovery knowledge. Implementation is context-sensitive, observational evidence and routine outcome assessment play a role. Formalised prior expert knowledge is essential to provide meaning and external validity to recommendations under conditions of uncertainty. Three different components of guidelines must be distinguished: A) Systematic reviews (organising available deductive evidence using meta-analysis). This is related to the phase of discovery knowledge. B) Contextualisation (observational evidence, development of scenarios and modelling); and c) Recommendations (component of clinical guidelines including “framing analysis”, using qualitative techniques and all relevant information). This model has been applied to classify clinical guidelines in Brain and Spinal Cord Injury.

**Conclusions**

Clinical effectiveness, utility and guidelines are part of the implementation phase of scientific knowledge. The EBM paradigm has applied the scientific discovery approach to implementation without taking into account methodological typologies. Philosophy of science, ontology and epistemology play a role in improving the conceptual background of tools for health service research, priority setting and clinical decision making. Salvador-Carulla L, Fernandez A, Madden R, Lukersmith S, Cola-

giuri R, Torkfar

G, Sturmberg J. Framing of scientific knowledge as a new category of health care research. *J Eval Clin Pract.* 2014 Nov 24. [Epub ahead print]

**Key words**

Framing analysis, clinical practice guidelines, research waste, taxonomy scientific knowledge

**Other authors:** Fernandez, Ana; Lukersmith, Sue

**Symposium: 55. Improving primary and secondary care mental health systems for people with severe mental illness: approaches to developing new models of care based upon PARTNERS2 and the Community Health Network study.**

Developing new ways of supporting people with SMI across Europe is vital, particularly in the context of public finance pressures and increasing use of recovery focused practices. Primary mental health care, secondary care systems, and other organisations should provide individuals and families with quality joined up care; accessible, delivering continuity of care, quality relationships and empowering experiences. They do not in many countries – we will showcase the challenges in the UK. We have two research projects funded by the NIHR that seek to develop new approaches to close the gap between secondary care systems and primary care. The Community Health Networks study has begun to apply research findings within a whole systems integrated care programme in London – creating new care pathways for people with SMI using a wellbeing preventative approach. The partners2 study is developing a programme theory and building an intervention that will work at the interface of primary and secondary care assessing outcomes over a 12 month period.

In this symposium we will present two approaches to building joined up primary and secondary care models. We will also explore the place of research as a catalyst for change, and challenges for the research community in delivering improved mental health care. Our presentations will look at research Methods supporting the development of new ways of working at the interface of primary and secondary care systems. We will draw on a literature review to update what we know are key elements of collaborative care. We will learn from a case study based upon principles of co-production service design in one locality. Finally, we will reflect on the challenges of designing research studies to evaluate complex healthcare interventions that can build the evidence base for knowledge transfer and scaled implementation.

**Organisational interventions for people with severe mental problems across the interface between primary and specialist mental health care.**

**Speaker:** Linda Gask

*Professor of primary care: Centre for Primary Care, University of Manchester, Williamson Building, Oxford Road, Manchester, M13 9DL UK.*

**Objectives**

Previous research has shown that in the United Kingdom 70% of adults with a diagnosis of schizophrenia or bipolar disorder are currently treated in primary care alone or receive limited input from secondary mental health teams. We aimed to review organisational models for improving the quality of care for people with severe mental illness (SMI) at the interface between primary and specialist care.

**Methods**

We systematically searched the literature for randomised controlled trials of provider oriented organisational interventions (as defined by Cochrane EPOC) since the year 2000, involving severe mental illness and primary care.

**Results**

Nine studies were initially selected, but 2 did not involve primary care so were excluded. All the others except for 1 used a collaborative care model and were carried out in the USA. The majority of these were theoretically underpinned by Wagner’s Chronic Care Model. Interventions differed in their main emphasis on physical, mental or social outcomes, the nature of the psychosocial component and whether specific provision of clinical supervision was noted. Positive but variable impacts on all 3 types of outcome were reported.

**Conclusions**

The main approach to reorganization of care people for with SMI at the interface between secondary mental health care and primary care in order to improve health and social outcomes has been to utilize a collaborative care model. Further research is now needed to examine whether such models can be implemented outside the USA. This is particularly pertinent to the UK where people with SMI diagnoses such as schizophrenia and bipolar disorder are increasingly being discharged to primary care, with support delivered by general practitioners.

**Key words**

Primary-care, SMI, interface, collaborative care

**Other authors:** Waheed, Waquas

**Developing a collaborative care model for people with SMI linking primary and secondary care in the UK: programme theory development.**

**Speaker:** Ruth Gwernan-Jones

*Research Fellow PARTNERS2: Exeter Medical School, Plymouth. United Kingdom.*

**Objectives**

The PARTNERS2 5 year project aims to develop and evaluate a model of collaborative care (CC) based in primary care to support adults with bipolar and schizophrenia: having specialist mental health workers (case managers) working with general practitioners in a primary care setting. The first 14 months of the PARTNERS2 study involves the development of a provisional model of collaborative care and testing through a formative evaluation from May 2015. This paper will describe this initial 14 month process of model development.

**Methods**

We are conducting a realist synthesis drawing from four sources: a) Systematic review of CC for people with SMI; b) structured literature review of recovery focused mental health care with respect to CC; c) 11 telephone interviews with international key leaders in CC for individuals with SMI; d) 6 focus groups with people with bipolar and schizophrenia. We also held two workshops to give key stakeholders further opportunity to contribute to model development.

We are synthesising the data by creating candidate theories in the form of ‘If/Then’ analytic statements, which explain how intervention resources in particular contexts trigger mechanisms, to generate outcomes of importance. These we will consolidate and then thematically analyse to identify core and discretion-

ary model components, which we will describe through an explanatory narrative. By the time of the ENMESH conference we will have completed our synthesis, and will report the model components that we are putting into practice, describing the theoretical function of each in the wider model.

**Results**

Stakeholders have prioritised mental health and social outcomes, and also consider improved physical care to be important. The interviews and reviews indicate critical components: eg a case manager needs coaching or motivating skills and assertive supervision. Other components are potentially important and need further consideration: service user involvement in delivery; role of families; group work within the model.

**Conclusions**

We will compare the PARTNERS2 model to other models of collaborative care, and how we anticipate it will meet current demands created by shifting attitudes to mental health, and changes to expectations and structures in primary and secondary care in the UK.

**Key words**

Collaborative care, SMI, Primary Care, programme theory

**Other authors:** Brittan, Nicky; Byng, Richard; Gask, Linda

**Evaluating a practice based complex intervention: addressing key trial science dilemmas.**

**Speaker:** Richard Byng;

*Professor of primary care mental health: School of Medicine and dentistry, Plymouth University, Tamar Science Park, Derriford, Plymouth. United Kingdom*

**Objectives**

The PARTNERS2 project aims to develop and evaluate a model of collaborative care (CC) based in primary care to support adults with bipolar and schizophrenia: having specialist mental health workers (case managers) working with general practitioners. This would involve moving part of mental health workers' jobs, currently in secondary care, to primary care to keep the system resource neutral. The first 14 months of the PARTNERS2 study involves the development of a provisional model of collaborative care and testing through a formative evaluation. This paper outlines the dilemmas and possible solutions to evaluating the intervention with a randomised controlled trial (RCT).

**Methods**

We propose using an RCT in order to prove convincingly that the model is both better and no more expensive than existing practice. The following issues need addressing: a) selection of outcomes to measure; b) ensuring generalizability across England; c) preventing contamination of changes in practice to control group; d) how much piloting to do before main trial.

**Results**

a) To select outcomes we are generating a list of core domains using a Delphi approach with stakeholders – and are developing a method to select measures which represent needs of individuals, are relevant to the intervention, will be able to detect changes across a range of domains and are not too burdensome b) Mental health services in three regions have agreed to participate as the model fits with national and local policy. Involving researchers with lived experience and primary care practitioners will help ensure the intervention is appealing and research procedures acceptable.

c) A general practice based cluster trial is proposed to reduce contamination between GPs. Additionally we are working with services to ensure practitioners in intervention practices are not looking after control patients still in the community mental health team.

d) We are currently deciding whether to do an internal or external pilot trial and will report on the rationale at the conference.

**Conclusions**

Evaluating primary care based mental health innovations requires thinking through and acting on a range of issues to ensure the results are valuable for policy makers.

**Key words**

Trial, SMI, Collaborative care, Primary Care

**Other authors:** Gask, Linda; Birchwood, Max.

**Practitioner views on role of wellbeing networks for people with SMI: perspectives from primary, secondary and the voluntary care sectors in the UK.**

**Speaker:** Vanessa Pinfold;

*Research Director and co-founder: The McPin Foundation. London. United Kingdom*

**Objectives**

Policy drivers in mental health in England to address personal recovery, stigma and poor physical health indicate new service solutions are required. Our study was carried out to understand how social contacts, meaningful activities and places that people with severe mental illness had connections with were utilised to benefit health and well-being. The aim of this paper is to explore the roles played by practitioners in building wellbeing networks among people with SMI.

**Methods**

A mixed Methods study of wellbeing networks was carried out; 41 in-depth interviews, followed up from a subsample of 150 participants with SMI recruited mainly through primary care, 44 interviews with practitioners and interviews in 30 organisations. To complement our network analysis, a synthesis of interview data was conducted with particular focus on practitioner role(s) within wellbeing networks and implications for policy and practice.

**Results**

Practitioners feature as significant resources for individuals – both those under specialist mental health care and those in primary care only. The role of the practitioner varies in wellbeing networks but broadly falls into categories of sign poster and referrer (bridge builder), skill builder, motivator, navigator and co-pilot, network member providing friendship. Regardless of network size, we found 23% wellbeing networks had a practitioner within the inner circle of emotional closeness. Practitioners did share concerns about their role developing networks, and highlighted barriers for taking forward an agenda to develop networks. There was no articulated vision for how GPs could work collaboratively to promote recovery for individuals discharged from specialist services.

**Conclusions**

Practitioners recognise people, places and activity connections are important for wellbeing and recovery, but report barriers to their involvement in network development. While person centred network enhancement is viewed as a role for others- family, the individual, another practitioner - it seems unlikely that people with SMI will be able to build personal networks that

make full use of inner and external resources. To support transition of support for SMI to primary care, evidenced based models should be developed including social recovery interventions. We recommend further research on the potential of wellbeing network interventions to support recovery.

**Key words**

Wellbeing networks, practitioners, SMI, recovery.

**Other authors:** Sweet, Daryl; Byng, Richard.

**The challenge of rapid primary care service development using co-production: a case study from London.**

**Speaker:** Karen James

*Research manager. The McPin Foundation, London. United Kingdom.*

**Objectives**

The rapid restructuring of mental health services within the current economic climate presents a significant challenge to service providers, yet also opportunities for change and innovation. As secondary services are restructured, primary care will play an increasingly bigger role in supporting the mental health of our communities. Traditional Methods of developing robust, evidence based approaches are unlikely to produce alternative ways of working within required timescales. The challenge here is how researchers can best support this change process. This presentation outlines how a group of researchers worked with service users and professionals within a London community to co-produce a new integrated model of mental health support, and the challenges involved when working in a way which is often in conflict with the core principles of robust research practice.

**Methods**

A London commissioning group funded a project to develop a new model of mental health support within primary care, using the principles of co-production. A series of co-production events were held with local service users, professionals and carers, who identified physical health and social isolation as key issues, and highlighted the importance of recovery focussed practices. The new model was then co-produced over a period of four months by a working group of researchers, local service users and professionals. The researchers facilitated this process, ran engagement sessions with the wider community, advised the group on suitable approaches informed by their previous research projects, and ensured the development process was as robust as possible.

**Results**

The new model of care is currently in development and will be presented alongside a discussion of the challenges encountered by researchers working as part of a co-production group. We will present a critical analysis of the role of research in the service co-design process and recommendations for future coproduced research practice as part of rapid service development groups.

**Conclusions**

Our case study reflects that co-production is a powerful and inspiring process. All stakeholders had to leave their expert status outside of the project process to work as equals making decisions within challenging timescales and contexts. This confronts traditional relationship hierarchies and establishes new working principles.

**Key words**

Co-production, Primary Care, service development.

**Other authors:** Pinfold, Vanessa

**Symposium: 68. Anti-stigma programme evaluation: Sweden and England.**

While there are many campaigns throughout Europe to reduce mental illness related stigma and discrimination, few have been rigorously evaluated with respect to their outcomes on the target populations. Two notable exceptions are Sweden and England, where data are now available regarding Hjärnkoll and Time to Change respectively. Results from Sweden are now available regarding both public attitudes and a specific target group, the police; in England results on public attitudes, newspaper coverage and discrimination experienced by service users following the completion of the first (2008-11) and second phase (2011-2014) of Time to Change will be ready for presentation. The Time to Change evaluation includes the only annual survey of service users' experiences of discrimination to be carried out at baseline and repeated throughout a campaign (the Viewpoint study), which also provides insight into the differing nature of discrimination experiences according to different sources of discrimination. The results provide learning opportunities for those undertaking anti-stigma work throughout Europe, as well as for health and other service providers.

**The effectiveness of an anti-stigma intervention in a basic police officer training programme. A controlled study.**

**Speaker:** Urban Markström

*Associate Professor. Department of Social work. Umeå University. Sweden.*

**Objectives**

Stigma and discrimination are still prominent features of the life situation of persons with mental illness. It is also a major barrier to help seeking. The deinstitutionalization of mental health services has led to a significant increase in contacts between the police and persons with mental illness. It has been argued that police officers should be provided with education and training to enable them to interact adaptively and with good outcomes with people with mental illness. The aim of the present study was to investigate the effectiveness of an anti-stigma intervention in a basic police officer training programme at a university in Sweden.

**Methods**

The study was performed as a controlled pre-post intervention study using a comparison group, and a 6-month follow-up of the intervention group. Attitudes, mental health literacy and intentional behaviour were assessed. A total of 120 participants at a basic police officer training programme were included.

**Results**

Time by group analyses showed improvements in the intervention group in overall score of attitudes and regarding the subscale Open minded and pro integration, in intentional behaviour (willingness to work with) and in 4 out of 6 items assessing mental health literacy. At the 6-month follow-up the intervention group had, as compared to baseline, improved attitudes in both overall score and in two of the subscales. Intentional behaviour had also improved in terms of an increased willingness to live or work with a person with mental health problems. Mental health literacy had improved in 3 out of 6 items.

**Discussion**

The anti-stigma intervention proved to be effective in changing attitudes, mental health literacy and intentional behaviour. Improvements mainly endured at the 6-month follow-up. The intervention seems promising in facilitating encounters

between the police and persons with mental illness. Further studies are needed to disentangle the relative effectiveness of the components of the intervention before further implementation.

**Key words**

Anti-stigma intervention, police officers, attitudes, mental health literacy, intentional behaviour

**Other authors:** Hansson, Lars

**Evaluation of a national anti-stigma programme in Sweden – Population changes in attitudes, mental health literacy and intentional behaviour.**

**Speaker:** Lars Hansson

*Phd, Professor. Department of Health sciences, Lund University. Lund, Sweden.*

**Objectives**

Public stigma and discrimination against people with mental illness are still highly prevalent and have been proposed to be serious obstacles to successful treatment, rehabilitation and inclusion of people with mental illnesses in society. Unemployment, income loss, not seeking care or delayed care, impaired self-esteem and isolation and loneliness are frequent consequences of stigma and discrimination. Stigma also affects disease progression and recovery. The impact of national anti-stigma campaigns has so far not been thoroughly evaluated and the results of these campaigns are still viewed as equivocal. The aim of the present study was to investigate changes in population attitudes, mental health literacy and intentional behaviour in relation to a Swedish anti-stigma programme running between 2009 and 2014.

**Methods**

Yearly population surveys were performed 2009-2014. A random general population sample of around 4 000 persons were each year invited to respond to a web-based survey, as well as a random sample of around 1000 persons from three specific geographic campaign regions. Attitudes were assessed by CAMI, mental health literacy by MAKS and intentional behaviour by RIBS.

**Results**

The results from the study showed significant positive changes over five the years in attitudes and intentional behaviour, but only marginal changes in mental health literacy. Changes were more pronounced and covered more areas in the three campaign regions as compared to the general population. Changes in attitudes were mainly in the area of social distance.

**Conclusions**

This study showed significant positive changes in a number of attitudes and attitude factors as measured by the CAMI. The fact that changes were more pronounced over time in geographic regions where the campaign work was more intense and based on social contact theory speaks in favour of that the anti-stigma programme was the major agent in these changes. The outcome of the anti-stigma programme may also be viewed against the background that recent reviews of stigma population studies have shown that in general there has been no positive changes in attitudes over the last 20 years.

**Key words**

Anti-stigma campaign, , attitudes, mental health literacy, intentional behaviour

**Evaluation of Time to Change 2008-14.**

**Speaker:** Claire Henderson;

*Clinical Senior Lecturer in Psychiatry. King's College London. London. England*

**Objectives**

The purpose of this presentation is to present the latest results of the evaluation of Time to Change (TTC) (<http://www.time-to-change.org.uk/>). TTC, the largest ever programme in England to reduce stigma and discrimination against people with mental health problems, was launched in January 2009.

**Methods**

Our evaluation of TTC is based on a framework that describes stigma as consisting of problems of knowledge (ignorance or misinformation), attitudes (prejudice), and behaviour (discrimination). Every year from 2009, we assess public knowledge, attitudes, and behaviour, using national Attitudes to Mental Illness general population survey; this survey began measuring attitudes in 1994. We also analyse newspaper coverage of topics related to mental health over the course of the programme, as any impact of the social marketing campaign is likely to be influenced by such coverage, and media reporting is a TTC programme target. To assess discriminatory behaviours we have conducted from 2008 an annual, survey of people using mental health services across England (the Viewpoint study), using the Discrimination and Stigma Scale.

**Results**

Analysis of the 2009-2014 Attitudes to Mental Illness survey and of the 2008-2014 newspaper coverage is currently underway; results will be presented. Results of the 2008-2014 Viewpoint study show that in 2014, 88% of participants reported experiencing discrimination in at least one life area, the same as in 2008. The median number of life areas in which discrimination was reported in 2014 was four, a significant decrease compared to 2008 (five), and the median discrimination score in 2014 was 26.3%, significantly reduced from 2008 (40%). In 2014, participants reported significantly less experienced discrimination with relation to friends, neighbours, dating, education, finding a job, police, religious activities, social life, privacy, starting a family, family, acting as a parent and being shunned compared to 2008, but significantly more participants reported discrimination in relation to welfare benefits compared to 2008.

**Conclusions**

The results of all three sets of data suggest that Time to Change may have had a positive impact, but that the outcomes are also affected by economic changes and governmental responses to these changes.

**Key words**

Anti-stigma campaign, discrimination, public attitudes, media coverage

**Other authors:** Krooupa, Anna-Maria; Corker, Elizabeth; Goulden Robert; Rebollo Mesa, Irene; Rhydderch, Danielle; Rose, Diana; Thorncroft, Graham

**Describing mental health discrimination: a qualitative study of people's accounts of discrimination across a range of contexts and sources.**

**Speaker:** Vanessa Pinfold

*Research Director and co-founder: The McPin Foundation. London. Unit-*

ed Kingdom.

**Objectives**

In measuring and tackling mental health discrimination it is common to make pragmatic assumptions that there is a single phenomenon being experienced across various contexts and sources. This qualitative study explores this assumption through a detailed analysis of people’s accounts of discrimination given to researchers in a study of prevalence of mental health discrimination (the Viewpoint survey) used to evaluate the Time to Change campaign.

**Methods**

Four interviewers with personal experience of mental illness recorded 50 interviews with mental health service users. The interviewers received training in qualitative interviewing techniques, and probed participants for detailed descriptions of the instances of discrimination they reported. Drawing on existing literature and the lived experience of the interviewers, a coding framework was developed which distinguished between 17 types of discrimination experience. Data was coded by the researchers using this framework. Types of discrimination were then mapped against six different sources or settings in relation to which at least 35 accounts of discrimination were given: friends, family, welfare benefits, finding a job, physical health care and mental health care. We then conducted more detailed qualitative analysis of the most commonly occurring types of discrimination in these areas to identify key characteristics of these accounts.

**Results**

The findings present commonalities and differences across individuals’ accounts to identify factors used in assessing an experience as discrimination. We particularly focus on how interpersonal and institutional discrimination are differently assessed and described. We developed a four themed framework for understanding discrimination: behaviours experienced as discrimination, expectations for appropriate behaviours, rationale and explanations for why discrimination is experienced, and impact of discrimination.

**Conclusions**

We provide a model for understanding mental health discrimination as it is assessed by people who experience it, and highlight ways in which different factors may be addressed to reduce experiences of discrimination in different settings.

**Key words**

Mental health, discrimination, qualitative, conceptual model

**Other authors:** Hamilton, Sarah; Pinfold, Vanessa; Couperthwaite, Lisa; Barrett, Katherine; Matthews, Jane; Warren, Solveig; Cotney, Jess.

**Symposium: 73. 35 years of community mental health care in Italy: facts and unmet needs.**

In 1978, the Italian Psychiatric Reform Law sanctioned the first pioneering experience of complete destitutionalisation and adherence to community-oriented mental health care at national level, worldwide. What we have done so far? What we could not have really completed? In which direction is mental health policy going in Italy? The symposium aims to answer these questions, from epidemiological, health policy, and mental health services organisation perspectives.

**What we have done so far? An epidemiological overview of mental health care in Italy, thirty-five years from the promulgation of psychiatric reform.**

**Speaker:** Antonio Lora

*Psychiatrist, Department of Mental Health, Lecco Hospital, Lecco, Italy.*

**Objectives**

Italian Psychiatric Reform in 1978 represented a milestone in Europe for deinstitutionalization and for development of community care. Epidemiological data can help to understand how Italy’s mental health system is changed.

**Methods**

Data concerning 2010 are presented, covering six Italian regions where regional case registers have long been implemented and representing 41% of the Italian population, The analysis focuses on adult population prevalence and incidence rates and outpatient-inpatient care. Moreover clinical and psychosocial problems of the patients treated in Departments of Mental Health are described from a national survey (HoNOS 5).

**Results**

The prevalence and incidence rates (170 prevalent and 56 incident cases per 10,000 adults) and the case mix composition indicated that the MH systems of these regions had a higher percentage of severe mental illness among prevalent cases and a higher percentage of common mental disorders among new cases. This trend revealed a well-developed community MH system, where prevalence is mostly influenced by patients with severe illness who are long-term users of services, whereas incidence depends mainly on the frequency of common mental disorders with shorter episodes of care. Besides the epidemiological data, the picture of the treated patients showed the importance of the psychosocial problems also in comparison with clinical ones and different severity by packages of care.

**Conclusions**

Epidemiological data showed that, although the psychiatric reform oriented radically the Italian mental health system towards community care, the reform implementation and impact was radically different Region by Region, leaving a high regional variability on the quality of treatment provided. Indicators of service use are discussed in relation to the system’s future prospects.

**Key words**

Epidemiological trends, Italy, mental health system, incidence and prevalence,

**How the structure and funding of Italian community-based mental health services look 35 years after the reform?**

**Speaker:** Francesco Amaddeo

*Psychiatrist, Department of Public Health and Community Medicine, Section of Psychiatry, Ospedale Policlinico “G.B. Rossi”, Verona, Italy.*

**Objectives**

From the deinstitutionalization to the present day, Italian mental health care has evolved following the perspective designed by the Mental Health Reform (Law 180, also well known as the “Basaglia” Law) and in line with both national, regional plans and the actual European directives. The description of the current situation of mental health care in Italy can be useful to inform service planning and resource allocation Methods, also from a wider European perspective.

**Methods**

A review of the studies conducted on mental health services evaluation and on analysis of the funding systems of the Italian mental health provision of care has been conducted.

**Results**

Thirty-five years have elapsed since the passing of the Italian Law Number 180, the reform law that marked the transition from a hospital-based system of care to a model of community psychiatry that was designed to be alternative to, rather than to complement, the old hospital-centred services.

The main principle of Law 180 is that psychiatric patients have the right to be treated the same way as patients with other diseases and only voluntary treatments are allowed, with a few exceptions that are strictly regulated. Most of the Italian regional mental health policies, that followed the reform, include a better development of the community mental health services, establishment of mental health component in primary health care, qualification of human resources, focus on advocacy and promotion, human rights protection of users, services financing and quality improvement.

The main features and consequences of the Italian reform are initially reviewed, national and local level experiences and epidemiological data are then analysed in order to highlight and disentangle the “active ingredients” of the Italian experience.

**Conclusions**

A public health attitude, with the capacity of networking good practice in service organisation, by giving voice to successful experiences and promoting health service research is now well established in most areas of Italy.

**Key words**

Italian mental health care; mental health reform; mental health financing; quality of care, Italy

**Other authors:** Grigoletti, Laura; Montagni, Ilaria.

**Psychosocial intervention in Italian Mental Health Services: rules and exceptions.**

**Speaker:** Lorenza Magliano

*Psychiatrist, Department of Psychology, Second University of Naples. Italy*

**Objectives**

In the last 30 years, a number of psychosocial, cognitive-behavioural interventions, have been proved to be effective in improving social and clinical outcomes in Severe Mental Disorders (SMD). In this contribution, data are reported on: a) routine availability of psychosocial interventions for users with SMDs and their families in Italian Community Mental Health Centers (CMHS) and Residential Facilities (RF); b) initiatives of implementation of such EB interventions carried out in CMHSs and RFs for a short time.

Methods Data on availability of psychosocial interventions in routine conditions have been drawn from scientific papers, documents of Ministry of Health, and regional psychiatric registers.

**Results**

Data from a study on 19 MHSs reported that in 60% of them, not one person with schizophrenia received even 3 sessions of cognitive-behavioral therapy (CBT) per year, while in 40% of MHSs CBT was provided to less than 10% of these users, and. Moreover, in 45.5% of these MHSs, CB family support for schizophrenia was available for less than 10% of users’ families. Another study of a representative sample of 30 Italian MHSs showed that only

35% of users with schizophrenia living in family were in a psychosocial rehabilitation program. Moreover, a national study on psychosocial interventions in bipolar disorders, found that 21% of users participated in a rehabilitation programme, and only 3% of their families received psychoeducational family support. Finally, a study carried out in all Italian CMHCs found that psychoeducation practitioners in these facilities were, on average, 0.8 (1.6), while rehabilitation professionals were 0,1 (0.5). The availability of psychosocial interventions is even poorer in RFs, where a personalized rehabilitation program was planned in 74% of cases and a written plan in agreement with the user was developed in 35% of cases. Moreover, in 40% of cases, RFs’ staff had no specific professional qualification for working with patients with severe conditions.

**Conclusions**

Available data showed that people with severe mental disorders have limited opportunities to receive EB psychosocial intervention in the routine, even in a country with a very long experience in community mental health care.

**Key words**

Evidence-Based psychosocial interventions; Community mental health services; Residential facilities; Psychoeducational family interventions; EB rehabilitative interventions; Italy

**Quality of care for schizophrenia: observed variations among Italian Departments of Mental Health. Results from the ETAS DSM study.**

**Speaker:** Giuseppe Tibaldi

*Psychiatrist, Department of Mental Health, Torino.Italy.*

**Objectives**

Within the framework of the Evaluation of Treatment Appropriateness in Schizophrenia (ETAS) project, aimed at assessing and improving the quality of care in patients with psychotic spectrum disorders (ICD10 F20-29) in the Italian Mental Health Departments, 20 consensus indicators were developed. Ten concerned pharmacological treatment and 10 encompassed general care and psychosocial rehabilitation interventions

**Methods**

Indicators were calculated using data from a random sample of 458 patients with psychotic spectrum disorders treated at three Departments of Mental Health located in North-eastern, North-Western and Southern Italy. Data on interventions provided during an index period were retrieved from patients’ chart records. For each indicator, the number and percentage of appropriate interventions and of inappropriate interventions with and without moderators were calculated. Only 12 of these indicators, based on at least 30 eligible patients, were further explored in a statistical analysis to compare the performance of the DMH and to identify possible determinants of inappropriateness

**Results**

In the overall sample, the percentage of inappropriate interventions ranged from 11.1% to 59.3% for non-pharmacological interventions and from 5.9 to 66.8% for pharmacological interventions. Comparisons among DMH revealed significant variability in appropriateness for the indicators ‘prevention and monitoring of metabolic effects’, ‘psychiatric visits’, ‘psychosocial rehabilitation’, ‘family involvement’ and ‘work’. After adjusting for patient’s gender, age and functioning, only the indicators ‘Prevention and monitoring of metabolic effects’ ‘psychiatric visits’ and ‘work’ continued to differ significantly among DMH.

Possible organizational and structural reasons accounting for these variations were examined

**Conclusions**

Our results underscore discrepancies among Italian DMH in three indicators that explore key aspects of care of patients with schizophrenia. The use of quality indicators and improved guideline adherence can address suboptimal clinical outcomes, reduce practice variations, and narrow the gap between optimal and routine care.

**Key words**

Schizophrenia, appropriateness, metabolic syndrome, psychosocial rehabilitation, work, Italy

**Other authors:** Munizza, Carmine; Pasian, Sherri; Rucci, Paola; Fantini, Giulia.

**Mentally ill offenders in Italy, from Forensic Hospitals to Out-patient Treatment.**

**Speaker:** Werner Maria Natta

*Department of Neuroscience. Psychiatry section. University of Genoa. Italy.*

**Objectives**

During the 20th century a special forensic psychiatric hospital, the Ospedale Psichiatrico Giudiziario (OPG), was created to face mental illness which occurred in prisoners and mentally ill offenders began to be admitted in these facilities. From the middle of the 20th Century to present six OPG were operating throughout Italy, with a total of about 1.200 beds. The Italian psychiatric reform law, approved in 1978, deeply changed the Italian psychiatric care, promoting the closure of the psychiatric hospitals, but did not involve any change in the field of mentally ill offenders and in 2010 a total of 1448 patients were still present in the six OPGs. However, in the last years the issue of the poor quality of care in the OPGs became a public concern, so that the Italian government started the process of deinstitutionalization of mentally ill offenders.

**Methods**

We present the first outcomes of the reform of Italian forensic psychiatric hospital

**Results**

The reform of Italian forensic psychiatric hospital started in 2008 when a national decree transferred professional resources and equipment from the Ministry of Justice to National Health and set up a program for the progressive downsizing and closure of the six forensic hospitals. Later on, law 9/2012 gave further impetus to this process, providing financial support and requiring that each Italian region implement small-scale but high therapeutic profile facilities to cater for treatment of the discharged mentally ill offenders under proper security conditions. However, this program is complex and in its first steps: the aforementioned residential facilities are still to be opened and despite, following this reform, a growing number of patients are being discharged from OPGs and admitted to the normal mental health care pathways, 780 patients were still present in the OPGs at 31 October 2014, 300 of which were considered not able to be discharged.

**Conclusions**

The OPGs are scheduled to be definitely closed by 1 April 2015, but many critical points are still to be addressed.

**Key words**

forensic mental hospital, deinstitutionalization, mentally ill offenders, Italy

**Other authors:** Peloso, Paolo; Ferrannini, Luigi.

**Symposium: 77. Tackling workforce exclusion: Focusing on job seekers, employment supports, workplace inclusion and employment opportunity to address a multifaceted issue.**

With high levels of unemployment, lifelong disrupted work participation and economic marginalisation, people with severe mental illness remain severely disadvantaged in the labour market. Despite commonly wishing to be employed, and the development of effective vocational interventions for this population, improving their employment options remains a significant challenge. Thus, it is timely to consider how to tackle workforce exclusion in a multifaceted way.

In this symposium, we draw on research evidence and its translation into practice internationally, to examine what can be done from four different angles:

- What can be done in mental health services to enhance disadvantaged potential job seekers' knowledge and capability to pursue meaningful and viable vocational options?
- How does intermittent work capacity impact employers, workplaces and on the employees who experience it?
- What workplace accommodations can employers provide to include workers with severe mental illness in their workforce?
- How can an economic development approach improve the employment options available to those who are most disadvantaged in the labour market?

**Social business and stigma reduction: How do employers in the conventional labour force evaluate the social business experience?**

**Speaker:** Terry Krupa

*Professor. School of Rehabilitation Therapy, Queen's University. Kingston. Canada.*

**Objectives**

Social businesses (SB) can provide people with serious mental illness employment in a legitimate commercial venture, develop work skills and build confidence; these benefits could facilitate access to other work options. This study posed the question: Does working for a SB influence employer perception of people with mental illness as potential employees?

**Methods**

Ninety-nine Canadian employers in the conventional workforce were assigned to one of three study conditions. They viewed resumes and a video of a job interview for two job candidates and then ranked them on potential to do the job, fit with the workplace culture and the likelihood they would hire the individual. Across the three conditions one job candidate was an individual who disclosed working in a social business for people with a mental illness. The second candidate varied by condition, and included an individual who 1) was working in a conventional workplace; 2) had been unemployed for 24 months and disclosed mental health problems, and 3) had been unemployed for 24 months without any specific reason. Employers were asked to provide a rationale for their rankings.

**Results**

The candidate working in the social business was ranked significantly better on the measure of “likelihood to hire” compared to both candidates who were unemployed. When comparing the SB candidate to the individual working in a conventional business there were no differences in rankings of potential to do the job or fit with the culture, but employers ranked the candidate in the conventional business significantly higher for likelihood to hire. Qualitative comments suggested that employers valued the recent work experience, but perceived risks to individuals with mental illness and to the work environment.

**Conclusions**

The findings suggest that social business experience is viewed favourably by employers as a relevant experience for entry-level jobs, apparently reducing the disadvantage of unemployment in the hiring process. However, this study suggests that workers with experience in conventional business will have an advantage over those working in SB, although it is not clear if this is attributable to perceptions of the social business, or the stigma of mental illness.

**Key words**

Social business, stigma, employment, mental illness.

**Other authors:** Lysaght, Rosemary; Howell-Moneta, Angela; Kirsh, Bonnie.

**‘Starting out with The WORKS’: Implementing a vocational program with mental health consumers.**

**Speaker:** Ellie Fossey

*Professor. Department of Occupational Therapy. School of Primary Health Care. Monash University. Australia*

**Objectives**

Many consumers of mental health services experience unemployment, and the detrimental effects of joblessness on mental health are well recognised. ‘The WORKS’ program (Bramley, 2012) was developed by a consultant occupational therapist in the United Kingdom. Tackling the gap between mental health and employment service provision, it supports consumers to explore their vocational aspirations, and to develop their knowledge and skill around pursuing vocational options.

‘Starting out with The WORKS’ has been introduced as a group-based program within an Australian community mental health service in Melbourne, Australia, with co-facilitation by persons with lived experience of mental illness and occupational therapists.

**Methods**

A mixed Methods approach to program evaluation has been conducted, using questionnaires and focus groups to generate quantitative and qualitative data about both consumers and staff members views and experiences. Consumers participating in the program have been invited to complete the Assessment of Participation Questionnaire (APQ 6), a purpose-designed feedback questionnaire, and a focus group around their experiences. Peer support workers and occupational therapists who facilitated the program were also invited to participate in staff focus groups.

**Results**

Consistent positive feedback is received from consumers who participate in the program. Key themes include that it supports realising qualities about yourself; realising you are not alone;

and fresh ideas and thinking about employment. It is seen as providing a pathway to employment, developing transferable practical skills, and offering a positive vision for recovery. ‘Starting out with The WORKS’ has enabled consumers to pursue their chosen vocational directions: gaining work (either paid or unpaid) or enrolling in further study. Staff feedback is also broadly positive, although the program is considered resource and time intensive to deliver in a community mental health clinic.

**Conclusions**

This evaluation indicates that ‘The WORKS’ is an effective means of support consumers’ vocational participation and that embedding peer facilitation in program delivery is important, leading to it being rolled out across other local services.

Reference: Bramley, S. (2012). The WORKS: A resource to support you in achieving your employment ambitions, Sheffield Health and Social Care NHS Foundation Trust, UK.

**Key words**

Vocation, mental illness, group program, peer involvement.

**Other authors:** Robertson, Joanne; Bains, Adele; Lhuede, Kate; Hitch, Danielle.

**Mental illness and intermittent work capacity: A qualitative study of employer and workplace perspectives.**

**Speaker:** Terry Krupa

*Professor. School of Rehabilitation Therapy, Queen’s University. Kingston. Canada.*

**Objectives**

Work disability associated with mental illness is often intermittent in nature. This qualitative study explored how intermittent work capacity is experienced by employers and in workplaces as well as the motivations and practices that enable persons who experience intermittent work capacity (IWC) to enter and remain in the workforce. This presentation will focus specifically on how findings related to mental illness in the workplace.

**Methods**

The study was conducted in three phases. Phase one involved individual interviews (n=25) with employers representing diverse employment sectors. Phase two engaged a subset of these employers in two focus groups organized by company size. Finally, phase three involved in-depth case studies with two particularly information rich employment settings. Analysis Methods consistent with grounded theory were used.

**Results**

Employers have a variety of positive motivations for hiring and retaining employees with IWC, but they are challenged by the uncertainty associated with intermittent work capacity. Five distinct expressions of this uncertainty were identified: rapid and unexpected emergence of disruptions in work performance; course of incapacity in work performance; frequency of the incapacity to work; impact on work capacity over time, and; unexpected separation by employees. Particular issues related to mental illness and IWC were identified, such as the impact of stigma in the workplace on predictability, social relations in the workplace, and assumptions related to legitimacy of intermittent work incapacity.

**Conclusions**

Intermittent work capacity is a complex phenomenon with a significant impact on employers, workplaces and on the employees who experience it. Future research focusing on strategies for addressing IWC in the context of mental illness to reduce the impact on organizations and assist in employee retention could build a foundation for capacity to respond.

**Key words**

Employment, mental illness, episodic conditions, recovery, stigma.

**Other authors:** Lysaght, Rosemary.

**Work accommodations and natural supports for employees with severe mental illness in social businesses: An international comparison.**

**Speaker:** Carol Harvey

Associate Professor. The University of Melbourne, Department of Psychiatry's Psychosocial Research Centre. Victoria

**Objectives**

Work accommodations are key factors for success in employment for workers with disabilities. Yet, little is known about the types of work adjustments and natural supports that may be useful for people experiencing severe mental illness. To increase knowledge on this topic, we conducted an exploratory, descriptive and cross-national investigation in social businesses in three countries: Australia, Canada and Italy.

**Methods**

Study findings are drawn from survey responses at the Work Accommodation and Natural Support Scale (WANSS) of a convenience sample of 90 individuals with self-reported psychiatric disabilities who were employed in social businesses (all in cleaning sector) located in Australia (N=30), Canada (N=30) and Italy (N=30).

**Results**

Social business, regardless of the country, is a working context characterized by the provision of a high number of work accommodations and natural supports, especially those linked to schedule flexibility and support from supervisor, co-workers and other stakeholders, such as family and friends. Except for two subscales – namely “Supervisor and co-workers’ support”, and “Training” – all subscales of the WANSS were similar from one country to another. “Training” and “Schedule flexibility” WANSS subscales were found to be related to longer job tenure.

**Conclusions**

Overall, this study advances our knowledge about the spectrum of work accommodations and natural supports that are available in social businesses for people with severe mental illness. Also, it highlights the type of work adjustments that are more efficient in helping this population to maintain their job.

**Key words**

Employment, Work accommodations, Workplace supports, Social enterprises/businesses.

**Other authors:** Villotti, Patrizia; Corbiere, Marc; Fossey, Ellie.

**Symposium: 83. Social networks and mental health: putting research into practice.**

Social networks research is a really important topic for European mental health. There is acknowledgement that we lack evidenced based social interventions for supporting people with mental health problems to use alongside frontline treatments – medication and psychological therapy. The social world impacts on wellbeing and mental health, providing relevance for preventative programmes as well as treatment systems. Social networks provide one approach for understanding how people with mental health problems manage their daily lives.

We present in this symposium papers from academics drawing upon network theories and approaches to understand how to better provide support and subsequently create interventions to address the needs of people with long term mental health needs. Our papers explore the latest research on documenting network size for people with severe mental illness and an innovative study that assesses two theories of connectedness to explore continuity of care and social integration through social networks of 375 people with severe mental illness in Belgium. We also illustrate how network approaches naturally adopt a recovery framework promoting a person centred, strengths based approach, and why this is important. The wellbeing networks study demonstrates how people, places and activity connections generate social capital and the connecting people study presents data from an intervention study across 14 agencies with individuals who had either a mental health problem or learning disability, exploring impact of a network development approach on social capital, mental wellbeing and service costs.

**Targeting social isolation in people with psychosis.**

**Speaker:** Domenico Giacco

MD, PhD, Unit for Social & Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Barts & The London School of Medicine & Dentistry Queen Mary University of London East London NHS Foundation Trust. United Kingdom

**Objectives**

People with psychotic disorders may have specific difficulties in establishing and maintaining social relations which impacts on their well-being and quality of life. There has been a growing interest in developing interventions to increase their social networks. Two important questions for such interventions are: a) What is the average social network size of people with psychotic disorders and how does it differ from non-clinical populations? b) Are there any difference in objective social isolation and subjective feelings of loneliness between people with psychotic disorders and those with other major mental disorders?

**Methods**

We conducted: a) a systematic literature review to investigate the size of social networks of patients with psychotic disorders; b) a survey of 100 patients with psychotic or mood disorders to assess their social contacts in the previous week and feelings of loneliness.

**Results**

In the systematic review, social network size of patients with psychotic disorders varied substantially across assessed studies, with a weighted mean size of 12.3. On average, 50.8% of their whole social network was composed of family members, while friends accounted for 29.7%. The size of networks in patients with psychotic disorders is much lower than that found in the general population (ranging from N=25 to N=40). In the community survey, patients had on average 1.7 (SD=1.7)

social contacts in the previous week (median=1.0); 77 patients reported at least moderate feelings of loneliness. People with psychotic disorders, compared to those with mood disorders, had had less social contacts in the previous week, whilst less often reporting to feel lonely.

### Conclusions

The size of social networks of people with psychosis are smaller than those reported in the general population. Yet, they may be less likely to report feelings of loneliness than people with other mental disorders.

Social contacts should be explicitly and proactively explored in the clinical assessment of people with psychosis. Interventions to increase their social networks should include approaches to foster patients' drive to establish new social contacts and to emotionally support them in this process.

### Key words

Social networks, loneliness, psychotic disorders, mood disorders.

Other authors: Priebe, Stefan

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## Networks of social support and continuity of care for psychiatric users. Morpheus project.

Speaker: François Wyngaerden

*Institute of Health and Society, Université catholique de Louvain, Belgium*

### Objectives

So far, little is known about the effect of social support networks on continuity of care of psychiatric users. However, continuity of care may be enhanced by routine relationships between members of user's social network. Two theories compete to explain how user's social networks may affect care continuity. Case-management theories argue that network cohesion is better for coordination; whereas according to Ronald Burt, less cohesion improves the diversity of resources and empowers the user to make choices. Thus, network cohesion could have an ambiguous impact on continuity of care: cohesion would increase coordination but decrease the diversity of resources available to the user and his/her autonomy. In this research, we compared the structural characteristics of users' social networks and their continuity of care. We tested two hypotheses: (1) a network of coordinated resources is likely to improve care continuity; (2) a user connected to disconnected resources improves care continuity.

### Methods

We conducted face-to-face interviews with 375 users with severe mental illnesses. Data regarding their social networks were collected using a mapping technique, and were analyzed with Social Network Analysis. Participants' perception of continuity of care was measured with the Alberta Continuity of Services Scale, and social integration with the Objective Social Outcomes index (SIX).

### Results

The users had been in contact with psychiatry for an average of 10.4 years and had 7.5 hospitalizations. Their level of social integration was quite low (mean SIX score =2.28, std=1.44) while their level of continuity of care was high (mean Alberta score =115.4, std=14.84). Their social support networks included an average of 12 people, most of them being professionals (mean=64%). After multivariate regression analysis, our result shows that the number of members in social support networks is correlated with the score of continuity of care. (beta = 0.63, p < 0.05). Results also shows that the centrality of the user in

his own network is correlated with the social integration (beta = 0.21, p < 0.01).

### Discussion

Findings are in favour of the second hypothesis: an optimal network for supporting continuity of care is made of numerous, disconnected alters. We discuss the implication for health care coordination.

### Key words

Social network, continuity of care, social integration, severe mental illness.

Other authors: Lorant, Vincent; Dubois, Vincent.

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## Wellbeing networks and social capital: findings from the community health networks study.

Speaker: Vanessa Pinfold

*Research Director and co-founder: The McPin Foundation. London. United Kingdom*

### Objectives

People with severe mental illness are supported through health and social care to manage their mental health and wellbeing. Social networks and meaningful activities are important dimensions of recovery. This study mapped personal wellbeing networks and explored the impact of network types on access to social capital. An important distinction has been drawn in published literature between three forms of social capital: bonding, bridging and linking capital. We explored forms of social capital, the source of resources as well as the level of resources within networks to better understand recovery and severe mental illness.

### Methods

Using a name generator approach we mapped the connections to people, places and activities for 150 people in two localities in England. A Social Network Analysis approach was used alongside the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and Resource Generator-UK. We also conducted in depth interview with 41 people to develop a deeper understanding of recovery, wellbeing and access to social capital through network conversations.

### Results

We found social capital resources were mostly accessed through family (40%) and friends (27%), with practitioners generally having a more limited role (10%) and a lack of wider social connections to provide bridging capital. Participants had lower social capital access (mean RGUK score= 14.2) than the general population (17.2). Connections to activities, including employment, and places were important, as they were gateways to resourceful social ties.

Accessing local resources was crucial to building networks, generating a sense of connectedness and strengthening belonging. Social capital can fluctuate, diminishing when unwell and growing during recovery. We found artistic capital, or other interests, can provide potential building blocks to facilitate activity- and place-based connections that in time may lever new social capital opportunities.

The most resource-rich networks were those which were either diverse and active, with connections built through hobbies and social activities, as well as employment and volunteering, or family and stable networks where the presence of family offers the majority of resource provision. Formal and sparse networks

which were reliant on practitioners and formal services, with little activity, were the most lacking in resources. Services should have a role in providing more opportunities to build social capital for people with severe mental illness.

### Conclusions

There is the potential for services to have a greater role in supporting people with severe mental illness to identify opportunities to build social capital. Network mapping may provide a useful way to support this process by identifying social ties that provide it and the opportunities through activity and place connections to build resourceful social ties outside of the family. Network mapping also provides a tool for services to identify individuals who lack resources in their personal networks, who may be dependant on service provision and at risk of isolation from service change, and thus require support to build social capital.

### Key words

Wellbeing networks, recovery, social support, social capital, meaningful activities, place based connections.

**Other authors:** Webber, Martin; Byng, Richard.

## **The Connecting People Intervention: Findings of a quasi-experimental pilot study.**

**Speaker:** Martin Webber

*Reader, Department of Social Policy and Social Work, University of York, United Kingdom.*

### Objectives

The orientation of mental health services in Europe towards a recovery paradigm requires mental health practitioners to engage with an individual's social network or community to enhance their connectivity and access to social capital. However, there is little research evidence about effective approaches to enhancing individuals' social connections. This paper presents the findings of a multi-site pilot of the Connecting People Intervention (CPI) in England which provides an intervention framework and practice guidance for practitioners.

### Methods

The CPI was piloted in 14 agencies across England working either with adults with mental health problems or a learning disability. A quasi-experimental study design was used where increased fidelity to the CPI was hypothesised to be correlated with increased access to social capital and well-being over a 9-month follow-up period for the 155 participants. Process data was collected through qualitative interviews with service users, practitioners and agency managers.

### Results

Participants exposed to practice with high fidelity to the CPI model had significantly higher access to social capital and perceived social inclusion at follow-up than those exposed to low fidelity to the model. All participants had significantly higher mental well-being at follow-up. High fidelity CPI was achieved more readily in third sector agencies than in National Health Service or Local Authority settings. Also, high fidelity CPI was associated with lower service costs.

### Conclusions

These findings suggest that when fully implemented the CPI can improve social outcomes for people with a mental health problem. Recovery-oriented mental health policy supports the implementation of social and community-focused models such as CPI, but this can be challenging to achieve in statutory mental

health services. However, our findings suggest the importance of persevering as full implementation is likely to improve social outcomes for people using these services.

### Key words

Connecting People Intervention, social networks, community mental health services, social outcomes, social capital, social inclusion.

**Other authors:** Newlin, Meredith; Treacy, Samantha; Morris, David; Howarth, Sharon; McCrone, Paul.

## **Symposium: 98. Results of an integrated prevention program against suicidality during the economic crisis.**

In 2012, nearly 1 million people around the world died from suicide (526 in Catalonia and 3,539 in Spain), representing a global annual suicide rate, standardized by age, of 11.4 per 100,000 inhabitants (15 for men and 8 for women) and 7.5 in Spain (11,8 for men and 3,4 for women). There is some evidence to suggest an association between economic crisis and increased rates of death from suicide.

Because suicide is partly preventable, we adopted appropriate prevention strategies based on the European Alliance Against Depression starting in 2008, just before the beginning of the economic crisis.

We present a multifaceted prevention model developed in a Catchment Area (CA) in Sabadell (Barcelona), of almost half a million population: The Sabadell Integrated Suicide Prevention Program (SISPP), that includes Primary Care and Mental Health Services.

The speakers will present the main results and the long-term follow up of the different aspects of the interventions: a) telephone management program implemented in suicide attempters; b) psychological intervention program for adolescent survivors; c) analysis of the repetition risk of suicide attempts and suicide completed after a suicide attempt; d) systematic analysis of the clinical records of all the suicide cases and coordination with the GPs for suicide prevention strategies.

The SISPP had a relevant impact on the suicide rate during the economic crisis period (2008-2014), that decreased to 5,6 per 100,000 inhabitants in 2014 (8,1 for men and 3,4 for women). Our program success, supports the implementation of the Suicide Risk Code in Catalonia, and may help others to consider implementing similar measures.

## **Telephone management programme for patients discharged from an emergency department after a suicide attempt in a Spanish population: 5-year follow-up study.**

**Speaker:** Annabel Cebrià Meca

*Psychologist. Servei de Salut Mental. Parc Taulí Sabadell-Hospital Universitari. Sabadell Barcelona.Spain*

### Objectives

In a previous controlled study, the authors reported on the significant beneficial effects of a telephone intervention program for prevention of suicide attempts by patients for up to 1 year. This study reports on 5-year follow-up data.

### Method

The intervention was carried out on patients discharged from the emergency room (ER) following attempted suicide (Sabadell). It consisted of a systematic, one-year, telephone follow-up program: after 1 week, and thereafter at 1, 3, 6, 9 and

12-month intervals to assess the risk of suicide and encourage adherence to treatment. The population in the control group (Terrassa) received treatment as usual after discharge, without additional telephone contact.

**Results**

Over the follow-up period, there was a non-significant difference between the intervention and control condition groups in the proportion of subjects who had made at least one reattempt.

**Conclusions**

A telephone management program for patients discharged from an ER after attempted suicide could be considered a useful strategy in delaying further suicide attempts and reducing the rate of reattempts.

**Key words**

telephone intervention program, suicide attempts, prevention, follow-up

**Other authors:** Pérez-Bonaventura, Iris; Cuijpers, Pim; Kerkhof, Ad; Parra, Isabel; Escayola, Anna; García-Parés, Gemma; Carles Oliva, Joan; Puntí, Joaquim; Valles, Vicenç; Pamias, Montserrat; Hegerl, Ulrich; Pérez-Sola, Victor; Palao, Diego J.

**Adolescents' psychological intervention of suicide attempters: 6 years follow up.**

**Speaker:** Montserrat Pamias Massana

*Child Psychiatrist.Servei de Salut Mental. Parc Taulí Sabadell-Hospital Universitari. Sabadell Barcelona. Spain.*

**Objectives**

To implement a systematic psychological intervention in adolescents after a suicide attempt and reduce the suicide reattempts.

**Method**

We review the scientific literature of the subject, and we've adapted an individual psychological treatment. Scientific evidence of these cases' treatment is limited. Guidelines propose that adolescents don't have drugs access and brief cognitive behavioral therapy, focused on problem solving and training in social skills as a likely effective therapeutic strategy to prevent further suicide attempts. We analyzed the efficacy of the treatment in a non-controlled study and the 6 years follow-up.

**Results**

Since 2008, we have treated in our daily hospital 114 adolescents after suicide attempts in order to identify the presence of psychiatric conditions. In more than 60% we did not find this condition but we can describe personality traits related to these actions which are likely to increase the possibility of repeat suicide attempts. Most frequent suicide Methods in this sample are overdose drugs (78%) and cut arms (21%).

**Conclusions**

Our results indicate that after applying this treatment, the suicide re-attempts in adolescents during the year follow-up, was only from 4-9%, in contrast to the percentages reported in the literature (> 40%).

**Key words**

Adolescents, suicide attempts, psychological intervention

**Other authors:** Puntí, Joaquim; Gracia, Rebeca; Palao, Diego J.

**Risk of repetition of suicide attempts and suicide completion after a suicide attempt: A 5 year follow-up survival analysis.**

**Speaker:** Montserrat Pamias Massana

*Child Psychiatrist.Servei de Salut Mental. Parc Taulí Sabadell-Hospital Universitari. Sabadell Barcelona.Spain*

**Objectives**

People who have attempted suicide are at an elevated risk of additional suicide attempts. There is limited evidence regarding the predictors of repeating an attempt or completing suicide. This study aims to investigate suicide risk factors for committing a new suicide attempt or completed suicide after attempted suicide.

**Method**

A total of 1241 suicide attempters without a previous attempted suicide were admitted to the Medical Emergency Unit of Parc Taulí Hospital, Sabadell, Spain. They were followed up concerning suicide attempts and completed suicide after a period of 5 years. At the index suicide attempt, socio-demographic data and information about clinical characteristics were gathered in a standardised manner. Risk factors for re-attempts of suicide completion were identified among these data using survival analyses. Patients who attempted suicide were included in a one-year telephone follow-up preventive programme.

**Results**

2328 suicide attempts made by 1627 patients were evaluated. We only selected first-time suicide attempters (n=1241). 62,4% were women, mean age was 40.8, most frequent method was drug overdose (70.8%), and 20.5% were hospitalized. 249 (20,1%) reattempted suicide at least once and 15 (1.2%) committed suicide during the follow-up period. During this period 142 individuals committed suicide, so just 10,6% (15/142) of total suicides presented suicide attempts during the previous 5 years. Survival analyses showed that alcohol use, Axis II disorders and younger age increased the risk of reattempt. Older age and alcohol abuse or dependence were significantly more frequent in those who committed suicide. Those between 40 and 59 years old were at highest risk. 86.7% (13/15) of the individuals who eventually committed suicide did not complete the telephone follow-up.

There is a high risk population that is harder to detect. Two principal prevention fronts can be defined. On one hand, the population that makes suicide attempts and has risk factors for reattempt. And on the other hand, the inclusion in preventive programs of the population that commits suicide at the first attempt is still an unresolved challenge. A challenge Its more difficult.

**Conclusions**

Patients who completed the telephone follow-up had less risk of suicide. This fact validates this technique as a preventive strategy.

**Key words**

Suicide attempt, follow-up, reattempt, completed suicide.

**Other authors:** Blasco Fontecilla, H.; Garcia-Parés, G.; Caparrós Xixons, L.; Martín Fumadó, C.; Martínez Naval, L.; Cebrià Meca, A.; Palao, D.

**Coordination with GPs for suicide prevention.**

**Speaker:** Gemma García-Parés.

*Psychiatrist.Mental Health Service. Meritxell General Hospital. Andorra.*

**Objectives**

In all branches of medicine, the coordination and communica-

tion amongst specialists is the best strategy to achieve positive results with patients. In most General Hospitals, there are mortality committees who analyse the health and organizational actions that have preceded an unexpected death. In our Hospital, we have been adapting this model since 2008 in order to learn from our possible mistakes and in order to improve the detection of people at risk of suicide. We describe the policy program, organization and coordination with the forensic specialists and the GPs of our catchment area with the purpose of preventing suicide behavior.

**Method**

We reviewed all the cases of completed suicides since 2008 (192) in the population of our catchment area. We used a scale, not yet validated, of Suicide Related to organizational errors.

**Results**

We have observed a reduction in the number of suicides related to organizational errors.

**Conclusions**

The use of strategies to review the cases of suicide and the communication with forensic specialists and GPs has a positive impact on the prevention of suicide.

**Key words**

Suicide prevention, primary care, forensic, quality evaluation, policy program.

**Other authors:** Parra Uribe, Isabel; Martín Fumadó, C.; Martínez Naval, L.; Cebrià Meca, A.; Pamias, Montse; Monreal, Jose Antonio; Palao, Diego J.

**Symposium: 120. Who needs treatment, who seeks treatment and who benefits from treatment; the path from epidemiology to successful treatment in mental health care.**

The key to deciding whom to treat, for how long and in what level of specialisation, is to have all relevant information available. Making the right treatment choice for each mental health care patient becomes even more paramount when mental health care budgets decrease and available treatment becomes scarce. However, clinical decision making is not only about efficiency but also about quality of care. Treatment should be tuned into the needs of patients: short-term and light where possible, specialised and intensive when necessary.

To be able to make these clinical decisions, we need information about disorders in the population, help-seeking behaviour and long-term outcomes of treatment. Epidemiological data as well as routinely collected care utilization and outcome data can support us in planning mental health care services and in adequate care allocation.

In our research group, we have linked data from various long-term (>10 year) cohort studies, care utilization data from a psychiatric register and treatment outcome data to be able to answer the questions described above. Data from participants and their environment (parents, siblings, peers) of the cohort studies were linked to administrative care utilization data from a psychiatric register.

The combination of extended personal information from the cohort studies, the administrative, care utilization data, routinely collected treatment outcome data as well as patient history data results in unique opportunities enabling us to study who needs treatment, who seeks treatment and who benefits from treatment. This information can support us to adequately

allocate treatment to those seeking it, and enable us to identify subgroups in the population who need treatment but do not seek it.

**Trends in specialist mental health care utilization among children and adolescents: the use of a psychiatric case register.**

**Speaker:** Ellen Visser.

*Human movement scientist, PhD. University Medical Center Groningen, Department of Psychiatry, Rob Giel research centre (RGOc), Groningen, The Netherlands*

**Objectives**

Psychiatric case registers are useful in providing overall service use data revealing the prevalence and incidence rates of mental health problems in a specific region, but also to follow mental health care patterns of individual patients or subgroups of patients.

**Methods**

Psychiatric Case Register North Netherlands (PCRNN) includes service use data of the five largest mental health care institutions in the northern part of The Netherlands, a catchment area of 1.7 million inhabitants. Care records and diagnostic and sociodemographic characteristics of patients are now available from 2000 until 2014.

**Results**

The data structure of the PCRNN will be presented as well as its use in the other studies that are presented in this symposium, focusing on the prevalence and incidence rates of mental health service use in children and adolescents.

**Conclusions**

Strengths and limitations of the use of psychiatric case register data in research will be discussed.

**Key words**

psychiatric case register, service use, mental health, prevalence.

**Other authors:** Sytma, S.

**The course of auditory hallucinations in young children: an 11-year follow-up study.**

**Speaker:** Agna Bartels-Velthuis.

*Psychologist, PhD. University Medical Center Groningen, Department of Psychiatry, Rob Giel research centre (RGOc). Groningen, The Netherlands*

**Objectives**

In a baseline study among 7-8 year old children with auditory hallucinations (AH), only limited functional impact of AH was observed. The first follow-up study showed 5-year AH persistence and incidence rates of 24% and 9% respectively. Persistence of AH was associated with psychopathological, behavioural and cognitive alterations, and also with more reported social adversity. Six years later the participants were assessed again.

**Methods**

Participants (n = 293; mean age 18.9 years, 57.7% female) completed an online assessment on AH, other psychotic experiences, depression, anxiety and stress. Also traumatic events and associated distress and cannabis use were assessed.

**Results**

The 11-year follow-up study showed low AH persistence and incidence rates. However, AH were associated with more other psychotic experiences and with more depression and anxiety.

Likewise, AH were related to having experienced more traumatic events and related distress. Cannabis use in the past year was also associated with AH reported at second follow-up.

### Conclusions

Persistence of childhood AH and incidence of AH in late adolescence are associated with psychopathological symptoms and risk factors, and may be a target for early intervention.

### Key words

auditory hallucinations, children, adolescents, psychotic experiences, anxiety, depression.

**Other authors:** Wigman, JTW.; Jenner, JA.; Bruggeman, R.; van Os, J.

## Help seeking initiation after the first onset of mood and anxiety disorder of depressed and anxious patients.

**Speaker:** Petra Havinga

*Child psychologist, MSc. University Medical Center Groningen, Department of Psychiatry, Interdisciplinary Center Psychopathology and Emotion regulation (ICPE). Groningen, The Netherlands.*

### Objectives

We examined initial help seeking as well as specialist treatment seeking after first onset of mood and/or anxiety disorder in offspring of depressed and anxious patients. Given the high prevalence of psychiatric disorders among these vulnerable offspring and their poor prognosis, this is an important issue for clarification.

### Methods

Data were derived from the ARIADNE cohort (Adolescents at Risk of Anxiety and Depression), a prospective study of 523 offspring of 366 depressed and/or anxious patients. The Composite International Diagnostic Interview (CIDI) was administered at baseline and at 4, 6, 8 and 10 year follow-up to determine offspring age of onset. In 215 offspring who developed a mood and/or anxiety disorder age of initial help seeking was determined by the CIDI and the QUOTE (Quality Of care Through the Eyes of the patient); age of specialist treatment seeking by the Psychiatric Case Registry North Netherlands (PCRNN). Offspring characteristics (gender, IQ, age of onset, disorder type, suicide ideation) and family characteristics (socioeconomic status, family functioning) were investigated as predictors.

### Results

Kaplan-Meier estimates showed that 91.9% of the offspring with mood and/or anxiety disorders eventually initiated help seeking. One third of them delayed help seeking for more than two years (mean delay: 2.3 years). Male gender, an earlier age of onset, and having an anxiety disorder onset (relative to depression or comorbid mood-anxiety) were associated with a lower likelihood of initial help seeking. The latter two also predicted delay in initial help seeking. Half of the offspring did not receive specialist treatment. Having an anxiety disorder onset and absence of suicide ideation were associated with not seeking specialist treatment.

### Conclusions

The far majority of offspring eventually initiated help, although delays were common. Offspring with an early onset or anxiety sought less often help and with longer delays. Half of the offspring that initiated help seeking remained in primary care, in particular those with an anxiety disorder and those without suicidal ideation. Systematic efforts to promote timely initial help seeking by offspring in general, and particularly in those with an early onset or an anxiety disorder, may prevent a recurrent or

chronic course.

### Key words

service use, mental health care, depression, anxiety, familial risk, prevention.

**Other authors:** Hartman, CA.; Visser, E.; Boschloo, L.; Schoevers, RA.

## Psychiatric disorders of adolescents in the population and in psychiatric case registries: similarities and differences.

**Speaker:** Dennis Raven

*Sociologist, PhD. University Medical Center Groningen, Department of Psychiatry, Interdisciplinary Center Psychopathology and Emotion regulation (ICPE). Groningen, The Netherlands.*

### Objectives

Psychiatric case registers are valuable in epidemiologic research, but it is often difficult to translate the results from samples of clinically referred patients back to the general population. The aims of this study are: 1) to compare the lifetime prevalence rates of psychiatric disorders in adolescents from a psychiatric case register with those from a diagnostic interview; 2) to determine the level of agreement between diagnoses from both sources; and 3) to test possible explanations for disagreement.

### Methods

A population sample of Dutch adolescents (mean age=19.3 years, SD=0.6 years, 54.0% girls) were included. Psychiatric (DSM-IV) diagnoses were obtained from the Composite International Diagnostic Interview (CIDI) and the Psychiatric Case Register North Netherlands (PCRNN). Disorders were categorized as mood, anxiety, behaviour or substance dependence disorders. First, lifetime prevalence rates from the PCRNN and the CIDI were compared. Second, diagnostic agreement was assessed using the CIDI as the reference. Third, disagreement was analysed by comparing the relative frequencies of dichotomized explanatory variables between true positives, false positives and false negatives.

### Results

The lifetime prevalence rates of PCRNN mood (2.2%), anxiety (2.4%), behaviour (4.0%) and substance dependence (0.2%) disorders were all lower than those of CIDI disorders (17.4%, 28.5%, 15.5% and 7.0% respectively). Agreement between PCRNN disorders and CIDI disorders was fair for mood and behaviour disorders, and slight for anxiety disorders and substance dependence. One-third of CIDI mood disorders were present in the PCRNN, as were a quarter of all anxiety disorders, and almost two-third of all behaviour disorders. Substance dependence in the PCRNN was rare. Most explanatory variables, such as socio-economic indicators, family characteristics, and the presence of co-morbid disorders, were not associated with disagreement between the PCRNN and the CIDI. Severe CIDI disorders were associated with more true positives.

### Conclusions

The PCRNN and CIDI show considerable disagreement. A large share of psychiatric morbidity in the population does not reach specialist mental health care. Once in specialist mental health care, mood and anxiety disorders are least often identified, whereas the majority of behavior disorders are. Most explanations for disagreement that were mentioned in the literature could not be confirmed.

### Key words

psychiatric case register, psychiatric interview, prevalence, sen-

sitivity.

**Other authors:** Jörg, F.; Visser, E.; Schoevers, RA.; Sytema, S.; Hartman, CA.; Oldehinkel, AJ.

### Six-year follow up of emotional and behavioural problems of general population adolescents with and without specialist mental health care.

**Speaker:** Frederike Jörg.

*Psychologist, PhD. University Medical Center Groningen, Department of Psychiatry, Interdisciplinary Center Psychopathology and Emotion regulation (ICPE)/ Rob Giel research center (RGO) Groningen. Te Neherlands.*

#### Objectives

The level of distress of adolescents in routine mental health care and the extent to which they benefit from treatment is largely unknown. Treatment effect is usually studied in RCTs, but trial participants hardly resemble patients in routine care. The Objectives of this study are to investigate severity and number of psychiatric diagnoses in routine care adolescent patients, compared to untreated adolescents with a similar need for care. We furthermore aim to compare pretreatment trajectories of treated and untreated adolescents, and to study whether those treated benefit from treatment.

#### Methods

Data from three measurement waves were used of 2230 adolescents from the general population participating in the Tracking Adolescents' Individual Lives Survey (TRAILS). We identified adolescents scoring above the clinical cutoff on self-, parent- or teacher reported problem scales and first specialist mental health contact between the ages 13.5 and 16. Adolescents scoring above the clinical cutoff but without specialist mental health care use served as control group. A psychiatric case register provided data on number of treatment contacts. Number and severity of diagnoses, pretreatment trajectories and follow up problem scores were compared between treated and untreated adolescents.

#### Results

Treated adolescents had more and more severe diagnoses than untreated adolescents. Pretreatment trajectories barely differed between treated and untreated adolescents, except for a teacher-reported pretreatment deterioration of mental health problems in future treatment users. Irrespective of the number of sessions, treatment did not improve follow up problem levels.

#### Conclusions

The quasi-experimental design calls for modest Conclusions, but we might need to take a closer look at real-world service delivery, and might need to reconsider the way we evaluate treatment success.

#### Key words

psychiatric case register, psychiatric diagnosis, prevalence, treatment

**Other authors:** Raven, D.; Visser, E.; Schoevers, RA.; Oldehinkel, AJ.

### Staging and profiling at the front door; a new tool in mental health care.

**Speaker:** Floor E. A. Verhoeven

*Neuropsychologist, PhD. University Medical Center Groningen, Department of Psychiatry, Interdisciplinary Center Psychopathology and Emotion regulation (ICPE) / Rob Giel research centre (RGOc). Groningen, The*

*Netherlands.*

#### Objectives

A significant number of patients admitted to mental health care only partially recovers, or does not recover at all. This suggests that not all information relevant to making treatment decisions is available to clinicians in order to offer each patient in mental health care the best suitable treatment for their complaints at any given moment. Additionally, patient data are often scattered, further compromising fully informed treatment decisions.

Information on duration of complaints and presence/absence of specific profilers can support clinical decision making by enabling better staging and profiling of the individual patient. To this end, we designed a digital questionnaire: the Basisanamneselijst or BAL. Patients are invited to complete the questionnaire online before their first intake at the University Centre for Psychiatry (UCP). Information on the course of the complaints and previous treatment supports the clinician's determination of need for care and appropriate treatment.

#### Methods

Data collection is part of patient care protocol at the UCP since January 2014. In November 2014, a new version was released. The current questionnaire consists of 48 questions on 5 topics: demographics, family history, somatic health, previous medication and treatment and substance use. Additionally, to measure functioning, it contains the Dutch 12-item self-report version of the WHODAS 2.0 and DSM-5 screening questionnaire to measure disorder specific symptoms.

#### Results

Between January 14, 2014, and February 26, 2015, 1266 patients were invited to fill in the BAL, of which 73% complied. Compliance (57%) of the newest version was lower compared to the first version (80%). Mean age of completers was 37 (SD 13), 52% were male and 97% had the Dutch nationality. The life time prevalence of mental health problems in first degree family members was around 25%. The majority of the patients (57%) had symptoms for more than three years.

#### Conclusions

The BAL as a tool to gather all data needed to support treatment decisions will be developing constantly as we aim for better staging and profiling of individual patients to improve our treatment decisions. During the symposium, possibilities for improvement of clinical decision making using the BAL will be discussed.

#### Key words

staging, profiling, clinical decision making, care protocol

**Other authors:** Ruhé, HG.; Visser, E.

### Symposium: 125. New recovery oriented interventions and methods in severe mental illness: Results of randomized controlled trials.

Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with mental health problems that seriously impair their ability to lead meaningful lives. This symposium includes both new interventions as new Methods in psychiatric rehabilitation. Results of randomized controlled trials on peer support interventions, skill training and, cognitive adaptation training will be presented. Next, results of new Methods namely the Guided

Self-Determination Method and the CARE-methodology will be presented. Both Methods aim to improve insight and the quality of life by supporting the client in realizing goals and wishes. All presentations focus on the recovery of patients. All studies made use of randomized controlled trials. Qualitative research is also included. Speakers represent different countries. Thus, something for everyone with regard to recovery in this symposium!

**Improving the evidence base for peer support: manualisation and protocol development for the ENRICH trial of peer support for psychiatric discharge.**

**Speaker:** Steve Gillard

*Population Health Research Institute. London. United Kingdom.*

**Objectives**

Peer support interventions are being introduced into mental health services internationally to improve individual recovery outcomes and service productivity (Mahlke et al 2014). The formal evidence base suggests that peer support interventions are no better or worse than similar interventions undertaken by non-peer mental health workers (Pitt et al 2013). However trials to date fail to adequately specify what is distinctive about peer support and how that is associated with change. To improve the evidence base for peer support a high quality trial is needed that systematically models intervention mechanisms so that intervention manual and trial protocol properly address specified change processes.

**Methods**

91 peer workers, service users and mental health professionals undertook in-depth qualitative interviews, analysed using a framework approach, to build a change model for peer support. Systematic narrative synthesis of existing evidence was used to identify active components of peer support. Iterative rounds of engagement with Expert Panels were used to finalise the ENRICH intervention manual and protocol fidelity tool.

**Results**

Three primary change mechanisms were identified and theorised - building relationships based on shared lived experience; role-modelling living and working well with mental health problems; bridging and engaging with mental health services and the wider community (Gillard et al 2014)- informing manual development (including role description, training programme and specification of intervention activities). A range of process outcomes were identified on intra- and inter-personal levels – including hope, experience of stigma, therapeutic relationship and strength of social networks – that in turn relate to clinical, service use and cost outcomes, informing trial protocol development. Fidelity tool development identified and operationalized a range of values that characterise the distinctiveness of peer support.

**Conclusions**

A National Institute of Health Research funded pragmatic randomised controlled trial is currently underway in England- Enhanced discharge from inpatient to community mental health care (ENRICH)- that will improve on the existing evidence base for peer support through systematic grounding of both intervention manual and trial protocol in an empirically and theoretically informed change model.

**Key words**

Peer support; discharge; readmission; change model; pragmatic randomised controlled trial

**Other authors:** Foster, Rhiannon; Gibson, Sarah; Marks, Jacqueline;

White, Sarah.

**Peer support groups for psychosis: From pilot, multicentre RCT, cost analysis to implementation in clinical care.**

**Speaker:** Stynke Castelein

*Senior researcher/Deputy Head of Lentis Research. University of Groningen/University Medical Center Groningen. Groningen. Groningen, The Netherlands.*

**Objectives**

Peer support is based on the assumption that people who share similar experiences can offer each other emotional, appraisal, and informational support and hope. While they may help to improve quality of life, peer support groups are not part of the care as usual. We investigated the effect of a (minimally) guided peer support group (GPSG) for people with a psychotic disorder in a multi-center randomized controlled trial (RCT) in the Netherlands.

**Methods**

Closed peer support groups included approximately 10 patients and involved 16 sessions of 90 min biweekly. Participants decided the topic of each session. The key point was to provide peer-to-peer interaction. Therefore, nurses needed to guide the groups with minimal involvement in accordance with the developed manual.

In a multi-center RCT, 56 patients in the peer support group and 50 patients in the control condition were assessed at baseline and at the end after 8 months. Outcomes were: quality of life, social network, social support, self-efficacy, self-esteem, and economic consequences. Results were analysed according to intention-to-treat principle.

**Results**

The experimental group showed GPSG to have a positive effect on social network and social support compared with the control condition. No relevant differences between mean total costs of both groups were found, nor were there significant differences in WHOQoL-Bref outcomes. However, high attenders showed better outcomes on increased social support, self-efficacy, and quality of life than low attenders. The GPSG-intervention was positively evaluated by patients and nurses.

**Conclusions**

Peer support groups are a useful intervention for people suffering from psychosis by improving their social network. The intervention does not appear to affect overall healthcare expenses. Positive results of additional outcomes, including a significant increase in social contacts and esteem support, favour the wider implementation of such groups. A manual and DVD in English (2014) of this intervention is now available and will be presented.

**Key words**

Peer support groups, psychosis, randomized controlled trial, recovery, empowerment, cost analysis

**Other authors:** Bruggeman, Richard; Van Busschbach, Joeske T.; Stant, Dennis; Van der Gaag, Mark; Wiersma, Durk.

**Hospitality Project (HY): A new recovery focused intervention combining peer support and skill training for people with schizophrenia.**

**Speaker:** Sjoerd Vogel

*MSc, psychologist. Lentis Research. Groningen. Lentis Center for Mental*

Health. The Netherlands.

### Objectives

The majority of people with schizophrenia have a poor social network and experience loneliness. However, peer support groups have demonstrated positive effects on social networks and social support (Castelein et al. 2008). Moreover, patients often report cognitive dysfunctions. Cognitive skills are often trained in the clinical setting, but these interventions do not generalize to everyday life. Therefore, development and research on skills training 'on the spot' is recommended (Glynn et al. 2002). In the Hospitality Project (HY), a new 'on the spot' nursing intervention is developed which combines peer contact and skills training 'on the spot' in a dinner club.

**Methods** The HY intervention has been developed in a focus group with both patients and professionals. Patients with schizophrenia organize dinners in their own homes for peers: once in two weeks during 8 months, maximum three peers per group and one nurse. Skill training 'on the spot' is guided by self-set goals by participants. In hosting a dinner participants will work on several skills like planning, cooking, self-care, etc. Subsequently, during dinner, nurse guided peer support is carried out by an already established method. This method is characterized by a background role of the nurse (Castelein et al. 2008). Primary outcome is personal recovery as assessed with the Recovery Assessment Scale. Secondary outcomes are: social networks, social functioning, empowerment, self-stigma and activities of daily living (ADL). The HY intervention is currently being tested in a pilot study (3 groups).

**Results** We will present findings of three HY-groups (n=9) that participated in the pilot study. Preliminary results suggest positive effects on personal recovery, empowerment, social networks and ADL. Up and till now, all patients who participated in the study completed the intervention. All data of the pilot study are available in June 2015. A multicentre randomized controlled trial will start in the autumn of 2015.

**Conclusions** A new intervention for personal recovery has been developed in a focus group with patients and professionals. The pilot study demonstrates that the HY-intervention is feasible for patients suffering from schizophrenia.

### Key words

Schizophrenia; Psychotic disorder; Peer support; Skills training; Personal recovery

**Other authors:** Vogel, J.S.; Swart, M.; Liemburg, E.J.; Knegtering, H.; Roodbol, P.F.; Van der Gaag, M.; Castelein, S.

## **Cognitive Adaptation Training (CAT) in long-term residential patients with severe mental illness: a multicentre randomized controlled trial**

**Speaker:** Annemarie Stiekema;

PhD Student at Lentis Mental Health Care. Department of Rehabilitation. Groningen, The Netherlands.

### Objectives

Despite the well-known impact of cognitive deficits in everyday functioning in patients with Severe Mental Illness (SMI), evidence-based interventions directed at these problems are scarce especially for SMI patients in long-term clinical facilities. Cognitive Adaptation Training (CAT) is a compensatory approach that aims at creating new routines in the patients' living environment through the use of environmental supports. Previous studies showed that CAT improves functioning in outpatients

with schizophrenia when CAT is given by psychologists. The aim of this study is to evaluate the effect of CAT as a nursing intervention in SMI inpatients, predominantly with psychotic disorders who reside in long-term clinical facilities.

### Methods

This is a multicentre cluster randomized controlled trial comparing CAT (intervention group) to Treatment As Usual (TAU, control group). The primary goal is to evaluate the effectiveness of CAT on everyday functioning. The study has a duration of one year, with four follow-up measurements conducted at 15, 18, 21 and 24 months for the intervention group. Primary outcome measures are the Multnomah Community Ability Scale (MCAS) and the Social and Occupational Functioning Scale (SOFAS). Results Preliminary analyses (data available for 12 patients in each group on baseline, T3 & T6) showed no differences between the intervention and the control group on functional outcome.

### Conclusions

The lack of a significant difference is not surprising given the small sample size and the fact that improvements in this chronic population are slow (Onken et al., 2002). However, based upon pilot results (Quee et al, 2014) we expect that functional outcome will be improved at 12 months and that these improvements will be sustained or further improved after that. If CAT is effective as a nursing intervention, it may be recommended to include CAT in the guidelines for SMI care and to implement the method in standardized care.

### Key words

Cognitive Adaptation Training, functioning, nursing intervention, severe mental illness, schizophrenia, rehabilitation

**Other authors:** Quee, Piotr; Swart, Marte; Redmeyer, Jeroen; Dethmers, Marian; Rietberg, Cees; Aleman, A.; Velligan, Don; Bruggeman, Richard; Van der Meer, Lisette.

## **Effectiveness of the Comprehensive Approach to Rehabilitation (CARE) methodology: Preliminary results of a Cluster Randomized Controlled Trial.**

**Speaker:** Nieske Aleida Bitter;

PhD-student. TS Social and Behavioral Sciences. Tilburg University. Tilburg, The Netherlands.

### Objectives

Mental health care organizations make use of psychiatric rehabilitation practices. The goal of these practices is 'to help individuals with complex, longer term mental health problems to develop the skills needed to live, learn and work in the community with the least amount of professional support'.

In the Netherlands, an often applied rehabilitation method is the Comprehensive Approach to Rehabilitation (CARE) methodology. The overall goal of this methodology is to improve the client's quality of life by supporting the client in realizing goals and wishes, handling vulnerability and improving the quality of the client's social environment. The methodology is strongly influenced by the concept of 'personal recovery' and the 'strengths case management model'. No controlled effect studies have been done yet regarding the CARE methodology. The aim of this study is to investigate the effectiveness of the CARE methodology on recovery, social functioning, quality of life, hope, empowerment, self-efficacy beliefs and needs for care of people with SMI.

### Methods

A cluster randomized controlled trial (RCT) was conducted in 14

teams of three organizations for sheltered and supported housing. Teams in the intervention group received the CARE methodology training. Teams in the control group continued working according to care as usual. Standardized questionnaires have been completed at baseline (T0), and 10 (T1) and 20 months (T2) post baseline. Primary outcomes were recovery, social functioning, quality of life, hope, empowerment, self-efficacy beliefs and care needs. The fidelity of the methodology has been assessed at T1 and T2. Longitudinal multilevel analyses will be performed. On team level the CARE fidelity will be analysed and results used to predict effects in the final model.

Results A total of 280 clients participated in the study. Currently, data are being processed. In the presentation, the analyses mentioned above will be presented and discussed.

**Conclusions**

We will illuminate whether and how the use of the CARE Methodology is related to recovery, societal participation, hope, quality of life, empowerment and fulfilment of needs. The model fidelity of CARE will be taken into account. The implications of our study findings for mental health care practice will be discussed.

**Key words**

Severe mental illness, recovery, recovery-oriented care, rehabilitation, strengths, CARE methodology

**Other authors:** Bitter, Neis; Roeg, Diana; Van Weeghel, Jaap; Van Nieuwenhuizen, Chijs.

**Improving insight in people with schizophrenia – utilizing the Guided Self-Determination Method.**

**Speaker:** Rikke Jørgensen

Unit for Psychiatric Research, Aalborg Psychiatric Hospital, Aalborg University Hospital. Aalborg, Denmark.

**Objectives**

Lack of insight is a complex and multidimensional construct. Poor insight has a negative impact on the outcome of schizophrenia; consequently poor insight is a logical target for treatment. However, neither medication nor psychosocial interventions have been demonstrated to improve poor insight. For the most part, while these approaches may increase knowledge about the illness, an increase in such knowledge has not corresponded with patients developing a more complex or coherent understanding of personal experiences of psychiatric challenges. This suggests that improving insight is not a matter of educating individuals about the right kind of behaviour or inclining them to agree with the Mental Health Professionals regarding their understanding of illness and treatment. Researchers have suggested that prolonged exposure to opportunities which support reflection may help patients develop a more coherent and consensually valid account of their psychiatric challenges and so feel sufficiently empowered to master a greater range of challenges and shape a meaningful life for themselves.

**Methods**

In order to meet the need for supporting patients’ reflection and focus on assisting them to evolve narratives about their lives and living with schizophrenia, we have adopted a method called Guided Self-Determination (GSD) originally developed and proven effective in diabetes care to address insight in schizophrenia. The GSD method is not solely designed to improve insight, but life skills. However, gaining insight is a consistent component in the method, as insight serves as a precondition for

change and self-management. Focused communication, mutual reflection and self-reflection help patients gain insight into own attitudes towards illness as a necessary step to change it. Believing GSD being a good candidate for meeting the current need for improving insight prompted us to transfer the GSD method from diabetes care to the care of individuals with schizophrenia. Both qualitative research as quantitative research are executed.

**Results**

Currently, data are being processed.

**Conclusions**

This presentation will contain an overview of the research program of how the GSD method was adjusted for schizophrenia and evaluated using qualitative research, and tested in a randomized open trial.

**Key words**

Intervention, Guided Self-Determination, insight, schizophrenia.

**Other authors:** Zoffmann, Vibeke .

**Symposium: 127. Developing a European Quality Network for Mental Health Services.**

Over recent years many countries have developed systems that aim to monitor and improve the quality of mental health services. These systems vary in focus and process: some only assess specific parts of the system, such as inpatient care, whilst others are more comprehensive in scope; some use routinely collected data to report on specific metrics (such as waiting times) whilst others use standardised assessment and outcome tools completed by staff and service users. However, despite the growing interest in this field, there are no systems for collecting and reviewing such data at an international level. At a time when many European countries are developing community based mental health care based on empirical evidence for different models and interventions, a pan-European network that shares information on the quality and effectiveness of their mental health services would be very useful. In this symposium speakers will present examples of quality assessment processes from across Europe with the aim of building a network of researchers and others interested in this field who will explore the opportunities for pan-European collaboration.

**Assessing Quality - the perspective from Germany.**

**Speaker:** Constance Stegbauer

Professor. AQUA-Institute. Göttingen, Germany.

**Objectives**

The European Quality Network for Mental Health Services offers to be a platform for exchange on the various modes to develop and implement data based quality assessment systems in mental health care. It strives for further developing methodologies for data based performance measurement in mental health care and for stimulating its implementation.

One example for a data-based quality assessment system is the development of a nationwide quality assessment program for Schizophrenia care in Germany. This program will be implemented as part of the mandatory quality assessment system within in the German health care system. This quality assessment system operates within a one year feed-back loop and aims for three Objectives 1. improvement of the quality of services, 2. accountability of service providers, and 3. transparency for service users. The presentation describes the governance and technical

framework under which the quality assessment program for Schizophrenia care is developed, the methodology by which relevant process and outcome indicators are identified, how experts and patient representatives are involved, and the data sources that will be used for indicator assessment. Indicator selection by an expert panel will be finalised in summer 2015. At the workshop a preliminary indicators set will be presented and the way forward towards implementation will be described.

Finally the presentation will highlight at which points the development of the nationwide quality assessment system for Schizophrenia care has profited from international exchange.

**Key words**

Performance measurement, health policy, quality assurance, benchmark, mental health care.

**Other authors:** Bramesfeld, Anke; Klein-Budde, Katja.

**Monitoring quality of care in mental health care organizations. HCOs accreditation and national quality indicators program in France.**

**Speaker:** Anne Depaigne-Loth

*Technical Adviser at the HAS (Haute Autorité de Santé). Saint-Denis La Plaine CEDEX, France*

**Objectives**

In France, at national level, quality of care in mental health care organizations is monitored through two main mechanisms: an accreditation system and a national quality indicators program. They are both mandatory for every hospitals public and private (approx.2500), and conducted by the HAS Haute Autorité de Santé, an independent publicly funded national body.

The Objectives of the presentation are to describe those mechanisms, discuss the lessons learned over the years and underline their current and future challenges.

**Methods**

The presentation will bear on findings derived from :

- descriptive analysis of accreditation data and yearly QI quantitative data on 433 HCOs delivering mental health care and approx. 30 000 patient files
- national surveys and studies conducted among health care professionals
- documented feedbacks from stakeholders in the mental health care field.

**Results**

The presentation will point out :

- the quality problems and strength of the mental health organizations seen through accreditation and QI data;
- the achievements and challenges of the French quality monitoring systems, in particular:
  - the difficulty for those responsible for quality regulation of balancing out equity, standardization and the need for a clinically relevant approach; the need for more specific performance measures will be discussed;
  - the challenge of responding to the expectations of the stakeholders of the mental health care field and to the controversies surrounding quality assessment and regulation, especially in the context of an enduring intellectual preponderance of psychoanalytical approaches.

**Conclusions**

The presentation aims to foster a discussion among the par-

ticipants who will be invited to confront national experiences, reflect on similarities and differences between them in order to foster mutual learning.

**Key words**

Quality of care, quality indicators, performance measure, quality assurance, accreditation.

**Other authors:** Derenne, Rose; Gloanec, Marie.

**From clinical pathways to clinical indicators: the Italian way for improving mental health care for severe mental illness.**

**Speaker:** Antonio Lora

*Department of Mental Health Lecco Hospital. Lecco, Italy.*

**Objectives**

In Italy, the quality of routine mental health care is far from optimal, and on many occasions does not correspond to the standards of evidence-based mental health, varying greatly from Region to Region and among providers. Clinical pathways and clinical indicators are well recognized tools for improving quality of mental health care. Clinical pathways are multidisciplinary management tools based on evidence-based practice for patients with a specific diagnosis/clinical problem, in which the different interventions by the professionals involved in the patient care are defined, optimized and sequenced by time of delivery. It has been shown that their implementation reduces the variability in clinical practice and improves outcomes. Clinical indicators describe the performance that should occur for a particular type of patient, focusing on quality of care and measuring the technical quality provided. They are related to the evidences (Guidelines) and are constructed from administrative data. Clinical indicators are useful to document care quality and its improvement, establish benchmarking and give support to accountability.

**Methods**

A working group, composed by members of Italian Ministry of Health, the Agency for Quality of Health Care (Agenas) and experts from the Regions defined in 2014 clinical pathways for severe mental illnesses (schizophrenic disorders, bipolar and depressive disorders, severe personality disorders), deriving Recommendations from International Clinical Guidelines. Moreover the team identified a set of clinical indicators for each disorder, drawn from administrative health databases, useful for monitoring the implementation of the clinical pathways. At the end of this process Ministry of Health and Regions produced a joint statement and agreed for implementation.

Results Clinical pathway for schizophrenic disorders is analyzed by phase of care and clinical indicators used for monitoring are presented, showing some examples extracted from Lombardy's data collection.

**Conclusions**

The combination of clinical pathways for defining the good practices and clinical indicators for monitoring their implementation is useful for improving quality, but a long term commitment is needed for supervising dissemination of clinical pathways and for implementing clinical indicators.

**Key words**

Clinical pathways, clinical indicators, severe mental illness, Italy.

**Other authors:** di Fiandra, Teresa; Bellentani, Donata; Ditta, Guido; Ferrannini, Luigi; Sanza, Michele; Ghio, Lucio; Amore, Mario; Vaggi, Marco; Malagamba, Daniela; Cerati, Giorgio; Serrano, Mario; Semisa, Domenico; Favaretto, Ettore.

### Routine Outcome Monitoring for benchmarking and a national quality indicator.

**Speaker:** Cornelis L. Mulder

*Epidemiological and Social Psychiatric Research institute. Department of Psychiatry, Erasmus MC. Rotterdam, The Netherlands.*

#### Objectives

In the Netherlands, for every patient in mental health care, routine outcome monitoring (ROM) is obliged by the health insurance companies for benchmarking purposes and as a national quality indicator.

#### Methods

Literature search of the strengths and limitations of ROM and description of statistical models (Delta T-score) for benchmarking purposes.

#### Results

ROM is implemented on a national level in mental health care in the Netherlands for different patient groups using different measures and assessment Methods. Statistical models such as the Delta T-score are used for comparing health services, despite various limitations in interpreting the results. ROM as a sole benchmarking tool is problematic, without knowledge of treatment processes, casemix, setting and information about drop-outs from treatment. Other quality indicators such as suicide rates, (re)admissions or use of coercion also need to be taken into account.

#### Conclusions

In the Netherlands, insurance companies held high expectations of ROM as a national benchmarking tool, despite methodological problems. ROM can be used for evaluation of individual treatments by clinicians and patients, but using aggregated ROM data for other purposes such a benchmarking or as a national quality indicator is problematic.

#### Key words

Routine Outcome Monitoring (ROM), Quality, Mental Health Care, Benchmarking, Quality Indicators.

### Symposium: 131. Research on Multiple Perspectives and Interventions Addressing Stigma in (Mental) Healthcare And Employment; Findings from the United Kingdom, The Netherlands and other European Countries.

The public stigma of mental illness deprives people of their rightful opportunities in all arenas in which a full life can be achieved: work, relationships, housing, health care, etcetera. Self-stigma occurs when people internalize the public stigma of mental illness, which then undermines their self-esteem and self-efficacy. Corrigan (2011) states that, just as research has uncovered some best practices for helping people with severe mental illness overcome their disabilities, so there are similar "treatments" for erasing stigma, replacing it with affirming beliefs and actions. The aim of this symposium is to present a selection of recent findings from studies conducted in the United Kingdom and the Netherlands, addressing relatively new aspects of the mental illness stigma, such as the public stigma and self-stigma among people with addiction, stigmatizing attitudes of various health care professionals, disclosure of depression on the workplace, a decision aid regarding disclosure issues of persons with mental illness on the labour market, and interventions aiming to

reduce the self-stigma of people with psychotic disorders.

In this symposium we aim to present and discuss five studies, comprising both studies on stigma related problems and studies on the effectiveness of anti stigma interventions.

- The first study (N=3326) compares stigmatising attitudes towards persons with an addiction among different stakeholders in the Netherlands: general public, general practitioners (GPs), mental health and addiction specialists, and clients in treatment for substance abuse. Stereotypical beliefs, attribution beliefs, social distance and expectations about rehabilitation opportunities were assessed and compared between stakeholders.

- The second study from the Netherlands compares stigmatizing attitudes of different healthcare professionals towards psychiatry and patients with mental health problems. The Mental Illness Clinicians Attitude (MICA) questionnaire is used to assess stigmatizing attitudes in three groups: general practitioners (n = 55), mental healthcare professionals (n = 67) and forensic psychiatric professionals (n = 53).

- For the third study, employees and managers were recruited from sixteen European countries to participate in a survey of depression in the workplace. This study (i) examines which individual and country level characteristics are associated with greater likelihood of disclosure of depression to one's employer and one's partner / family; (ii) describes the reported reasons for disclosure / non-disclosure and (iii) investigates the relationship between disclosure of depression and workplace productivity.

- In the fourth research project, after having developed a decision aid to support decision making about disclosure, an exploratory randomised controlled trial (RCT) was conducted in the United Kingdom in order to examine several intermediate outcomes; to determine whether an effectiveness trial is feasible; and to optimise the design of a larger trial of the decision aid.

- In the fifth study, a new intervention to improve insight in people with schizophrenia, REFLEX, was developed and tested in a multicenter randomized controlled trial. REFLEX focuses on insight in one's functioning in everyday life and changes in general functioning after psychosis by improving metacognitive acts necessary for insight (self-reflectiveness, idiosyncratic self-certainty) and reducing stigma-sensitivity. 134 patients diagnosed with schizophrenia with poor insight were included. REFLEX was compared to an active control condition consisting of group wise simplified drill and practice cognitive remediation training (CRT).

### Comparing stigmatizing attitudes towards people with substance use disorders between the general public, GPs, health professionals and clients.

**Speaker:** Jaap van Weeghel

*Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.*

#### Objectives

Substance use disorders are among the most severely stigmatized conditions, however little is known about the nature of these stigmatizing attitudes.

Aims: To assess and compare stigmatising attitudes towards persons with an addiction among different stakeholders: general public, general practitioners (GPs), mental health and addiction specialists, and clients in treatment for substance abuse.

### Method

Cross-sectional study (N=3326) in which stereotypical beliefs, attribution beliefs (e.g. perceptions about controllability and responsibility for having an addiction), social distance and expectations about rehabilitation opportunities for individuals with substance use disorders were assessed and compared between stakeholders.

### Results

Individuals with substance use disorders elicited great social distance across all stakeholders. Stereotypical beliefs were not different between stakeholders whereas attribution beliefs were more diverse. Considering social distance and expectations about rehabilitation opportunities, the general public was most pessimistic, followed by GPs, mental health and addiction specialists, and clients. Stereotypical and attribution beliefs, as well as age, gender and socially desirable answering, were not associated with social distance across all stakeholders.

### Conclusions

The general public and GPs expressed more social distance and were more negative in their expectations about rehabilitation opportunities, compared to mental health and addiction specialists and clients. Although stigmatising attitudes were prevalent across all groups, no striking differences were found between stakeholders.

### Key words

Social stigma, substance-related disorders, social distance, stereotyping, social perception, attribution beliefs

**Other authors:** van Boekel, Leonieke; Brouwers, Evelien; Garretsen, Henk

## **Differential stigmatizing attitudes of healthcare professionals towards psychiatry and patients with mental health problems: something to worry about? A pilot study.**

**Speaker:** Stynke Castelein

*Ph.D., Sociologist, Senior Researcher Lentis Research Department. Groningen. The Netherlands*

### Objectives

Attitudes of healthcare professionals towards psychiatry and patients with mental health problems are important because they may be a determinant of the quality of care given to people with a mental illness. Experiencing stigmatization can seriously undermine the clinical course, quality of life and well-being of people with mental illnesses. This study compares stigmatizing attitudes of different healthcare professionals towards psychiatry and patients with mental health problems.

### Methods

The Mental Illness Clinicians Attitude (MICA) questionnaire is used to assess stigmatizing attitudes in three groups: general practitioners (GPs, n = 55), mental healthcare professionals (MHCs, n = 67) and forensic psychiatric professionals (FPs, n = 53).

### Results

A modest positive attitude towards psychiatry was found in the three groups (n = 176). Significant differences were found on the total MICA-score ( $p < 0.001$ ). GPs scored significantly higher than the FPs and the latter scored significantly higher than the MHCs on all factors of the MICA. Most stigmatizing attitudes were found on professionals' views of health/social care field and mental illness and disclosure. Personal and work experi-

ence did not influence stigmatizing attitudes.

### Conclusions

Although all three groups have a relatively positive attitude using the MICA, there is room for improvement. Bias toward socially acceptable answers cannot be ruled out. Patients' view on stigmatizing attitudes of professionals may be a next step in stigma research in professionals.

### Key words

Stigma, attitudes toward mental illness, healthcare professionals, mental health, MICA

**Other authors:** Gras, Laura; Swart, Marte; Slooff, Cees; van Weeghel, Jaap; Knegeting, Henderikus

## **Disclosure and secrecy about depression in the employment context: Individual and sociocultural factors in relation to disclosure across 16 countries.**

**Speaker:** Sara Evans-Lacko

*Ph.D. Health Policy and Management. Lecturer King's College. Department of Health Service and Management. London. United Kingdom.*

### Objectives

A positive work environment and supportive policies may mitigate the risk and impact of depression among employees; however, many individuals report experiences of, or fear of stigma and discrimination at work which could exacerbate their distress and impede disclosure and help-seeking. This study: (i) examines which individual and country level characteristics are associated with greater likelihood of disclosure of depression to one's employer and one's partner / family; (ii) describes the reported reasons for disclosure / non-disclosure and (iii) investigates the relationship between disclosure of depression and workplace productivity.

### Methods

Employees and managers were recruited from sixteen countries (approximately 1,000 respondents / country) to participate in a survey of depression in the workplace. Two multivariable logistic regression models were used to examine associations between individual characteristics and country contextual characteristics in relation to likelihood of disclosing depression to an employer and to one's partner / family. Next, we investigated the relationship between disclosure and work productivity, taking account of levels of absenteeism (scored in terms of hours lost per month) and presenteeism (scored in terms of ratings of actual performance in relation to possible performance) using multivariable regression.

### Results

Findings will be presented for: (i) prevalence of and characteristics associated with disclosure of depression overall and by country and (ii) the relationship between disclosure and workplace productivity.

### Conclusions

This study highlights the importance of individual, workplace and societal factors associated with disclosure of depression and the variation in levels of and reasons for disclosure across countries. Implications for disclosure and work life will be discussed.

### Key words

Mental illness, employment, disclosure, stigma, help-seeking

**Other authors:** Knapp, Martin

## Randomised controlled trial of a decision aid on disclosure of mental health status to an employer: feasibility and outcomes.

**Speaker:** Claire Henderson

*Ph.D, Psychiatrist. Clinical Senior Lecturer in Psychiatry. Health Service and Population Research Department P029. David Goldberg Centre. King's College London Institute of Psychiatry. Psychology and Neuroscience. London. United Kingdom*

### Objectives

Many mental health service users delay or avoid disclosing their condition to employers due to experience or anticipation of discrimination. However, non-disclosure precludes the ability to request 'reasonable adjustments'. There have been no intervention studies to support decision making about disclosure to an employer. Having developed a decision aid to support decision making about disclosure, we conducted an exploratory randomised controlled trial (RCT) with the following aims: to examine several intermediate outcomes; to determine whether an effectiveness trial is feasible; and to optimise the design of a larger trial of the decision aid.

### Methods

In this exploratory RCT in London, participants were randomly assigned to use of a Decision Aid plus usual care or usual care. Follow up was at three months. Primary outcomes were: (i) stage of decision making; (ii) decisional conflict and (iii) employment related outcomes.

### Results

Eighty participants were recruited. Interventions were completed for 36/40 of the intervention group and 71 participants were followed up. Intention-to-treat analysis showed that reduction in decisional conflict was significantly greater in the intervention group than among controls (mean improvement-22.7 (S.D. 15.2) versus-11.2 (S.D. 18.1),  $p=0.005$ . More of the intervention group than controls were in full time employment at follow-up ( $p=0.03$ ).

### Conclusions

The observed reduction in decisional conflict regarding disclosure has a number of potential benefits which next need to be tested in an effectiveness trial. A number of lessons were learned from the study which will assist with optimising the intervention and the design of a future trial.

### Key words

decision aid, disclosure of illness, employment, randomised controlled trial.

**Other authors:** Brohan, Elaine; Clement, Sarah; Williams, Paul; Lassman, Francesca; Schauman, Oliver; Dockery, Lisa; Farrelly, Simone; Murray, Joanna; Murphy, Caroline; Slade, Mike; Thornicroft, Graham.

## REFLEX: a metacognitive group treatment to improve insight in psychosis and to reduce self-stigma.

**Speaker:** Marieke Pijnenborg

*Ph.D, Health Psychologist. Senior Lecturer at Dept. of Clinical Psychology and Experimental Psychopathology. University of Groningen. Groningen. The Netherlands.*

### Objectives

Many people with schizophrenia (50-80%) demonstrate impaired insight. A number of interventions aiming to improve insight have been proposed and evaluated, for example cognitive behavioral therapy and psycho-education. Results of

these interventions leave room for improvement. Therefore, we proposed a new intervention to improve insight in people with schizophrenia: REFLEX. REFLEX focuses on insight in one's functioning in everyday life and changes in general functioning after psychosis by improving metacognitive acts necessary for insight (self-reflectiveness, idiosyncratic self-certainty) and reducing stigma-sensitivity. The primary objective was to improve insight. By improving insight, we hoped to improve functional outcome and symptoms.

### Method

134 patients diagnosed with schizophrenia with poor insight were included in a multicenter randomized controlled trial. REFLEX was compared to an active control condition consisting of group wise simplified drill and practice cognitive remediation training (CRT).

### Results

Clinical insight improved significantly in the REFLEX condition, but also in the control group. Self-stigma remained stable in both conditions. Self-reflectiveness, idiosyncratic self-certainty did not change during treatment. Improved insight was associated with significantly less depression.

### Conclusions

REFLEX leads to better insight, but this effect was not specific. Given that previous studies have shown that insight usually not improves with treatment as usual, it may be that simplified CRT also stimulates insight. Probably due to our recruitment strategy (i.c. selecting people with impaired insight), baseline self-stigma was already low, which may have left little room for improvement.

### Key words

Insight, schizophrenia, self-stigma, metacognitive training, cognitive remediation

**Other authors:** De Vos, A.; Van der Meer, L.; Bockting, C.; van der Gaag, M.; Aleman, A.

## Symposium: 132. Natural language processing and its potential in the development of research using electronic health records.

Electronic health records (EHRs) provide potentially transformative opportunities to investigate real-word interventions and outcomes in healthcare, as well as to develop, apply and evaluate within-service interventions to improve care. EHRs are increasingly widely applied in mental health services, but their data are limited substantially in scope, because the most important information on interventions, outcomes and context is contained in text rather than structured fields. Natural language processing (NLP) techniques are a fast-developing Computer Science resource and provide a potential solution. This symposium will summarise both the state of the art in terms of methodology, and ways in which NLP has been applied in EHR-based research.

## Overview of natural language processing Methods applied in electronic health records databases.

**Speaker:** David Chandran

*Psychiatrist. King's College London. London. United Kingdom.*

### Objectives

Natural language processing (NLP) is an area of computer science that has had major applicability across a wide range

of fields, including research using Electronic Health Records (EHRs). NLP Methods can be used to identify key features from unstructured text from within records and thus to extract valuable information from the records which would not otherwise be available for analysis.

**Methods**

A range of NLP applications have been developed using GATE Software and the Clinical Record Interactive Search (CRIS) data resource at the South London and Maudsley NHS Foundation Trust (SLaM): an EHR-derived database of deidentified full mental health records. These applications apply a set of rules to text documents to identify key features from them. They can be rapidly run over text fields from CRIS and already extract significant volumes of novel information on routine interventions and outcomes. There are three key different NLP approaches that are currently being used in CRIS: i) machine learning (automated rules), ii) rule based (manually generated rules), and iii) hybrid sequential approaches combining these methodologies.

**Results**

Two applications will be specifically discussed with exemplify the rule-based and hybrid approaches. Using a rules-based approach an application was developed to determine text indicative of a Cognitive Behavioural Therapy (CBT) treatment episode in the EHR. This application was tested over a training dataset of 200 records, achieving precision (positive predictive value) and recall (sensitivity) performances of 0.81 and 0.81 respectively. Using hybrid models an application to determine if a person had suffered a fall was developed. Over a dataset of 305 records precision and recall statistics of 0.93 and 0.81 were attained.

**Conclusions**

NLP applications can be used to acquire novel and important information from EHRs with wide potential clinical applicability from clinical audit and service monitoring to single- and multi-site observational and intervention research.

**Key words**

Natural Language Processing, Electronic Health Records, machine learning, case register, psychotherapy, CBT.

**Developing computerised analysis methods for application to online therapy transcripts.**

**Speaker:** Eleanor Yelland

*Psychologist. University College London. London. United Kingdom.*

**Objectives**

Online written communication has given rise to a vast database of textual information that is being considered for linguistic analysis. This presentation explores computerised analysis of language contained in transcripts from online text-based cognitive behavioural therapy. The aim is to develop appropriate methodology for analysis of online therapy transcripts and to determine whether therapeutic trajectories can be predicted from the language used by patients and therapists.

**Methods**

A combination of Methods is applied to the data, and their performance evaluated. A first phase involves the application of the Linguistic Inquiry and Word Count (LIWC) dictionary to the therapeutic data. This is then built on by applying text mining software I2E (developed by Linguamatics Ltd.). Natural language processing techniques are applied to search strategies to extract emotion as defined in the LIWC but in a more sensitive

and context-dependent way. The predictive value of the linguistic measures extracted is then assessed through the development of multivariable mixed-effects models. A second phase of the project involves the development of a 'dictionary' specifically for this form of therapy, which will then be used as the basis of further text mining queries. This relies on the extraction of patterns of one or multiple-word phrases, and groups of phrases that vary across treatment sessions.

**Results**

Preliminary results suggest that a selection of the linguistic measures extracted based on LIWC measures are significantly predictive of outcome but the variance explained by these is small and a clinically useful model would require further development. The second part of the project is underway and aims to determine alternative linguistic measures to include.

**Conclusions**

The current linguistic variables are significant indicators of therapy outcomes for people with depression and anxiety but more powerful measures are necessary for a predictive model to be clinically useful. New linguistic measures are in the process of being developed and will be reported.

**Key words**

Text mining, LIWC, Linguistic analysis, online therapy, psychotherapy, CBT.

**Other authors:** Rumana; Milward, David; Hayes, Ann; Pavlou, Menelaos; King, Michael.

**Predictors of long-term antipsychotic polypharmacy prescribing in clinical settings.**

**Speaker:** Giouliana Kadra

*Department of Psychological Medicine. King's College London. London. United Kingdom.*

**Objectives**

Antipsychotic prescription information is commonly derived from structured fields in clinical health records. However, utilising diverse and comprehensive sources of information is especially important when investigating less frequent patterns of medication prescribing such as antipsychotic polypharmacy (APP). This study used a novel algorithm for extracting APP data from electronic health records (EHRs) to examine predictors of long-term APP in clinical settings.

**Methods**

Using anonymised EHRs, we identified a cohort of patients with severe mental illness (SMI) who were treated by South London and Maudsley NHS Foundation Trust (SLaM) mental health services between 1 January and 30 June 2012. Information about antipsychotic co-prescribing was extracted using a combination of natural language processing and a bespoke algorithm. In addition to estimating the prevalence and patterns of antipsychotic polypharmacy, we built multivariate logistic regression models to investigate the associations between socio-demographic, socioeconomic, clinical, service use factors and the initiation of subsequently long-term APP prescribing.

**Results**

We identified 7201 adults with SMI, receiving care from SLaM services in the observation period. In total, 338 (4.7%) were identified as receiving long-term APP and 120 (1.7%) that were newly initiated on long-term APP. After adjusting for multiple confounders, service use, age and socioeconomic deprivation

remained significant predictors of long-term APP initiation. In contrast, clinical factors (e.g. Health of the Nation Outcome Scale scores) were not associated with a risk for APP in our sample.

### Conclusions

We were able to develop what we believe to be a potentially practical tool for identifying polypharmacy from mental health EHRs on a large scale. Our findings further indicate that there are factors such as prior service use that may play a key role in guiding decision-making around antipsychotic prescribing.

### Key words

Antipsychotic, polypharmacy, natural language processing, pharmacology, schizophrenia, schizoaffective disorder, bipolar disorder.

**Other authors:** Hayes, Richard.

## **The effect of clozapine on premature mortality: an assessment of clinical monitoring and other potential confounders.**

**Speaker:** Richard Hayes.

*King's College London (Institute of Psychiatry). London. United Kingdom.*

### Objectives

Clozapine can cause severe adverse effects, yet is associated with reduced mortality risk. We tested the hypothesis this association is due to increased clinical monitoring and investigated risk of premature mortality from natural causes.

### Methods

We identified 14,754 individuals (879 deaths) with severe mental illness (SMI; including schizophrenia, schizoaffective and bipolar disorders) aged  $\geq 15$  years in a large specialist mental healthcare case register linked to national mortality tracing. Information on clozapine use was derived through data linkages to dispensing records and applied natural language processing. In this historic cohort, we modelled the effect of clozapine on mortality over a 5-year period (2007–2011) using Cox regression.

### Results

Individuals prescribed clozapine had more severe psychopathology and poorer functional status. Many of the exposures associated with clozapine use were themselves risk factors for increased mortality. However, we identified a strong association between being prescribed clozapine and lower mortality which persisted after controlling for a broad range of potential confounders including clinical monitoring and markers of disease severity (adjusted hazard ratio 0.4; 95% CI 0.2–0.7;  $p = .001$ ). This association remained after restricting the sample to those with a diagnosis of schizophrenia or those taking antipsychotics; after using propensity scores to reduce the impact of confounding by indication and after addressing potential 'immortal time bias'. Among individuals with SMI, those prescribed clozapine had a reduced risk of mortality due to both natural and unnatural causes.

### Conclusions

We found no evidence to indicate that lower mortality associated with clozapine in SMI was due to increased clinical monitoring or confounding factors. This is the first study to report an association between clozapine and reduced risk of mortality from natural causes.

### Key words

Clozapine, mortality, clinician contact, schizophrenia, schizoaffective disorder, bipolar disorder, natural language processing

**Other authors:** Downs, Johnny; Chang, Chin-Kuo; Jackson, Richard G.; Shetty, Hitesh; Broadbent, Matthew; Hotopf, Matthew; Stewart, Robert.

## **Symposium: 133. Human Rights in Mental Health Care: actual implications for policy and practice.**

Recently, for the first time in history persons with psychosocial disabilities have been explicitly included into the UN-Convention on the Rights of Persons with Disabilities (CRPD). The unprecedented support for the treaty gives renewed impetus to longstanding demands of the disability movement: removal of barriers, acknowledgement, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life. Essential changes through non-discrimination laws concern key areas, including employment, housing, education, health, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. The successful use of the opportunities of the CRPD for the advancement of social and community psychiatry are dependent on a viable understanding of the concept within the mental health community as well as updated expertise concerning specific areas and tools of implementation.

This symposium will present data and observations on topics pertinent to the current efforts towards implementation of the CRPD in mental health care in different contexts and countries. Claire Henderson from the UK will set the scene for the topic of self-determination with her content analysis of the data of the two main large randomized trials on joint crisis plans (JCP). Martin Zinkler will follow with unique observations from a one year long legal void in Germany with regard to forced medications in statutory hospital services. Stelios Stylianidis will address another core human rights topic with first results from a current project promoting access to care for depression for the citizens of Greece and involving persons with a lived experience with mental health problems on all levels. Galia Moran's presentation will follow up on the focus of participation and empowerment processes with her data on the role of peer providers in mental health services. Finally, Pamela Grandón Fernández will highlight the conflicts around a human rights-based approach and the evolving standards and practices of mental health care in Chile.

## **Self-Determination: Data on advance treatment refusals and preferences for care from two trials of the Joint Crisis Plan.**

**Speaker:** Claire Henderson

*Clinical Senior Lecturer in Psychiatry. Health Service and Population Research Department. King's College London Institute of Psychiatry, Psychology and Neuroscience. London. United Kingdom.*

### Objectives

Research in the UK on advance statements has focussed mainly on the joint crisis plan (JCP). This allows service users to make an advance agreement with mental health professionals, but also to specify advance refusals of treatment as covered by the Mental Capacity Act. The Objectives of this presentation are to summarise the requests and refusals made by service users who took part in either the CRIMSON RCT of JCPs for people with psychosis, or the JOSHUA trial of JCPs for people with borderline personality disorder.

### Methods

A content analysis was undertaken of all JCPs produced during

the course of each trial.

**Results**

Among the CRIMSON trial participants, two major categories of preferences were identified: firstly the manner in which crisis care would be delivered; and secondly, specific treatment interventions. Most service users requested full involvement in decisions about their care, clear and consistent treatment plans, access to familiar clinicians who knew them well, and to be treated with respect and compassion. Some service users requested hospitalisation, but the majority preferred alternatives. The most frequently preferred intervention was care by a home treatment team. Just under half made a treatment refusal, the majority being for specific medications; alternatives were offered. In comparison, very few treatment refusals were noted on treatment plans (2.4%); further, qualitative interviews with participants and clinicians suggested JCP content may not be consistently honoured.

Among JOSHUA trial participants, key themes included the desire to be treated with dignity and respect and to receive emotional and practical support from clinicians. Many participants spoke of the importance of connecting with others during periods of crisis, but several reported a clear desire to be left alone during a crisis. Thirty-seven participants (90%) included at least one specific refusal regarding treatment during future crises. Preferences regarding medication and involuntary treatment were the two most common refusals.

**Conclusions**

JCPs provide service users with an opportunity to state preferences and refusals which generally otherwise go unrecorded. However, given the problems in the implementation of JCPs, it is likely that many service users continue to lack support in exercising their rights in this way.

**Key words**

Crisis care; treatment plan; advance refusal; content analysis.

**Mental health care without enforced medication.**

**Speaker:** Martin Zinkler

Chief Physician. Clinic of Psychiatry, Psychotherapy and Psychosomatics. Heidenheim. Germany.

**Objectives**

In 2011, Germany's Federal Constitutional Court ruled that the legal regulations governing enforced medication were in violation of constitutional rights. New legislation was passed, but it took more than a year for the amended law to take effect. As a result, psychiatric hospitals in Germany for more than a year were left without a legal provision to provide treatment against the declared will of an individual in all but life-threatening emergencies.

**Methods**

The observations made in a regional mental health service during this unique legal void will be described.

**Results**

Abandonment of enforced medication enables mental health services to engage with service users in a nonviolent way and provides a basis for mutual understanding and respect.

**Conclusions**

Suggestions will be made to develop mental health care to comply with human rights.  
Ref. Zinkler M, Kousse mou JM. Human Rights in mental health

care- The scope for renouncing compulsion and violence. *Recht & Psychiatrie* (2014) 32: 142-147

**Key words**

enforced medication, compulsion, violence, mental health, human rights

**Access to Care: Pilot program of self-help groups against depression within the economic crisis: data and perspectives.**

**Speaker:** Stelios Stylianidis

Association for Regional Development and Mental Health (EPAPSY). Athens. Greece.

**Objectives**

Association for Regional Development and Mental Health (EPAPSY), which is the biggest NGO in the mental health sector in Greece, in collaboration with the association of Users dealing with mood disorders (MAZI), the psychiatric center of Nordland Hospital Trust (Bodo, Norway), the laboratory of research of public health institution Maison Blanche (Paris), Orthodox Church and the local authorities have started to implement a project entitled "We are all citizens: Citizens against Depression".

**Methods**

This project is funded by Bodossaki foundation with the support of the EEA governments and is designed for a period of two years (2014-2016). Its main objective is to train two groups: a) 30 mental health professionals in clinical approach and techniques used in brief group psychotherapies (12 sessions) for people suffering from mood disorders b)100 users suffering from mood disorders as co-ordinators of self help groups of 15 persons. It will be implemented in 4 municipalities of Athens metropolitan area and 6 islands of Cyclades which have inadequate resources for mental health care. The visibility of the program will be ensured with the support of mass media and social media in national and local level.

**Results**

In this intervention we will present the Objectives , the process of implementation, the methodology, the expected data and results available by then and the evaluation of the project.

**Conclusions**

The philosophy of this project aims to promote a new paradigm in the field of mental health and put in question the biomedical model with the involvement of users in the design, the training, the evaluation and dissemination of actions and in care provision. The implementation of this program in national level is expected to reduce mental health gap of depression prevalence, function as a tool of empowerment and recovery for mental health service users and ensure access to mental health care.

**Key words**

depression, self help, empowerment, socioeconomic crisis, access to care, recovery

**Peer providers: empowerment through participation in mental health services**

**Speaker:** Galia S. Moran

Department of Social Work. Faculty of Humanities and Social Sciences. Ben-Gurion University of the Negev. Israel.

**Objectives**

The UN convention of human rights for people with disabilities highlights participation of users at all levels: the person, pro-

gram and system. A growing presence of users in mental health services are peer providers.

**Objectives** To understand how peer participation in mental health workforce empowers the person and what challenges exist.

**Methods**

31 in-depth interviews regarding experiences of working as peer providers, were collected and analyzed using grounded theory approach.

**Results**

As peer providers individuals gain opportunity to serve as change agents, which bears positive contribution to their recovery, in terms of empowerment and enhanced self esteem. The work also involves challenges such as dealing with professionals' negative approach, poor work conditions and insufficient training.

**Conclusions**

Peer workers in mental health are powerful roles with a promise for personal empowerment in tandem with being system change agents. However challenges mentioned must be addressed seriously, to allow this important initiative.

**Key words**

Peer providers, user participation, empowerment, system-challenge, change agent.

**Standards and Practices of Mental Health in Chile: Conflicts in the Exercise of Rights.**

**Speaker:** Pamela Grandón Fernández

*Department of Psychiatry and Mental Health. Faculty of Medicine. University of Concepcion. Chile.*

**Objectives**

During the last decade, there has been an important increase in health strategies introduced to the community of caretakers that look after people with a serious psychiatric diagnosis in Chile. In this context, laws, regulations and technical guidelines have been developed to help guide the work of mental health teams. However, these standards don't always consider the user's as subjects with rights even though they encourage the respect of those who use them.

**Methods**

The objective of this research work was to determine how the rights of the users' are conceptualized and put into practice in the official documentation and in recent research conducted in the mental health field, particularly those based on the principles of participation and autonomy. All of the health standards in the mental health and the evaluation studies about mental health services carried out in the last 5 years were identified. Documents and research that considered participation and autonomy as part of the standard or results were selected. Also, how these principles were understood and encouraged in the standard and daily practice of mental health services were analyzed.

**Results**

5 official documents and 3 investigations were analyzed. The health standards consider the user's participation fundamental on the informative and advisory levels. In respect to autonomy, although it is encouraged, it appears to be a "controlled" independence, that is to say that it is the health care system that establishes the limits of free choice. Finally, in the research it is

observed that in the health services, participation and autonomy are restricted, and in some cases, non-existent.

**Conclusions**

People with a serious psychiatric diagnosis are perceived as incapacitated which limits their possibilities of choice and participation in their treatment. In this context, participation and autonomy are instrumentalized by the health services; hence they facilitate the Objectives of the institution before satisfying the needs of the user's. It seems that the stigma that weighs on those who present these difficulties permeates the official standards and practices which limits the rights of the subjects.

**Key words**

autonomy, participation, standards, services of mental health, rights, Chile

**Symposium: 134. Illness, identity and help-seeking: new approaches to stigma research.**

This symposium brings together new perspectives on the stigma of mental illness, centered around questions of identity, self-image and help-seeking that highlight current debates in the field of mental illness. The first three talks (Evans-Lacko, Gronholm, Sikorski) target questions of individual identity and mental illness – from self-identifying as mentally ill and disclosure to the adverse consequences of obesity on self-esteem. The fourth talk (Mojtabai) links personal attitudes to help-seeking for mental illness. The two final talks focus on conceptual questions and highlight current controversies about the identity of mental disorders, looking at alternative, less stigmatizing denominators for schizophrenia, and at the question of whether a continuity-model of mental distress could de-stigmatize mental illness.

**Identity and mental illness among young people, validation of a new measure.**

**Speaker:** Sara Evans-Lacko

*Ph.D. Health Policy and Management. Lecturer King's College. Department of Health Service and Management. London. United Kingdom.*

**Objectives**

Previous research has shown that self-identification as being mentally ill among a non-clinical sample of adults was associated with subsequent help-seeking behaviour. Symptoms of mental illnesses often begin during adolescence; however, little is known about how young people perceive their own identity in relation to having a mental illness alongside the development of such symptoms. This study presents the validation of a new measure: Self-identification as mentally ill scale (SELF-I) among young people.

**Methods**

The original self-identification scale which was used in adults was adapted for young people based on qualitative feedback from a young person advisory group who had experience of mental illness. The scale was administered to members of an enriched community cohort (including a greater than average proportion of young people experiencing or at risk of developing mental illness) in Greater London (n=200) and a similar cohort of young people in Brazil (n=150).

**Results**

Internal reliability and test-retest reliability will be described. Valid-

ity is supported by extensive review by experts (including a young person advisory group who had experience of mental illness).

**Conclusions**

The SELF-I represents a unique way to investigate perceptions of mental illness and self-identity among young people who do not yet use clinical services. It was found to be a brief and feasible instrument. Future research should investigate the stability of self-perceptions over time in relation to the development of mental illness and how this related to help-seeking among young people.

**Key words**

Stigma, mental illness, help-seeking, measurement, scale, adolescents.

**Under what conditions do young people disclose their difficulties? Subjective experiences of young people at risk of developing psychiatric disorder.**

**Speaker:** Petra Gronholm

*PhD Student. Institute of Psychiatry, Psychology & Neuroscience (IoPPN). King's College London. United Kingdom.*

**Objectives**

Stigma and discrimination are proposed as critical factors contributing to the underuse of mental health services amongst young people, however these influences remain understudied. Existing research on stigma experienced by young people has focused on individuals in contact with mental health services or with a psychiatric diagnosis. Using a community sample, this study investigates subjective accounts of stigma during the early stages of mental health difficulties with regards to how disclosure and coping are considered, and how help-seeking is approached.

**Methods**

In-depth semi-structured individual interviews were conducted with young people from a Greater London, UK, community cohort. Purposive sampling criteria were used to recruit participants who reported early psychopathology of a persisting nature (emotional and/or behavioural difficulties at a clinical level, and psychotic-like symptoms), thus representing young people at-risk of developing psychiatric disorder. 29 young people aged 12-18 years took part in the study. Thematic analysis was used to analyse the interview data.

**Results**

Young people generally involved others (e.g. family, close friends; also formal service providers) in the process of coping with their difficulties. However, this was done under specific conditions. Core thoughts and processes underpinning this "conditional disclosure" described who young people disclosed to, and why and how this disclosure was often restricted.

**Conclusions**

"Conditional disclosure" is central to how young people cope with their difficulties. Often stigma-related concerns in particular contributed to restricted disclosure, in this way delaying young people's initial help-seeking when difficulties emerge.

**Key words**

Young people, help-seeking, early intervention, stigma, barriers to care, qualitative research.

**Other authors:** Laurens, Kristin R.; Thornicroft, Graham; Evans-Lacko, Sara.

**Is it time to consign schizophrenia to history ? The pros and cons of renaming a controversial (and stigmatizing) diagnostic label.**

**Speaker:** Antonio Lasalvia.

*Section of Psychiatry, Department of Public Health and Community Medicine, University of Verona and Azienda Ospedaliera Universitaria Integrata Verona. Italy.*

**Objectives**

The term schizophrenia is being increasingly contested by researchers, clinicians, patients and family members. In recent years both mental health users and professionals around the world have started calling for the change of the schizophrenia name because it is stigmatizing and linked to an image of an incurable illness (which is not true) and thus harmful. This paper aims to review the literature published so far on the issue of renaming schizophrenia, in order to facilitate the examination to carefully weigh the pros and cons of the proposed changes.

**Methods**

The debate on renaming schizophrenia was prompted by the decision of the Japanese Society of Psychiatry and Neurology in 2002 to change the name from "mind-split-disease" to "integration dysregulation syndrome". Forty seven papers have been published so far, encompassing editorials, research papers, commentaries to editorials, letters, forum papers and narrative reviews.

**Results**

From the reviewed literature it seems that the advantages of renaming schizophrenia far outweigh the disadvantages. The main advantages for the name change are the reduction of both public and self- stigma and the easing of clinician-patient-family communication. The most conservative option for renaming schizophrenia would be the use of eponyms, since they are neutral and avoid connotations.

**Conclusions**

Renaming schizophrenia is not just a matter of semantics, it is rather an attempt to change the iatrogenic stigma caused by the use of stigma-inducing term. This change will however not be useful unless accompanied by parallel changes in legislation, services and education of professionals and of the public.

**Key words**

Schizophrenia, stigma, renaming, diagnosis, concept

**Other authors:** Penta, Elena; Sartorius, Norman; Henderson, Scott

**Attitudes toward mental health help-seeking as predictors of future help-seeking and use of mental health services.**

**Speaker:** Ramin Mojtabai.

*Professor. Johns Hopkins Bloomberg School of Public Health. Baltimore, Maryland. United States.*

**Objectives**

The study sought to examine the association of attitudes toward mental health help-seeking and beliefs about the effectiveness of mental health treatments with future mental health help-seeking behavior and use of services.

**Methods**

Data on attitudes and beliefs were from the US National Comorbidity Survey (NCS), a survey of general population conducted in 1990-1992. Mental health help-seeking was examined in Na-

tional Comorbidity Survey–Follow-up (NCS-2), which in 2001-2003 re-interviewed 5,001 of the original NCS participants. The outcomes of interest were treatment seeking from mental health, general medical and other professionals, use of psychiatric medications and use of psychological counseling/therapy. Analyses adjusted for socio-demographic characteristics, mental/substance disorders and help-seeking at baseline (NCS) and mental/substance disorders during the follow-up.

**Results**

Willingness to seek professional help if experiencing serious emotional problems and feeling comfortable talking about personal problems with a professional were both significantly associated with professional help-seeking, use of psychiatric medications and use of counseling/therapy (all  $p < .01$ ). A third (33.4%) of participants who at baseline said that they would “definitely go” to see a professional if they had a serious emotional problem reported professional help-seeking over the follow-up period, compared to 20.7% of those who said they would “definitely not go”. Similarly 33.4% of those who reported being very comfortable talking about personal problems with a professional reported help-seeking compared to 24.4% of those who reported being “not at all comfortable”. These associations were consistent among participants with and without a history of help-seeking at baseline. Surprisingly, feeling embarrassed if friends knew about help-seeking and beliefs about effectiveness of treatments were not associated with future help-seeking or use of services.

**Conclusions**

Attitudes and beliefs about mental health help-seeking are not uniformly associated with future help-seeking behavior and use of services. Whereas, feeling comfortable talking to a professional about mental health issues and willingness to do so are associated with future help-seeking, expected benefits of treatment and expected stigma associated with it are not. These findings can potentially inform future public and media campaigns aimed at increasing mental health help-seeking by identifying attitudinal factors most closely linked to future help-seeking behavior.

**Key words**

Help-seeking; help-seeking attitudes; mental health service use; mental health services; barriers to care; general population survey.

**Can messages on the mental health-mental illness continuum change attitudes towards persons with mental illness? Results from an online intervention study.**

**Speaker:** Georg Schomerus.

*Department of Psychiatry, University of Greifswald. Stralsund. Germany.*

**Objectives**

Cross-sectional studies have shown that continuity beliefs are associated with less negative stereotypes and lower desire for social distance from persons with schizophrenia and depression. We examine whether an online intervention can change these attitudes in a sample from the general population.

**Method**

A representative quota sample of the German population (n=1680) randomly received information on the mental health-mental illness continuum, or a control intervention informing about a strict dichotomy of mental health and mental illness, or no information. Participants then completed a survey about attitudes towards a person with either depression or schizo-

phrenia, including continuity beliefs, belief in a fundamental difference of the person, social distance, blame, and perceived dangerousness

**Results**

We report how continuity beliefs were related to stigmatizing attitudes, and how the intervention affected beliefs and attitudes.

**Conclusions**

We discuss how continuity messages could enhance anti-stigma campaigns, but also challenge traditional ways of informing the public about mental illness.

**Key words**

Stigma; continuum beliefs; population survey; online intervention study.

**Other authors:** Angermeyer, Matthias C.; Stolzenburg, Susanne; Baumeister, Sebastian E.; Link, Bruce G.; Phelan, Jo C.

**Weight Stigma “gets under the skin” – evidence for an adapted psychological mediation framework – a systematic review.**

**Speaker:** Claudia Sikorski.

*Integrated Research and Treatment Center AdiposityDiseases, University of Leipzig; Institute of Social Medicine, Occupational Health and Public Health. University of Leipzig. Leipzig. Germany.*

**Objectives**

Background/Objective: Research consistently shows a negative view of individuals with obesity in the general public and in various other settings. Stigma and discrimination can be considered a chronic stressor as these factors have a profound impact on the psychological well-being of the affected individuals. This article proposes a framework that entails a mediation of the adverse effects of discrimination and stigmatization on mental well-being through elevated psychological risk factors that are not unique to weight but that could affect overweight and normal weight individuals alike.

**Method**

A systematic review was conducted to assess the prevalence of psychological risk factors, such as self-esteem and coping, in individuals with obesity.

**Results**

46 articles were assessed and included for detailed analysis. The number of studies on these topics is limited to certain dimensions of psychological processes. The best evaluated association of obesity and psychosocial aspects is seen for self-esteem. Most studies establish a negative association of weight and self-esteem in children and adults. All studies with mediation analysis find a positive mediation through psychological risk factors on mental health outcomes.

**Conclusions**

This review shows that elevated psychological risk factors are existent in individuals with obesity and that they may be a mediator between weight discrimination and pathopsychological outcomes.

**Key words**

Stigma, obesity, depression, psychiatric disorders.

**Other authors:** Luppá, Melanie; Luck, Tobias; Riedel-Heller, Steffi G.

## Symposium: 136. Transferring the Knowledge From Research to Practice: The Canadian Experience.

In this symposium we will present 4 case examples of how to successfully translate research evidence into mental health services and practice –from research to clinical implementation. Each presentation will describe the unique knowledge translation (KT) strategy used, in a Canadian context, to move research evidence into practice and policy. This first presentation will report on a 5-year initiative to integrate best practices in psychosocial rehabilitation into the field using communication and technologies, training and networking. The second presentation will focus on an innovative KT cross training program launched to address issues of poor coordination and integration of services for persons with concurrent disorders. The final 2 presentations will focus on moving the research evidence from a pan Canadian study on homelessness and mental illness into the field. The creation of an on line interactive Canadian Housing First Tool Kit available to anyone interested in starting a Housing First program and the multi-pronged KT approach used in this research demonstration project to successfully engage service users, clinicians, policy makers and researchers to implement changes in mental health services for the homeless will be presented.

This symposium is timely because translating research evidence into mental health practice remains an enormous challenge. As researchers we are acutely aware that the gap between publishing research findings and translating the new knowledge generated into practice is over 10 years. This symposium will offer participants the unique opportunity to learn about the different strategies used to successfully reduce the knowledge to practice gap.

## Promoting the Use of Evidence Based Rehabilitation Practices in Mental Health Services in Quebec: Five Years of Networking and Partnership.

**Speaker:** Catherine Briand

*Associate Professor and Researcher. School of Rehabilitation, University of Montreal, Montreal, Quebec; Montreal Mental Health University Institute, Montreal, Quebec. Canada.*

### Objectives

Health systems are attempting to meet the challenge raised by the non-optimal use of research data and its integration into health practices. In this presentation we will present the results of five years of networking and partnership efforts with mental health services providers in Quebec. The goal of this initiative was to support the implementation of evidence based rehabilitation practices in adult mental health system. More specifically, this presentation we will present a national project for training and monitoring to support the deployment and the best use of evidence based rehabilitation practices in the community mental health teams.

### Method

A five year research program and partnership projects allowed us to identify priorities for action and knowledge translation (KT) needs for adult mental health services in Quebec. In response, two well known Quebec centers involved in KT for several years, CERRIS and CNESM, have joined their respective expertise to develop joint KT activities. These information and technologies activities include; a literature synthesis, position papers, online exchanges/networking, online training, monitoring assessment,

blog discussions, etc. will be offered, in a personalized way to practitioners/ managers/clinical coordinators involved in community mental health teams from 12 local network of services over a three year period. A total of 800-900 persons are involved in Quebec in the implementation of these community services (95 local network of services). For this 3 year project, we plan to engage a first group of 200 different stakeholders.

### Results

Planned KT activities will address the following priorities for action: recovery-oriented practices, practices external to the mental health system provided directly into the community, supported employment, intervention plans that promote the strengths and choice of people, peer support, involvement of families and friends, ending episodic care and ensuring the continuity of services, and outreach to youth.

### Conclusions

This partnership project will result in increased knowledge, better mechanisms for training and networking using the technologies and to provide practical support for upgrading rehabilitation practices.

### Key words

Knowledge transfer; Evidence based practices; Information and communication technology; Networking; Mental health system; Community mental health teams.

**Other authors:** Desrochers, Julie; Gilbert, Michel.

## Impact of a Cross-Training Program for Concurrent Mental Health and Substance Use Disorders.

**Speaker:** Michel Perreault

*Researcher, Douglas Institute. Associate Professor, Department of Psychiatry, McGill University. Affiliated Professor, Department of Psychology, Université du Québec à Montréal. Canada.*

### Objectives

The evaluation of services for persons with concurrent disorders has brought to light various obstacles, particularly the fact that services are fragmented for this population. In order to improve service integration for these individuals, the cross-training program for concurrent mental health and substance use disorders was initiated in 2002 in Montreal (Canada). This knowledge translation program aims to support service continuity through two main networking activities: exchange sessions (one-day sessions including conferences, case discussions and panels) and personnel exchanges (day-long observational visits) involving partner organizations. The impact of the program and the integration of services offered for dual diagnosis clients were evaluated in three Quebec regions (Montreal, Mauricie and Outaouais) by documenting the participation of service networks involved in the prevention and treatment of this clientele and the use of different or new network services.

### Methods

Evaluation questionnaires were distributed to all participants of the cross-training program from 2010-2013. During this period, 1728 participants took part in an exchange session, with 1013 responding to the evaluation questionnaire (58.6%), and 29 personnel exchanges took place, with 17 participants responding to the evaluation questionnaire (58.6%). Questionnaires contained information on participants' general appreciation of the program, what could be improved, and the overall organizational impact on their work practice.

**Results**

From 2010-2013, a total of 1757 participants took part in the cross-training activities from seven different categories of networks: addiction (26.3%), mental health (22.8%), general hospital/HSSC (14.7%), public security (12.5%), public health/youth centre/schools (7.6%), universities (2.2%) and other organizations (13.8%). The majority of respondents who took part in an exchange session reported contacting new resources in their work as a result of the activity either once (34.7%) or multiple times (48.1%), and being able to refer their clients to new resources either once (31.5%) or several times (47.7%). For the personnel exchanges, all respondents reported that they had learned valuable information about their host organization to better refer their clients.

**Conclusions**

This program helps to optimize the use of available services for problems faced by dual diagnosis clients and helps participants to learn about and understand the many different organizations involved in the treatment of this clientele.

**Key words**

Cross-training, dual diagnosis, concurrent disorders, mental health, substance use, service integration

**Other authors:** Perreault, Nicole; Milton, Diana; Tion, Michaël Sam; Ménard, Jean-Marc; Gagné, Jean; Archambault, Léonie; L'Espérance, Nadia; Touré, El Hadj

**Moving the Knowledge Into Practice: Development of a Housing First Toolkit in Canada.**

**Speaker:** Myra Piat

*PhD., Researcher. Douglas Mental Health University Institute. Assistant Professor. McGill University Department of Psychiatry, Social Work. Montreal, Quebec. Canada.*

**Objectives**

Background In 2008 the Canadian government allocated \$110 million to implement the At Home/Chez Soi research demonstration project in 5 Canadian cities. This study is the largest randomized clinical trial on Housing First (HF) in the world. Findings emanating from this study provide evidence about what services and systems best help people experiencing serious mental health issues and homelessness. Given the evidence-based research findings, there was a moral imperative to translate the research findings into mental health practice.

**Method**

As part of the knowledge translation strategy the Mental Health Commission of Canada (MHCC) funded the creation of a Canadian Housing First Tool Kit an on line interactive resource available to anyone interested in starting a Housing First program. The Housing First Toolkit is a concrete example of embracing research evidence and experiential knowledge gained and moving into the hands of people who could use it- into the practice/service domain.

**Results**

The Housing First Toolkit uses information technology to assist organizations to plan, implement, evaluate, and sustain a Housing First program. The Housing First Toolkit is now being used by many organizations to develop new Housing First programs in local communities across Canada. In this presentation we will describe how the Housing First Toolkit is being used and adapted to local contexts to develop Housing First programs.

**Conclusions**

Moving research evidence into practice remains a huge challenge. The creation of the Canadian Housing First Toolkit is an excellent example of how to successfully translate research findings into best practices in mental health practice milieus.

**Key words**

Knowledge translation, evidence, Housing First, homelessness, mental health

**Other authors:** Polvere, Lauren; Mcleod, Tim; Macnaughton, Eric; Nelson, Geoff; Paula Goering

**Connecting the Dots: Lessons Learned at the Toronto Site of the At Home Chez Soi Project.**

**Speaker:** Myra Piat

*PhD., Researcher. Douglas Mental Health University Institute. Assistant Professor. McGill University Department of Psychiatry, Social Work. Montreal, Quebec. Canada.*

**Objectives**

At Home/Chez Soi, the largest study of Housing First worldwide, used an integrated knowledge translation approach to support implementation, sustainability and spread of an evidence based intervention in diverse practice and policy contexts, including an ethno-racially diverse urban centre.

**Methods**

Document review, individual interview and focus group data are examined to describe the experience of planning, implementing, sustaining and disseminating Housing First at the Toronto site of the At Home Project, including a Housing First adaptation for ethno-racial minority groups.

**Results**

Meaningful inclusion of consumers in service provision and research remains challenging. Several factors in organizational contexts and the policy environment facilitate stakeholder engagement, including adaptive leadership and early involvement. Successful implementation and dissemination of complex interventions benefits from opportunities for training and technical assistance, including support from expert clinicians, communities of practice, and fidelity tools to ensure adequate implementation and prevent program drift over time. End of grant knowledge translation efforts addressing all audiences can effectively complement earlier efforts and maximize impact.

**Conclusions**

Translating research finding and lessons learned in practice to diverse audiences and stakeholders requires a multi-prong approach that engages service users, clinicians, policy makers and researchers throughout program planning, implementation, evaluation, dissemination and sustainability efforts.

**Key words**

Integrated Knowledge Translation; Communities of Practice; Training and Technical Assistance; Fidelity Assessments.

**Other authors:** Stergiopoulos, Vicky.

**Symposium: 137. European Innovative Programs for People with Severe Mental Illness.**

According to the WHO directives severe mental illness (SMI) should be predominantly managed by mental health services in the community both for acute and long-term conditions. Due

to high burden of disease, rehabilitation and recovery interventions have proved to be effective and should be developed. This symposium will describe innovative research on mental health programs for people with severe mental illness carried out in Southern European countries. The presentations will include the description of a new program to provide mental health care to homeless mentally ill in Spain; the final results of a RCT using a training intervention for the staff of residential units for people with longer term SMI in Portugal; an intervention for people with SMI developed on the basis of Evidence-Based CB Therapies and users' empowerment principles in Naples, Italy; and the assessment of the effectiveness of an intervention using the case management model by a community mental health team in Lisbon, Portugal. At the end of this symposium participants will have been updated on new programs for better management of SMI in the community using models of assertive outreach, case management, rehabilitation, and recovery.

**A Innovative Program In Madrid for the Homeless Mentally Ill.**

**Speaker:** María Fe Bravo Ortiz

*Psychiatrist. Head of the Department of Mental Health. Hospital Universitario La Paz (HULP). Madrid. Spain.*

**Objectives**

The problem of the homeless mentally ill (HMI) in the city of Madrid was noted by the SMES Madrid Group in 2001 with a "Proposal for Coordinated Action". In June 2003, the Regional Office of Mental Health launched the Psychiatric Care Program for HMI (ECASAM), with professionals of Hospital Clinico San Carlos, Hospital La Paz and Social Services (2 psychiatrists, 4 MH Nurses, 3 Social Workers, 1 Psychologist and 5 Social Educators). Target population: the homeless with Severe Mental Illness, rough sleeping or in shelter without MH care. Objectives Engagement. Assessment and diagnosis. Psychiatric treatment and monitoring. Rehabilitation and reintegration in standard resources. Health and social resources coordination. Professional training.

**Methods**

Theoretical models of intervention are enrolled within the conceptual framework of community psychiatry; in particular: outreach assertive, rehabilitation, recovery, continuity of care and networking.

**Results**

During these 11 years the team have attended 633 cases (66% schizophrenia, 18% paranoid disorder), with 316 discharges, 47 missing, 16 dead; and 254 in follow up.

**Conclusions**

The experience of these 11 years has changed significantly the work with HMI in the city of Madrid. It has served as a reference for the implementation of similar programs in Spain (Malaga, Gran Canaria, Bilbao, Murcia, Barcelona...) and has been presented at many professional training forums. It has kept the exchange project collaboration with SMES Europe, participating in its seminars. And it has been included in training programs for residents of Psychiatry, Clinical Psychology and MH Nursing.

**Key words**

Homeless mentally ill, outreach assertive, rehabilitation, recovery, continuity of care and networking.

**Other authors:** Medina, Elena; Fernández García-Andrade, Rafael; Reneses, Blanca; Brizuela, Roberto; Martin, Fernando; Darder, Maria

Jose; Vazquez, Maria.

**Effectiveness of a training intervention to promote quality of care in residential facilities for the long-term mentally ill - the PromQual study.**

**Speaker:** Graça Cardoso

*Professor. CEDOC and Department of Mental Health. NOVA Medical School, New University of Lisbon. Lisboa. Portugal.*

**Objectives**

In most European countries mental health has shifted from large hospitals to the community. This RCT study aimed at assessing the effectiveness of a staff training intervention to improve quality of care, living conditions, and rehabilitation of people in long-term psychiatric and social institutions.

**Methods**

Twenty-three middle- and high-support units in Portugal were assessed with the Quality Instrument for Rehabilitative Care (QuIRC) filled online by the manager, and with the Service User Interview Schedule and the Time User Diary (TUD) for level of activity in a random sample of users. The intervention group units (n=12) received workshops and a four-week hands-on training of the staff versus usual training in the control group (n=11). All units and users were reassessed at 4 (FU4) and 8-months (FU8). The staff knowledge gained during the workshops was assessed using pre- post-test. Generalized linear mixed effects models were used.

**Results**

The residential units were mainly in the community (n=17, 73.9%), and had QuIRC mean scores above 50% in the following dimensions: Living Environment, Self-Management and Autonomy, Social Inclusion, and Human Rights. Service users (n=96) were mainly men (63.5%), had schizophrenia (69.8%), a mean age of 50.1 (SD=10.6) years, a mean GAF score of 64.0 (SD=15.4), and a mean TUD of 54.3 (SD=10.7). Level of activity (TUD) at FU8 did not differ between Intervention and Control groups. In fact, other baseline variables such as Living Environment score (p=0.001) and organising the same activity program for the service users (p=0.039) influenced the final results. In almost all QuIRC dimensions scores the relative changes at FU8 from baseline were higher in the Intervention compared to the Control group, but without reaching statistical significance. Pre-/post-tests comparison showed a significant increase in the knowledge acquired by the staff (p<.01).

**Conclusions**

A training intervention aimed at the staff of residential facilities for people long-term mental disorders showed impact on the level of knowledge of the staff without reaching significant change in the level of activity of the users and the quality of care of the units.

**Key words**

Long-term Severe Mental illness; Quality of care; Residential Facilities; Training intervention.

**Other authors:** Papoila, Ana; Tomé, Gina; Caldas de Almeida, José

**Implementing Combined Individual and Group (CIGI) rehabilitative interventions in Italian residential facilities: preliminary results.**

**Speaker:** Lorenza Magliano

*Department of Psychology. Second University of Naples. Italy.*

### Objectives

In Residential Facilities (RFs), evidence-based rehabilitative Interventions are rarely available, particularly for People with long duration of Severe Mental Disorders (PSMDs).

Aims To report preliminary data on a Combined Individual and Group rehabilitative Intervention (CIGI)- specifically designed by a researcher of the Second University of Naples, Italy (LM) to be used in RFs- implemented for two years in 8 RFs of Modena Mental Health Department, Italy.

### Methods

CIGI combines psychoeducational techniques (Falloon, 1985) with VADO individualised rehabilitation (Morosini et al., 1998). According to "Users' empowerment" principles (WHO-EU, 2010), CIGI implementation involves users in all phases, including users' voluntary attendance of training course with staff and users' self-management of group sessions. In parallel with a CIGI staff training course- open to users' voluntary participation- CIGI was applied in 8 RFs for two years. Effects on users' functioning were measured by PSP scale at two-year.

### Results

31 professionals were trained and provided CIGI to 55 RFs' users for two-years (users: 65% male, mean age 51±10ys, single 85%, duration of illness 25±9ys, year of staying in RF 7±13ys, ICD-10 schizophrenia/schizoaffective disorders 71%). Twenty-six users attended at least one staff training module. Over the two-year study period: a) 9.09±7.4 goals per user were set, and 3.7±3.3 goals were achieved; b) 77.9±22.4 psycho-educational group sessions per RF were held by professionals with 5.2±1.5 users per sessions; c) 78.1±46.6 group sessions per RF were held by users without professionals, with 4.9 ±1.2 users per session. At two-year, statistically significant improvements in users' functioning were observed.

### Conclusions

CIGI can be successfully introduced in RFs and be useful to improve functioning in users with long duration of SMDs.

### Key words

Evidence-Based rehabilitative interventions, Residential facilities, Users' empowerment, Professional training

**Other authors:** Puviani, Marta; Working Group (Adinolfi, Clara; Bassissi, Marco; Bertolini, Cristina; Bertoni, Agnese; Biagi, Simona; Bioli, Elisa; Brighenti, Marcello; Campovecchi, Roberto; Carafoli, Stefano; Caselli, Raffaella; Donatelli, Luigi; Gervasi, Luciana; Ghezzi, Valeria; Guaitoli, Patrizia; Laudante, Rosanna; Malorgio Chiara; Manzoli, Sara; Marchesini, Nadia; Massa Roberta; Melati, Ermanno; Morritti, Antonietta; Pallari, Angelica; Petocchi, Riccardo; Rega, Sonia; Richeldi, Chiara; Rinaldi, Rossella; Romeo, Francesco; Rossetti, Marisa; Roufki, Aicha; Scaltriti Nicoletta; Sirotti Nicoletta; Starace, Fabrizio; Vignudini, Antonella; Zironi, Sandra)

### **A Portuguese community program (Integrar) for people with severe mental illness.**

**Speaker:** Joaquim Gago

Department of Mental Health. NOVA Medical School. NOVA University of Lisbon. Portugal.

### Objectives

1) Development of an integrated care program with evidence-based practices for people with schizophrenia or schizoaffective disorder; 2) Assessment of the feasibility and implementation of the program; 3) Exploratory evaluation of this program.

### Methods

We used the Case Management model, clinical type, with integrated follow-up. Each patient got one case manager and also an Individual care plan. We selected the follow interventions: psycho-educative, family-based interventions, strategies for dealing with the symptoms and the disease (including a brief cognitive-behavioral approach), relapse prevention and interventions to improve social and occupational functioning and psychopharmacological treatment.

The investigation included two studies: development, feasibility and initial implementation of the program (Study A) and a prospective exploratory evaluation of the program (Study B). Our chosen sample was made of nonrandomized sample, patients with the diagnosis of schizophrenia or schizoaffective disorder, followed-up by five mental health community teams of a department of psychiatry in Portugal.

### Results

Of the total patients (146) who started the study, 108 (74%) completed the 2nd assessment (at 12 months). An Individual care plan was done for 98%. In terms of psychopathology, global mean scores for the BPRS, decreased ( $p=0.001$ ). In relation to social and occupational functioning there was an improvement ( $p=0.001$ ). The same occurred for quality of life ( $p=0.002$ ). Other clinical indicators, when we compared the year prior to this program and the year after, there were fewer hospitalizations ( $p=0.001$ ), fewer relapses ( $p=0.001$ ) and a higher number of psychiatric appointments ( $p=0.001$ ).

### Conclusions

1) The integrated care program with its existing resources in the local and clinical framework of community mental health teams was feasible for patients who participated in the investigation; 2) the exploratory study carried out and the achieved favorable results suggest that it has potential to be successful. It is not generalizable at this stage, but it should be a source of encouragement for further studies and programs.

### Key words

Schizophrenia, community, integrated program, mental health.

### **Symposium: 151. First-episode of psychosis: How research could help clinical implementation?**

First Episode of Psychosis (FEP), as a term, was first studied in 1982, and not even then, the definition was as it is understood nowadays. The interest on this topic is at exponential growing, in both research and clinical levels.

At a research level, the study of FEP has enabled to form more homogeneous samples in studies; and in consequence, it has been easier to identify biopsychosocial variables that accompany, cause or produce the deterioration at the beginning of the disorder.

At a clinical level, the operationalization of this concept is extremely useful. Nowadays, it is well understood the importance of defining a treatment for First Episodes. From this point of view, it is consider that providing treatment at the beginning of the episode increases the possibility of preventing or reducing the morbidity that occurs rapidly in the first years.

In Conclusions, at this symposium, we talk about very different fields that researchers are working in nowadays, and how this work could help clinical implementation.

### **Clinical Personality Features in patients with a First-Episode Psychosis.**

**Speaker:** Julia Sevilla Llewellyn-Jones

*Resident of Clinical Psychology. Hospital Universitario Virgen de la Victoria. Málaga. Spain.*

### Objectives

It is important to study Clinical Personality Features in patients with psychosis. The comorbidity of psychosis with Axis I disorders has been studied in depth, but personality disorders seems to be a forgotten field, mainly because of historical reasons. Nonetheless, clinical work has shown that personality characteristics are important in the course, stable over time and clinically significant.

### Objective

To study Clinical Personality Features and their relation to psychotic symptoms in patients with a FEP

### Methods

The sample of first-episode psychosis patients consists of subjects between the ages of 18-35 years old that have a diagnosis of schizophrenia or other psychotic disorder (DSM 5) and a history of psychosis no longer than 5 years.

### Results

There are Statistically significance results. Pending results details from a further analysis with a bigger sample.

### Conclusions

Some Clinical Personality features have a significant correlation with psychotic symptoms.

### Key words

First-episode psychosis, Personality features, psychotic symptoms.

**Other authors:** Cano Dominguez, Pablo; de Luis Mantilla, María Antonia; Zafra, Rosa María; Jaime, Francisco; Espina Eizaguirre, Alberto; Martínez García de Castro, Manuel; Fernandez Gil, Juan Antonio; Perles Roselló, Francisca; Ochoa Guerre, Susana; Moreno-Küstner, Berta.

## Are women and men different at the onset of a first-episode psychosis?

**Speaker:** Susana Ochoa Guerre

*Psychologist. Research and Developmental Unit of Parc Sanitari Sant Joan de Deu. CIBERSAM. Barcelona. Spain.*

### Objectives

It is well known that gender differences exist in the assessment of psychosocial domains in people with schizophrenia and first-episode psychosis. In general, most studies have found gender differences in premorbid functioning, this being worse in men than in women, in schizophrenia and first-episodes psychosis. Moreover, women presented higher performance than men in social functioning.

The aims of the present study are to assess gender differences in people with first-episode psychosis.

### Methods

The sample of patients with a first-episode psychosis was a total of ninety patients. The inclusion criteria were that patients presented two or more psychotic symptoms, those included in the part A of the schizophrenia criteria; the age was between 7-45 years old. The last inclusion criteria were less than one year after the onset of psychotic symptoms.

### Results

In the group of patients under 18 years, men showed higher scores in adjustment premorbid ( $U=54.0$ ,  $p=0.050$ ), more neurological

soft signs ( $U=31.0$   $p=0.003$ ), more negative psychotic symptoms ( $U=48.5$ ,  $p=0.051$ ) and worse insight ( $U=30.0$ ,  $p=0.003$ ) than women (after 8 weeks of psychotic episode onset). Regarding the number of needs we found gender differences in number of unmet needs in staff assessment and a tendency between the ages of 17 and 40 in the user assessment. We found that the number of unmet needs is higher in women than men.

### Conclusions

Some gender differences are present in people with schizophrenia since the onset of the episode.

### Key words

First-episode psychosis, gender differences, social functioning, needs

**Other Authors:** Usall, Judith; Barajas, Ana; Baños, Iris; Dolz, Montse; Sánchez, Bernardo

## Premorbid Intelligent Quotient as a First episode psychosis predictor.

**Speaker:** Angel Luis Del Rey Mejias.

*Psychologist. Hospital General Universitario Gregorio Marañón, Madrid. Spain.*

### Objectives

In studies of first episode psychoses (FEP) patients have reported a relation between early age of onset (EAO) with poor prognosis and greater loss of volume of brain gray matter. Some directly related to low Intelligent Quotient (IQ) scores predictors of age of onset have been already found: neurodevelopmental disorders, retard in language acquisition.

Low IQ scores were related with high probabilities in transition to schizophrenia in high risk psychosis patients and also with poor outcome in FEP patients.

The schizophrenic adult data gathered in cases series and reviews suggest that low IQ scores are related with earlier age of onset. Nevertheless, to our knowledge there is not a study which assesses specifically the IQ as an age of onset predictor in patients with a FEP. Our hypothesis is that there would be a direct relation between Pre-IQ and age of onset (AOO) in an FEP patient, where lower Pre-IQ scores imply earlier age of onset.

### Objectives

Assess the premorbid intelligent quotient (Pre-IQ) as predictor of an age of onset (AOO) during a first episode of psychoses (FEP).

### Methods

The sample came from the "Phenotype-genotype and environmental interaction. Application of a predictive model in first psychotic episodes" study (PEPs study), a 2-year, multicenter, naturalistic, prospective, longitudinal study of 335 patients with a FEP. From them, 294 FEP patients completed all the needed data: 145 Schizophrenia Spectrum Disorder (SSD), 51 Affective psychosis (Afp) and 98 Other Psychoses(OP).

Correlation between PreIQ and possible confounding variables were assessed. Finally a multivariate regression model with AOO as dependent variable and Pre-IQ as independent variable controlling by confounding factors were assessed.

### Results

Statistically significance differences in the relation between Pre-IQ and AOO depending on the diagnosis groups and the Pre-IQ level. (Pending results details from a further analyses).

**Conclusions**

Pending the definitive results.

**Key words**

First-episode psychosis; Schizophrenia; Affective psychosis, Early-Onset Psychosis.

**Other authors:** Fraguas, David; Merchán, Jessica; Mayoral, Maria; Arango, Celso; Parellada, Mara.

**Understanding of clinical high-risk for psychosis in an early intervention service.**

**Speaker:** Angel Luis Del Rey Mejias.

*Psychologist. Hospital General Universitario Gregorio Marañón, Madrid. Spain*

**Objectives**

High risk (HR) for psychosis represents a controversial, topical area of knowledge. Recent studies highlight the lack of predictive value of psychotic-like experiences, which carry important implications for clinicians and researchers in the field of psychosis. The high levels of anxiety and depression found in our HR samples replicate these findings. Furthermore, low conversion rates add credence to the argument that there is a lack of diagnostic specificity in the HR model. Therefore, it is possible to speculate that an HR mental state is not an exclusive marker for psychosis. Notably, people at HR in our and other samples endorsed remarkably poor functioning and quality of life, which was particularly striking when we compared them to healthy volunteers from the same geographical area. This would justify special attention from mental health services in order to develop appropriate care pathways for a population also characterised by an increased risk for suicidality, regardless of current uncertainties on the mechanisms underlying these presentations. On the basis of our findings, clinical interventions in individuals at HR identified in early intervention in psychosis services should aim at targeting a broader range of psychopathology, especially mood and anxiety symptoms, rather than just focusing on the treatment and/or prevention of psychosis.

**Key words**

High Risk for Psychosis.

**Other authors:** First Author: Pérez, Jesús.

**Effectiveness of Meta-Cognitive Training (MCT) in people with a first-episode psychosis**

**Speaker:** Isabel Ruiz Delgado

*Clinical Psychologist. Unidad de Salud Mental Comunitaria Malaga Norte. Málaga. Spain.*

**Objectives**

Schizophrenia is a serious and very disabling illness. Performing early psychological interventions in first-episode psychosis could reduce symptoms and improve their psychosocial integration. The aims of the study are to assess the effectiveness of MCT in people with a first-episode psychosis.

**Methods**

A clinical trial was performed. Patients were randomized to MCT group or a psychoeducative group. A total of 122 outpatients with DSM-IV diagnoses of schizophrenia spectrum disorders were enrolled, they are being treated at one of the centers of mental health of the participating groups. Inclusion criteria were: Less than five years from the onset of symp-

toms; Score during the previous year of three or higher in item delusions, grandiosity or suspicion of PANSS positive subscale (according to criteria Moritz et al, 2011); aged between 17 and 40.

MCT is a brief psychological intervention that focuses on work problems and cognitive biases present in psychosis. It was developed by Moritz and Woodward (2007).

EMC is structured intervention is performed as an intervention group with a frequency of two or once a week and the duration of the program is a full two months (Moritz et al, 2005). The program consists of 8 modules in which it works: 1. Avoid the causes and not only controlled, 2 and 7. Skip to Conclusions, 4 and 6. Theory of Mind, Cognitive Flexibility 3, 5 Overconfidence in memory errors, 8. Depression and low self-esteem.

The EMC can work these cognitive biases from a normalization. The results show that EMC has proven effective in improving symptoms (especially positive), cognitive functioning and quality of life in people with schizophrenia. The intervention is normalizing, entertaining and very applicable for / patients who participated.

**Results**

The MCT has resulted effective in reducing self-certainty of the cognitive insight Beck test and improving self-reflection. Symptoms were reducing in both groups.

**Conclusions**

The MCT is useful in improving cognitive insight.

**Key words**

Metacognitive training, first-episode psychosis.

**Other authors:** Ochoa, Susana; Moreno-Küstner, Berta.

**Symposium: 155. Clinical decision making and outcome in the routine care for people with severe mental illness across Europe: CEDAR.**

There is a lack of knowledge on clinical decision making and outcome in the treatment of people with severe mental illness. Balancing autonomy and dependence, mental health services research should focus on what level of participation patients want in their care, and whether a good match between desired and experienced level of participation has an impact on treatment outcome. Furthermore, there is a need to identify variables which moderate (e.g. social context) or mediate (e.g. therapeutic relationship) the effect of vital aspects of clinical decision making on different outcome domains.

In this symposium, five papers will present the latest findings of the study "Clinical decision making and outcome in the routine care for people with severe mental illness" (CEDAR), which, between Nov 09 and Dec 12, followed-up for one year 588 people with severe mental illness and their key workers in six European countries (Germany, UK, Italy, Hungary, Denmark, Switzerland). First, Mike Slade will examine whether mental health patients are more satisfied with a decision made when it corresponds to their and/or their clinician's decision making style preference. Second, Suzanne Cosh will report on the effect of aspects of decision making on service use and costs. Third, Sabine Loos will present findings on the relation of the quality of the therapeutic relationship and outcome (unmet needs). Fourth, Jana Konrad will report results on the contents of clinical decisions, how these develop over time, and how changes in contents on group and individual levels affect outcome. Finally, Bernd Puschner, using structural equation modeling, will test the model of

the CEDAR study which hypothesized specific relations between decision making and outcome taking into account moderating and mediating effects of salient covariates.

**Shared decision-making and satisfaction in routine clinical practice.**

**Speaker:** Mike Slade

*Professor. King's College London, Institute of Psychiatry, Psychology & Neuroscience, Denmark Hill, London. United Kingdom.*

**Objectives**

Decision-making between mental health clinicians and patients is under-researched. We tested whether mental health patients are more satisfied with a decision made (i) using their preferred decision making style and (ii) with a clinician with the same decision making style preference.

**Methods**

As part of the CEDAR Study (ISRCTN75841675), a convenience sample of 445 patients with severe mental illness from six European countries were assessed for desired clinical decision-making style (rated by patients and paired clinicians), decision-specific experienced style and satisfaction.

**Results**

Patients who experienced more involvement in decision making than they desired rated higher satisfaction (OR = 2.47, P = 0.005, 95% CI 1.32–4.63). Decisions made with clinicians whose decision-making style preference was for more active involvement than the patient preference were rated with higher satisfaction (OR = 3.17, P = 0.003, 95% CI 1.48–6.82).

**Conclusions**

More active involvement in decision-making than the patient stated as desired was associated with higher satisfaction. A clinical orientation towards empowering, rather than shared, decision-making may maximize satisfaction.

**Key words**

Mental health, shared decision making, routine care, satisfaction.

**Other authors:** Clarke, Eleanor; Puschner, Bernd.

**Clinical decision making and mental health service use in people with severe mental illness across Europe**

**Speaker:** Suzanne Cosh

*Clinic of Psychiatry and Psychotherapy II, University of Ulm, Gunzburg, Germany*

**Objectives**

To explore the relationship between preferred and experienced clinical decision making and service use by people with severe mental illness.

**Methods**

Prospective observational study of routine mental healthcare in six European countries: Germany, UK, Italy, Hungary, Denmark and Switzerland (ISRCTN75841675). Patients (N = 588) and treating clinicians (N = 213) reported preferred and experienced decision-making style and satisfaction at baseline using the Clinical Decision Making Style Scale and the Clinical Decision Involvement and Satisfaction Scale. Retrospective service use was assessed with the CSSRI at baseline and 12-month follow-up. Bootstrap multivariate regressions examined the effect of decision making on service use at baseline and one-year follow-up.

**Results**

At baseline, patient-rated preference for active patient involvement was associated with more inpatient admissions ( $\beta = .338$ ,  $p = .02$ ), and preference for passive patient involvement was associated with fewer and shorter admissions from both patient ( $\beta = -.147$ ,  $p = .04$ ) and staff ( $\beta = -.226$ ,  $p = .03$ ) perspectives. Staff preference for active clinical decision making was associated with an increased duration of inpatient admissions one year after baseline ( $\beta = 17.7$ ,  $p = .01$ ), whereas passive clinical decision-making style predicted decreased hospital admission costs over time ( $\beta = -3240$ ,  $p = .04$ ).

**Conclusions**

Decision making is related to service use and associated costs by people with severe mental illness. Due to its relationship with subsequent service use, clinicians should be aware of patient preferences for decision making.

**Key words**

Clinical decision making, severe mental illness, service use, community mental health, inpatient.

**Other authors:** Zentner, Nadja; Slade, Mike; Puschner, Bernd.

**Relation between helping alliance and unmet needs in routine care of people with severe mental illness across Europe: results of a prospective longitudinal multicentre study.**

**Speaker:** Sabine Loos

*Ulm University, Department of Psychiatry II, Section Process-Outcome Research. Ulm. Germany.*

**Objectives**

Few studies in psychiatry research address the longitudinal relationship between helping alliance (HA) and outcome yet. Only one study related HA to needs and assumes that an reduction in unmet needs lead to better HA. The present study examined from patient and staff perspectives whether:(1) an increase in HA is associated with fewer unmet needs over time; and (2) change in HA precedes change in unmet needs.

**Methods**

588 patients with severe mental illness of the CEDAR study (ISRCTN75841675) and paired staff were asked to rate HA and unmet needs at seven assessments over the course of one year. Data were analyzed using mixed-effects regression models for longitudinal data.

**Results**

In general, patient- and staff-rated unmet needs reduced over time. Reduction of patient-rated unmet needs was slower in patients with higher patient-rated HA across time points ( $B = 0.04$ ,  $p < .0001$ ), whereas rate of reduction in staff-rated unmet needs was not affected by staff-rated HA. Improvements in both patient-rated and staff-rated HA over time were associated with fewer subsequent patient-rated ( $B = -0.10$ ,  $p < 0.0001$ ) and staff-rated ( $B = -0.08$ ,  $p = 0.0175$ ) unmet needs respectively.

**Conclusions**

The importance of a good HA for successful therapy outcome in psychiatry was confirmed, with positive changes in HA preceding in time fewer unmet needs. This provides further evidence for relationship between alliance and outcome. Furthermore, the effect of an "optimal dose" of helping alliance in a long-lasting patient-staff-relationship in psychiatry will be critically discussed.

**Key words**

Helping alliance; unmet needs; severe mental illness; prospective observational study; community mental health care.

**Other authors:** Arnold, Katrin; Mayer, Benjamin; Slade, Mike; Puschner, Bernd.

**Content of clinical decisions and outcome in a European multicentre study of people with severe mental illness.**

**Speaker:** Jana Konrad.

Ulm University, Department of Psychiatry II, Section Process-Outcome Research. Ulm. Germany.

**Objectives**

Treatment decisions in the routine care for people with severe mental illness may cover a wide range of issues. This work examines whether content of clinical decision making (CDM) affects outcome (unmet needs) over time, and whether the relation between decision content and outcome is moderated by covariates and to what extent this effect is susceptible to change over time.

**Methods**

588 people with severe mental illness gave informed consent to participate in the European multicenter study "Clinical Decision-Making and Outcome in Routine Care for people with Severe Mental Illness" (CEDAR). Participants were recruited from case-loads of outpatient/community mental health services from six European countries: Germany, UK, Italy Hungary, Denmark and Switzerland. Content of CDM was examined using the "Clinical Decision Making in Routine Care Scale" (CDRC). Outcome was assessed using the Camberwell Assessment of Needs Short Appraisal Schedule" (CANSAS). Multilevel models were used to examine effects of content of CDM and time on unmet needs. Covariates included were age, duration of illness, clinical diagnosis, and study centre.

**Results**

The majority of patients were diagnosed with a psychotic disorder (DSM IV) and average of duration of illness was 12.51 years (SD = 9.27) at baseline. Content of decisions reported by patients and staff were coded into four main categories ("General health", "Medication treatment", "Non-medication treatment", "Social issues"). Participant's had M = 3.45 (SD = 3.09) unmet needs at baseline. Decision content over time was related to number of unmet needs (F = 4.02, p = .045). An interaction between decision content and diagnosis with unmet needs over time was also found (F = 13.78, p < .001).

**Conclusions**

Decision content over time is associated with patient outcome. Furthermore, patients with different diagnoses may have different needs and prioritize different types of decisions. Whether certain types of decisions are better predictors of outcome will be discussed.

**Key words**

Clinical decision making, unmet needs, decision content, severe mental illness.

**Other authors:** Cosh, Suzanne; Mayer, Benjamin; Puschner, Bernd

**Testing the CEDAR model on the relation between clinical decision making and outcome**

**Speaker:** Bernd Puschner

Professor. Ulm University, Department of Psychiatry II, Section Process-

Outcome Research. Ulm. Germany.

**Objectives**

CDM is the primary means for translating the results of clinical research into practice. The CEDAR study hypothesized a model of the relation of decision making and outcome including moderating and mediating variables. This paper will test this model.

**Methods**

Longitudinal data over one year of 588 people with severe mental illness who gave informed consent to participate in the CEDAR study and their key workers were subjected to structural equation modeling in order to test the model assumptions. Vital aspects of clinical decision making (preferences, experiences, content) were measured using the scales Clinical Decision Making Style (CDMS), Involvement and Satisfaction (CDIS) and Routine Care (CDRC). Outcomes assessed were unmet needs (Camberwell Assessment of Need Short Appraisal Schedule, CANSAS), quality of life (Manchester Short Assessment of Quality of Life, MANSA), symptoms (Outcome Questionnaire, OQ-45.2), and functioning (Health of the Nation Outcome Scale, HoNOS). Moderators were study site and SES, mediators were the therapeutic relationship (Helping Alliance Scale, HAS) and recovery (Stages of Recovery, STORI-30).

**Results**

A staff-rated active (vs. shared or passive) decision making style was causally related to a significant reduction in patient-rated unmet needs in the full model. Context (study site) and the quality of the patient-therapist relation substantially moderated the decision making-outcome relation. Effects of decision making on other outcome domains (quality of life, symptoms) will be examined, with a special focus on differential effects.

**Conclusions**

By specifying the relationship between decision making and outcome, best practices of clinical decision making in the care for people with severe mental illness will be made available to stakeholders. Decision making style of staff is a prime candidate for the development of targeted interventions.

**Key words**

Clinical decision making, severe mental illness, European multicenter study, structural equation modeling.

**Other authors:** Loos, Sabine; Slade, Mike.

**Symposium: 169. Psychosocial interventions for people with severe mental illness: international perspectives on current practice realities and implications for training and implementation**

Psychosocial interventions improve outcomes for people with severe mental illnesses (SMI) and are recognised as a key component of modern mental health services. A number of psychosocial interventions have robust evidence and are recommended in clinical practice guidelines. Yet, these interventions are not widely available in routine care due, in part, to practical difficulties with their implementation. Further, there is a need to develop, test and disseminate new interventions to suit different contexts and neglected subgroups, such as inpatients in rehabilitation settings.

This symposium addresses the practical realities of developing and implementing evidence-based psychosocial interventions for people with SMI, in several international settings where clinical services are increasingly constrained. First, a unique dataset derived

from comprehensive Australian epidemiological research will be presented. This will report: (1) the extent of receipt of psychosocial interventions by Australians with psychoses, and associated personal and contextual explanatory factors; and (2) case manager views concerning the helpfulness of these interventions, and any barriers to their delivery, for a sub-sample of participants from this study. Second, cluster RCT findings from the UK will be presented, focussing on a staff training intervention to increase service user engagement in activities in inpatient rehabilitation units. Drawing on implementation science and staff experiences, the impacts of complex and interrelated factors that operate at different levels within and external to organisations on the successful implementation of complex interventions will be elaborated. Training and implementation implications will be summarised by each presenter.

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### **Evidence based psychosocial interventions for Australians living with psychoses: epidemiological data on receipt, targeting and explanatory factors.**

**Speaker:** Carol Harvey

*Associate Professor & Consultant Psychiatrist. Psychosocial Research Centre. University of Melbourne. Australia.*

#### **Objectives**

Despite the significance of psychosocial interventions, there is little international data about the extent of receipt of such interventions, especially within population-based samples. Using data from a large representative sample of Australians living with psychotic disorders, we aimed to examine: (1) receipt of psychosocial interventions within a 12-month period; (2) targeting of each intervention, assessed by associations between receipt and service user suitability indicators; (3) relationships between receipt of any psychosocial interventions and personal and clinical characteristics of service users and service environment factors.

#### **Method**

The 2010 Australian survey of psychosis was a two-phase prevalence survey conducted within seven catchment areas. 1825 survey participants were asked about their use of mental health services in the previous year, including receipt of 8 evidence-based psychosocial interventions (social skills training (SST), family psycho-education (FPE), supported employment (SE), cognitive behavioural therapy (CBT), relapse prevention planning (RPP), medication adherence therapy, Assertive Community Treatment (ACT), clinical case management), crafted to describe each from a service user perspective. Other survey items were used to indicate eligibility or suitability for each intervention, according to literature and clinical guidelines. Regression analysis was performed to predict receipt of one or more psychosocial interventions.

#### **Results**

Aside from clinical case management (63.5%) and medication adherence therapy (44.5%) psychosocial interventions were not widely received (ranging between 2.3% for SE and 10.1% for CBT). Receipt of ACT, CBT, RPP and SE were reasonably well targeted, according to significant associations with suitability indicators for each intervention. However this was not the case for SST and FPE. Receipt of any psychosocial intervention was significantly associated with female gender and younger age.

#### **Conclusions**

Interventions to assist with getting work or improving relationships are especially lacking. Interventions with discipline 'ownership' (e.g. CBT) or well-defined service models rolled out through systematic efforts (e.g. ACT) may be better targeted. Demographic predictors of receipt of any psychosocial intervention run counter to evidence that men are more likely to experience disability and psychosocial interventions are most effective in the later stages of illness.

#### **Key words**

Psychosis, epidemiology, psychosocial interventions, receipt, predictors

**Other authors:** Farhall, John; Stain, Helen; Lewis, James

### **From evidence to realities: Psychosocial intervention provision in Australian routine community mental health practice.**

**Speaker:** Ellie Fossey

*Professor. Department of Occupational Therapy. School of Primary Health Care. Monash University. Australia.*

#### **Objectives**

Treatment guidelines increasingly acknowledge the strong role for psychosocial interventions, yet access to these remains low. No systematic data on the routine provision of such interventions in Australian mental health services exists, and information about barriers to uptake is scarce. The 2010 Australian survey of psychosis sought information from service users about their access to psychosocial interventions, including: assertive community treatment, medication adherence, relapse prevention, cognitive behavioural therapy, skills training, supported employment, and family intervention. An adjunct study was also undertaken in one area mental health service to understand case manager perspectives on the provision of the same psychosocial interventions.

#### **Method**

Interviews about the provision of psychosocial interventions

were conducted with the case managers of 33 service users who participated in the Australian survey. By linking the data sets from the service users and their case managers, we compared their perspectives of the types of psychosocial interventions provided, the perceived helpfulness of these interventions, and the case managers' reasons for not offering them when this was the case.

**Results**

All 33 consumers received at least one evidence-based psychosocial intervention in the previous 12 months, according to case managers; provision of related alternatives was more commonly reported. There was substantial agreement between case managers and service users about the provision of Assertive Community Treatment, but little agreement regarding the provision of medication adherence, skills training or family interventions. When provided, case managers perceived psychosocial interventions as helpful. The most frequent reasons given for service users not receiving these interventions were: they were not offered, declined by service users, or alternative interventions were provided.

**Conclusions**

Personal and clinical factors that may explain the degree of concordance between case manager and consumer perspectives are discussed. Bringing together service user and case manager reports can allow us to better understand current access and barriers to evidence-based psychosocial interventions in the everyday world of case management, and to identify priorities for workforce training and service development.

**Key words**

Inpatient rehabilitation; complex interventions; implementation.

**Other authors:** Harvey, Carol ; Farhall, John ; Wiggins, Aaron ; Ennals, Priscilla.

**Barriers to implementation and sustainability of staff training to improve patient engagement within mental health rehabilitation units in the UK.**

**Speaker:** Melanie Lean

*UCL Division of Psychiatry. Gower St. London. United Kingdom.*

**Objectives**

Service users on inpatient mental health rehabilitation wards have complex mental health problems which make it difficult for them to engage in everyday activities and studies confirm that service user activity levels are particularly low in this setting. Quasi-experimental studies have shown that facilitating patient activities can reduce negative symptoms of schizophrenia and improve social functioning (Curson et al, 1992). As part of a five year programme of research into inpatient mental health rehabilitation services across England (the Rehabilitation Effectiveness for Activities for Life study) a cluster randomised controlled trial was carried out to assess the effectiveness of a staff training intervention to improve patient engagement in activities in inpatient mental health rehabilitation units. The intervention is based on theory and practice from occupational therapy and organisational psychology and aimed to equip nurses and other ward staff with the confidence and skills to facilitate patient engagement in activities on the ward and in the community. This qualitative study aimed to explore the staff experience of the intervention to further understand the findings of the trial by identifying the barriers and facilitators to implementing and sustaining the actions agreed during the intervention.

**Methods**

Focus groups were conducted with staff in ten of the inpatient units that received the intervention, sampled using a maximum variation strategy. Focus groups were facilitated by members of the study team and a theoretical thematic analysis (Braun & Clarke, 2008) was conducted

**Results**

The intervention was well received by staff but the skills gained and changes initiated with the intervention team were not sustained after they left. The main factors associated with this were a) external factors (economic recession, resource limitations); b) organisation level factors (lack of senior staff support; competing priorities); c) limitations of the intervention itself (length of intensive training period; reinforcement of skills).

**Conclusions**

This study has illustrated some of the inter-related factors which operate at different levels within and outside of organisations that can impact on the successful implementation of complex interventions. These factors need to be considered in the design of future interventions.

**Key words**

Inpatient rehabilitation; complex interventions; implementation.

**Other authors:** Killaspy, Helen; Leavey, Gerry.

**Recovery oriented care for people with severe and complex mental health problems in the Netherlands.**

**Speaker:** Jaap van Weeghel

*Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.*

**Objectives**

For decades a transition has been underway which places the care of people with serious mental health problems (SMHP) in the community rather than in institutions, and which spreads the responsibility for providing support across sectors and organizations.

**Method**

Recently an action plan to improve the care of SMHP was launched in the Netherlands. This plan was developed to help realize the ambition of a one-third improvement in recovery and to help people with SMHP catch up with the rest of society. We will describe the main elements of this plan and efforts to implement the proposed recovery oriented interventions.

**Results**

The action plan states that treatment efforts must help service users to optimize their potential for recovery and citizenship. Good treatment should aid recovery, promote empowerment and participation, and combat stigmatization. Security is crucial, but so is responsible risk-taking, which is achievable by investing in a trusted working alliance. Furthermore, families should contribute as partners to the treatment and support. Treatment must meet the individual's needs, reflect the phases and dimensions of recovery, and consist as much as possible of evidence-based interventions. It must be cohesive and based on continuity; it should promote physical health; and make good use of new technologies. We will formulate the implications of these principles for people with severe and complex needs. Efforts to

implement recovery oriented care will be described.

**Conclusions**

The action plan is based on six trends in visions of good care for this group. First, symptom stabilization is no longer the sole or primary aim: personal and social recovery are equally important. Second, professional input should be accompanied by activities that flow from the personal strength, commitment and energy of the individual concerned. Third, good treatment and support should target not only the service user but also his immediate circle. Fourth, inter-sectoral cooperation must be in place. Fifth, more and more interventions are combining treatment with rehabilitation. Finally, psychiatric and somatic care need to be better integrated.

**Key words**

Recovery oriented care; action plan; implementation of evidence-based interventions.

**Other authors:** Couwenbergh, Chrisje.

**Symposium: 172. Identification, management and associated costs of patients with complex disorders.**

**Speaker:** Jaap van Weeghel

*Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.*

Health care involves complex dynamic organisations providing complex interventions and acting in complex contexts that generate a high burden for the system. Evaluation of the adequacy of prescribed treatments, health outcomes, types of behaviours and community management programs offer the opportunity to improve healthcare management and policy in mental health.

**Functional status, quality of life, and costs associated with fibromyalgia subgroups: A latent profile analysis.**

**Speaker:** Juan Vicente Luciano

*Researcher, Fundació Sant Joan de Déu, Barcelona, Spain.*

**Objectives**

Although fibromyalgia syndrome (FMS) is considered a heterogeneous condition, there is no generally accepted subgroup typology. We used hierarchical cluster analysis (HCA) and latent profile analysis (LPA) to replicate Giesecke’s classification in Spanish FMS patients. The second aim was to examine whether the subgroups differed in socio-demographic characteristics, functional status, quality of life, and in direct and indirect costs.

**Method**

60 FMS patients completed the following measures for cluster derivation: the Center for Epidemiological Studies-Depression Scale, the Trait Anxiety Inventory, the Pain Catastrophizing Scale, and the Control over Pain subscale. Pain threshold was measured with a sphygmomanometer. Additionally, the Fibromyalgia Impact Questionnaire Revised, the EuroQoL-5D-3L, and the Client Service Receipt Inventory were administered for cluster validation.

**Results**

Two distinct clusters were identified using HCA (“hypersensitive” group, 69.8% and “functional” group, 30.2%). In contrast, the LPA goodness-of-fit indices supported the existence of three FMS patient profiles:(1) a “functional” profile (28.1%) defined

as moderate tenderness, distress, and pain catastrophizing; (2) a “dysfunctional” profile (45.6%) defined by elevated tenderness, distress, and pain catastrophizing; (3) a “highly dysfunctional and distressed” profile (26.3%) characterised by elevated tenderness and extremely high distress and catastrophizing. We did not find significant differences in socio-demographic characteristics between the two clusters or among the three profiles. The functional profile was associated with less impairment, greater quality of life, and lower healthcare costs.

**Conclusions**

We identified three distinct profiles which accounted for the heterogeneity of FMS patients. Our findings might help to design tailored interventions for FMS patients.

**Key words**

fibromyalgia subgroups; cluster analysis; latent profile analysis, direct and indirect costs.

**Other authors:** García-Forero, Carlos; Cerdà-Lafont, Marta; Peñarribia-María, María Teresa; Fernández-Vergel, Rita; Cuesta-Vargas, Antonio I.; Ruíz, José M.; Rozadilla-Sacanell, Antoni; Sirvent-Alierta, Elena; Santo-Panero, Pilar; García-Campayo, Javier; Rubio-Valera, Antoni casta María.

**Cost-effectiveness of active monitoring versus antidepressants for major depression in primary health care: A 12-month non-randomized controlled trial (INFAP study).**

**Speaker:** M<sup>a</sup> Teresa Serrano-María;

*General Practitioner, Institut Català de la Salut, Gavà, Spain*

**Objectives**

Clinical practice guidelines for the treatment of major depressive disorder (MDD) recommend antidepressants for patients with moderate-severe depression and active monitoring for patients with mild-moderate symptoms. The feasibility and efficiency of active monitoring has not been proven conclusively. The aim of this study is to evaluate the cost-effectiveness of active monitoring in comparison to antidepressants for primary care patients with mild-moderate MDD. ClinicalTrials.gov Identifier: NCT02245373.

**Methods**

A 12-month follow-up multicenter observational prospective controlled trial was conducted. General practitioners (GPs) of 12 primary care centers in Barcelona, under their own clinical criteria, allocated patients into active monitoring (AMG) or antidepressants groups (ADG). At baseline, GPs complete a questionnaire (sociodemographic/job characteristics, training, and attitude towards depression). Patients’ measurements are assessed at baseline, six and 12 months. Outcomes measures include severity of depression (PHQ-9), health-related quality of life (EuroQoL-5D), diagnosis of MDD according to DSM-IV (SCID-I) and use of health and social care services. Follow-up will finish on July 2015. An economic analysis will be conducted under the societal perspective, calculating the incremental cost-effectiveness ratios and presenting the cost-effectiveness acceptability curves. An intent to treat and per-protocol analysis will be done.

**Results**

We included 263 patients (81% females; 50.87 mean age), 145 in ADG and 118 in AMG. EuroQoL mean score is 0.57 in ADG vs 0.63 in AMG. PHQ-9 mean score is 16.67 in ADG vs 15.49 in AMG. Only 30.80 % of the sample has a MDD according to the SCID. There are neither sociodemographic nor health-related quality of life differences between groups at baseline, although

they have been found for the severity of MDD ( $p < 0.05$ ). Cost-effectiveness results will be presented at the symposium.

**Conclusions**

Although a low diagnosis adequacy with psychiatric criteria is stated we could not recommend active monitoring over antidepressants before the effectiveness and cost-effectiveness is demonstrated. This study will help policy makers and clinicians to improve decisions on the clinical setting when a new MDD is diagnosed.

**Key words**

Depressive disorder, Antidepressants; Active Monitoring; Watchful Waiting; Costs and Cost Analysis; Primary Health Care.

**Other authors:** Aznar Lou, María Ignacio; Mendive Arbeloa, Juan Manuel; Fernández-Vergel, Rita; Blanco García, Elena; Vives Collet, Mireia; Cardeñosa-Valera, Eugenia; Rodríguez Pérez, Oriol; Ortiz Iru-tia, Fátima; Serrano-Blanco, Antoni.

**Prevalence of the different types of agitation episodes and associated costs in an acute psychiatric and emergency unit: a knowledge discovery from data analysis.**

**Speaker:** Luis Salvador-Carulla

*Psychiatrist. Professor of Disability and Mental Health. University of Sydney. Australia.*

**Objectives**

The typology of agitation episodes in mental health care and the main characteristics of these types. This study is aimed at identifying the profiles of patients undergoing acute psychiatric crisis, their administrative prevalence and the types of interventions.

**Method**

A hybrid design combining systematic reviews, qualitative and quantitative approaches combining two nominal groups: psychiatry (7 participants) and nursing (and Expert-based Cooperative Analysis (EbCA) have been used in this study. A secondary analysis was made of a large health database of cases treated in a catchment area with universal access (Parc Sanitari Sant Joan de Déu -PSSJD). Cases assisted in 1 year included over 1,250 hospitalisations in the Acute ward and over 6.000 emergency care visits. The cost analysis was made using a mixed cross design synthesis approach for a reference year (2012) following the health provider perspective.

**Results**

Consensus definitions of agitation, restrain and containment were agreed. Differences were identified in the categorisation made by psychiatrists and by nurses of pre-agitation (4 domains), agitation states (3 domains) and behavioural disorganisation (3 subtypes). These profiles were revised following the secondary analysis of the database and the related cost analysis. The total number of hospitalisations was produced by 845 inpatients, with a mean length of stay of 25 days. Data was extracted from clinical charts, providing information about 18.349 notes, being 57,6% of them related with one or more agitated behaviours. Data on use of services and costs associated to these episodes will be presented at the symposium.

**Conclusions**

Agitation and the related interventions are associated to high direct costs and have a significant impact on patient's care and care quality. A typology of agitation may contribute to better monitor and plan acute care services and interventions and it is particularly important for the on-going revision of ICD and the

coding of emergency and crisis.

**Key words**

Crisis, acute care, agitation, containment, costs, typology.

**Other authors:** Rubio, María; Luciano, Juan Vicente; Gibert, Karina; Serrano, Antoni; Ortiz, José Miguel; Gracia, Alfredo.

**A specific intervention for reducing use of services and improving care for chronic complex patients in mental health: the MHCCPP-PSSJD program.**

**Speaker:** Antoni Serrano-Blanco.

*Psychiatrist, Parc Sanitari Sant Joan de Déu, Barcelona, Spain*

**Objectives**

Chronic diseases consume more than 50% of the resources of the health system. A Mental Health Chronic Complex Patient Program (MHCCPP) was developed at the Parc Sanitari Sant Joan de Déu (PSSJD) aiming to avoid unnecessary hospitalizations and unscheduled visits at the emergency services of chronic complex patients (CCP). A person-centered intervention was provided by a case manager, who coordinates the mental health care network.

This study aimed to evaluate the effectiveness of MHCCPP after two years of implementation.

**Methods**

A 2 year cohort study of patients attended at four health care areas of the PSSJD (Barcelona area, Spain) since May 2013 was developed.

Patients included at the MHCCP group were recruited according to the number and length of hospitalizations during last year.

A control group was formed using data of patients attended at other four health care areas of the PSSJD accomplishing the characteristics of a CCP.

Health Related Quality of life (HRQL) and personal functioning were measured through SF-12, EuroQoL-5D and HoNOS at the inclusion visit of the MHCCPP and at the discharge from this service. Data about the use of health care resources were obtained from the administrative claims database for both groups and will be compared during the same time-length period.

**Results**

78 patients (54.9% women, mean age of 44.6 years old) were included at the MHCCPP, 34.6% suffered Schizophrenia, 15.4% Major Depression and 50% other disorders. After discharge there was an improvement in EQ-5D tariff (baseline mean 0.508 [SD 0.38], discharge mean 0.629 [SD 0.35]  $p \leq 0.005$ ), EQ-5D-VAS (baseline mean 46.8 [SD 3.43], discharge mean 61.3 [SD 3.87]  $p \leq 0.005$ ), SF-12-Mental Index (baseline mean 33.44 [SD 2.064], discharge mean 43.25 [SD 2.10],  $p \leq 0.0002$ ), SF-12 Physical Index (baseline mean 43.52 [SD 1.72], discharge mean 50.32 [SD 1.57],  $p \leq 0.0004$ ). There were no statistical significant changes at the HoNOS. Comparison of use of services between MHCCPP and control group will be presented at the congress.

**Conclusions**

Preliminary analyses show an improvement on quality of life in the intervention group. However, the use of services has not been analyzed yet. Final results will be presented at the EN-MESH.

**Key words**

Chronic Complex patients; health care services; hospitalizations; quality of life.

**Other authors:** Vives-Collet, Mireia; Aznar, Ignacio; Argudo, Jose Luis; Rubio-Valera, María.

### Symposium: 174. From Research through to Practice and vice versa, experiences at 4 different levels: population, university, primary and specialized care.

The aim of the symposium is to present health research experiences and how these have supported improvement strategies both at a population level and in clinical practice. In addition, how the work of healthcare quality and patient safety requires complimentary health research in order to base their practice on the evaluation of results.

#### Impact of the OBERTAMENT campaign on the levels of stigma among the Catalan population.

**Speaker:** Maria Rubio Varela

*Psychiatrist, Parc Sanitari Sant Joan de Déu, Barcelona, Spain.*

#### Objectives

Public stigma against people with mental illness dramatically influences their lives. A number of population-based anti-stigma campaigns have been conducted, mainly in Anglo-Saxon countries. The OBERTAMENT campaign is a mass media intervention that targets the general population in Catalonia. The first public awareness campaign was launched during September/October 2012. The objective was publicizing the problem of stigma and discrimination and its social effects.

#### Aims

To assess the impact of OBERTAMENT on the mental-health related stigma of the Catalan population (Spain).

#### Methods

We conducted a cross-sectional population-based survey using the ongoing Catalan Health Survey (ESCA) that consisted of a representative sample of the non-institutionalized residents of Catalonia ( $\geq 14$  years old) (July-October 2013). Data were collected on recognition of the campaign (prompted awareness). Individuals who reported remembering the images of the campaign were categorised as "campaign aware".

Mental-health related attitudes were assessed using the Community Attitudes Towards the Mentally Ill scale (CAMI). Intended behaviour in relation to future contact with people with mental health problems was assessed using four items of the Reported and Intended Behaviour Scale (RIBS).

Probability weights were used to weight the sample back to the population in Catalonia and a propensity score was constructed to approximate a quasi-randomized experiment. We used multiple imputation to impute the missing values. To evaluate the association between campaign awareness and stigma, multivariate linear regression models were used.

#### Results

We interviewed 1,019 participants. Over 20% ( $n=190$ ) of respondents recognized the campaign and 7.3% ( $n=67$ ) spontaneously remembered some of the messages of the campaign. Campaign aware individuals had better attitudes (based on the benevolence subscale of the CAMI) than unaware individuals ( $p=0.009$ ) with a small effect size. The campaign aware group had a higher mean RIBS score (mean difference of 0.93 ( $p=0.005$ )).

#### Conclusions

The OBERTAMENT campaign reached one in five Catalans and had a small but positive association with improved attitudes

and willingness to interact with people with a mental illness. Other anti-stigma campaigns have observed improvements in stigma and discrimination over time and longitudinal follow-up is needed to investigate whether this campaign will have more positive effects as time goes by.

#### Key words

Anti-stigma campaign, Social media, Discrimination, Program Evaluation, Mental health awareness.

**Other authors:** Fernández, Ana; Evans-Lacko, Sara; Aznar, Ignacio; Luciano, Juan Vicente; Vives, Mireia; Thornicroft, Graham; Serrano-Blanco, Antoni.

#### Population university-based interventions to promote mental health and wellbeing in students and staff: a systematic review of published studies.

**Speaker:** Ana Fernández Sánchez

*Mental Health Policy Unit, Brain and Mind Research Institute. Faculty of Health Sciences, University of Sydney. Australia.*

#### Objectives

Objectives One of Healthy Sydney University's working groups is the Mental Wellbeing working group. In order to inform the development of the group's strategies, we performed a systematic rapid review of the published literature evaluating the impact of population-based interventions that explicitly aimed to promote and improve the mental wellbeing of students and staff within university settings.

#### Methods

The Psychinfo, Medline, CINAHL, Web of Sciences, Scopus, ERIC, Embase, A+ Education, APAFT via Informit and Business Source Premier datasets were searched to identify the studies from January 2004 to July 2014. We included interventions that were population based and whose primary objective was to improve participants' mental health. We considered as outcomes any global measure of mental wellbeing, mental health, or mental health related quality of life.

#### Results

The electronic search strategy identified 18627 records. After removing records that were duplicated, 11754 were reviewed. A total of 11345 were excluded by reviewing title and abstract. Of the 408 full-text articles assessed for eligibility, 96 studies were selected. Of those, 36.4% were focused on the promotion of Mental Health and 63.6% on the prevention of Tobacco, Alcohol and Other Drugs. In general the quality of the studies was low to moderate, with moderate to high risk of bias. There was a lack of studies evaluating the impact of policies on student and staff mental wellbeing. Social marketing strategies and education-based interventions were effective at increasing knowledge, but not for improving individuals' mental health. On the other hand, changes in the curriculum (e.g. modifications on the grading system; mandatory courses on health-related issues; and student-centred teaching) showed potential to improve the mental wellbeing of student populations. Finally, eHealth interventions may overcome the limitations associated with population-based approaches ("one fits for all size"), utilising new technologies to provide interventions that target individual behaviours but on a larger scale.

#### Discussion

There is a lack of good quality evidence on the effectiveness of population-based interventions for the promotion of mental

health and wellbeing within university setting. In this sense, it is crucial to assess any initiative conducted and to publish its results.

**Key words**

University; Promotion; population-based; mental wellbeing.

**Other authors:** Howse, Eloise; Rubio-Valera, Maria; Thorncraft, Kathy; Noone, Jack; Venes, Benjamin; Luu, Xuan; Leech, Marie; Llewellyn, Gwynneth; Salvador-Carulla, Luis.

**Primary Care Mental Health Support Plan: the experience of the Catalan Government 2006-2014.**

**Speaker:** Bibiana Prat Pubill

Statistician. I Pla Director de Salut Mental i Adiccions. Departament de Salut. Generalitat de Catalunya

**Objectives**

The Primary Support Program (PSP) is a mental health program that looks for treat mild mental health pathology at Primary Health Care to decrease the referral of these patients to specialized mental health care. This strategy would help to increase the intensity of care of severe disorders treated at Mental Health Centre. PSP was promoted by Mental Health and Addictions (PDSMiA) in 2006, and was implemented gradually in Catalonia. The aim of this study is show data on the PSP assessment.

**Method**

Data were drawn from Adult Mental Health Centers Minimum Basic Data Set (MBDS-MHC) of Public Mental Health Network in Catalonia. The MBDS-MH extracts the information from the clinical history of Mental Health Centre. The effectiveness criteria of the PSP program proposed was three a) a greater number of cases with Severe Mental Disorders (psychosis and delusional disorders, bipolar disorders, ...) will be attended in the mental health center that have this program, b) also this centers showed an increase of number of visits of severe mental disorders and c) fewer referrals from primary care (Note, that Health System in Catalonia has an strict gate-keeping referral system, from primary care to specialized care). We compare the areas where PSP has implanted vs. the areas that has not have the program, since 2006 and 2013.

Results, preliminary analysis from 2006 showed that severe mental disorders patients were 11.03% and 34.03% made a first visit. In contrast, in 2013, the mental health center without PSP program treated a 29.9% of patients with severe mental disorders and in contrast, the centers with PSP program, treated a 35.7 % of severe mental disorders. However, the first visits showed the same tendency, 38.2 % patients in areas without PSP, compared with 30.5 % in areas with PSP.

**Discussion / Conclusions**

The initial analysis suggests that the PSP has increased resolutions of primary care center, for Adult Mental Health Centers so that more people can be treated with severe mental disorders. The analysis of 2014 the temporal evolution must define its purpose.

**Key words**

Primary Care Mental Health Support, Severe Mental Disorders, Resolution.

**Other authors:** Jordà Sampietro, Esther; Molina Parrilla, Cristina; Vicente, Roser; Bustins, Montse; Lobo, Esther.

**Bottom up approach using QI methodology to development of key interventions to reduce harm; culture, attitudes, lead-**

**ership and evidence. Scottish Patient Safety Programme in Mental Health (SPSP-MH).**

**Speaker:** Johnathan James MacLennan

Advisor. The Scottish Patient Safety Programme (SPSP).Scotland. United Kingdom.

**Objectives**

The Scottish Patient Safety Programme – Mental Health (SPSP-MH) aims to systematically reduce harm experienced by people receiving care from mental health services in Scotland, by supporting frontline staff to test, gather real-time data and reliably implement interventions, before spreading across their NHS board area.

The intended overall outcome is that “patients are and feel safe, staff are and feel safe”

SPSP-MH has five workstreams, to develop, spread, consolidate and support existing good practice around improvement and harm reduction. These workstreams are Restraint and Seclusion, Risk Assessment and Safety Planning, Safer Medicines Management,

**Methods**

The programme is delivered through a collaborative approach based on the Breakthrough Series Collaborative Model (using national learning sessions to bring NHS boards together to share and learn from each other interspersed with action periods where local teams test and implement changes using improvement methodology- The Model for Improvement- to bring about improvements in care provision.

**Results**

Outcomes in restraint, violence, and self harm reduction have shown significant improvements across a number of boards in Scotland. Work continues nationally to support the pace and spread of this work. Areas have seen up to 50% reductions in self harm, 30%-50% reduction in violence and aggression and restraint. The presentation will highlight these ‘bright spots’.

**Patient Feedback**

NHS Boards across Scotland are using the Patient safety Climate Tool with over 300 patients being given the opportunity to have a say about their care and treatment using this tool.

It is a Scottish innovation that is leading the way in person centred safe delivery of care. The tool is designed to enquire about environmental, relational, medical and personal safety. Cultivating learning among those delivering and in receipt of care, and using that knowledge to improve safety are core values of the Scottish Patient Safety Programme (SPSP).

By October we aim to have explored many of the links between a number of processes from safety briefs, restraint monitoring and medicines reconciliation through to patient views on safety and culture with a view to suggesting that by doing a combination, maybe all, will add up to reduced levels of harm.

**Conclusions**

It is hoped that by the end of the session that attendees will understand the key components of an improvement programme applicable to mental health. This will include the importance of collaboration with patients, carers and staff teams. Also that attendees will know of results achieved across SPSP-MH. This will include sharing of data and measurement strategies.

**Key words**

Restraint, Seclusion, Self Harm, Data, Climate Tools, Harm reduction.

**Lessons and gaps in safety within mental health: an experience in specialized in-patient care. Parc Sanitari Sant Joan de Deu.**

**Speaker:** María Luisa de la Puente

*Advisor. The Scottish Patient Safety Programme (SPSP).Scotland. United Kingdom.*

**Objectives**

Parc Sanitari Sant Joan de Deu (PSSJD) is an inpatient institution providing both mental health care and general hospitalization. The incidents of patient safety (ISP) within mental health care have been declared voluntarily by professionals since 2001. In 2013 a new Patient Safety Plan using a methodology change in the way ISPs were declared and analyzed was implemented and this was extended to cover the complete institution (Mental health and General Hospitalization).

To understand the epidemiology of the Mental Health ISP's and to evaluate the reporting Methods and analysis used.

**Methods**

PSSJD established its own methodology for classifying and analyzing cases of ISP within Mental Health, following guidelines from the Department of Health and also based on national and international recommendations. The values, classifications and improvement actions generated were then analyzed.

**Results**

In the period covering 2010 through 2014, 6468 Mental Health ISPs were reported (equivalent to an ISP rate of 0.66 / per 100 days of hospitalization, less than the rate declared by the NPSA of 1.55). 88% of these ISPs fell into 5 classifications (compared to 84% for NPSA): Patient falls, Missing patients, Acts of aggression, Medication related, Self-harm.

In General Hospitalization, 308 ISPs were recorded in 2013-2014 of which 52% corresponded to these 5 types.

For the period 2013-2014, 2363 Mental Health ISPs and 308 General Hospitalization ISPs were analyzed, results as follows:

- Mental Health: Root-cause analysis or audit reporting was carried out on 18 cases (0.8%) and 10 cases resulted in improvement actions (55%).

- General Hospitalization: Root-cause analysis or audit reporting was carried out on 28 cases (9.1%) and 24 cases resulted in improvement actions (85.8%).

**Conclusions**

The classification of ISPs outlined above detected that the classification of Mental Health ISPs is similar to that of the NPSA. The case analysis shows that in Mental Health, the predisposing factors and the improvement actions implemented are less than in General Hospitalization. Different factors may be influencing this, mainly the need to adjust ISP analysis tools to the specific nature of Mental Health.

**Key words**

Safety. Mental health. Data. Inpatient care.

**Other authors:** Cruz, A; Miñambres, A; Otin, JM.

**Symposium: 180. Monitoring the performance of mental health systems. An international perspective from WHO, European Union and North America.**

In the last years, emphasis was given to the development of indicators that could allow the comparisons of organisation, performances and quality of mental health services in different geographic areas and different countries. Although there is still

no agreement on which indicators should be used, many researchers have contributed with experiences in this field. In the symposium, three important surveys will be presented. First, the WHO Atlas that compares countries worldwide; second, the REFINEMENT Project compares mental health services at European level in 9 countries; and third, the Surveillance of Mental Disorders in Québec that compares services in the large region of Quebec (Canada).

**The World Health Organization approach to monitoring mental health systems: the Atlas 2014 survey.**

**Speaker:** Antonio Lora

*Department of Mental Health. Lecco Hospital. Lecco, Italy.*

**Objectives**

In 2013 the 66th World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013-2020. Global targets have been established in order to measure collective action and achievement by WHO's Member States towards the overall goal and Objectives of the Action Plan.

**Methods**

The Atlas 2014 set of core mental health indicators have been developed to monitor progress in relation to these targets and other critical aspects of mental health system development.

**Results**

The Atlas 2014 indicator system included indicators on policy, legislation, stakeholders involvement, government spending, human resources, training in primary care, service availability, service coverage, inpatient care and continuity of care after discharge, social support, prevention and promotion activities, suicide rate and information system. It explores some traditional areas covered by previous WHO set of indicators (WHO-AIMS and Mental Health Atlases) (i.e. governance, financing, human resources, mental health activities, information system, etc.), but often with addition of new insight. For example, the existence of a mental policy and legislation is enriched with the addition of enquiry on compliance with international human rights instruments. Also, the involvement of stakeholders (e.g. family and users associations) in the formulation and implementation of mental health policies, laws and services at the national level is analyzed in depth. In terms of mental health activities, specific attention is paid to service coverage. Indicators focused on suicide rates and prevention activities have also been introduced.

**Conclusions**

WHO has identified in the last years a framework of internationally recognized and accepted mental health indicators, that could be useful for monitoring mental health systems and that could define a minimum data set of items feasible for use in LAMIC. The Atlas 2014 indicators represent a step forward, as elements of quality assessment have been added (e.g. coverage, continuity of care). But the indicator-set also represents a challenge because of the difficulties that many countries met in responding to these items. However, the long term (over the next ten years) demand for these data may support the improvement of data quality.

**Key words**

World Health Organization, mental health systems, mental health indicators, Mental Health Action Plan 2013-2020, global mental health, WHO Atlas 2014.

**Other authors:** Chisholm, Daniel; Hanna, Fahmy; Saxena, Shekhar

**Mental health at global level: an overview of the World Health Organization Atlas 2014 survey.**

**Speaker:** Hanna Fahmy

*Department of Mental Health and Substance Abuse (MSD) World Health Organization. Geneva. Switzerland.*

**Objectives**

In May 2013, the 66th World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013-2020. Global targets have been established in order to measure collective action and achievement by WHO's Member States towards the overall goal and Objectives of the Action Plan.

**Methods**

The Atlas 2014 set of core mental health indicators have been developed to monitor progress in relation to these targets and other critical aspects of mental health system development. The Atlas 2014 indicator system included indicators on policy, legislation, stakeholders involvement, government spending, human resources, training in primary care, service availability, service coverage, inpatient care and continuity of care after discharge, social support, prevention and promotion activities, suicide rate and information system

**Results**

A total of 173 ATLAS questionnaires have been submitted (as of February 2015), representing a response rate of 89%.

- Response rates were lower for certain indicators, including social support, continuity of care and mental health spending, which reflects the limited data availability and information systems in many countries.
- 38% of Member States regularly prepare a specific report focusing on mental health activities.
- 76% and 57% of Member States report have stand-alone mental health policies and laws respectively, while 15% report having full (and a further 39%, partial) participation of persons with mental and psychosocial disabilities in policy, planning, legislation and service development.
- The availability of resources and services for mental health varies widely between countries and regions, and remains extremely limited in many lower-income countries.
- More than half of Member States report having at least two functioning mental health promotion and prevention programmes, but only 22% a national suicide prevention strategy.

**Conclusions**

Results at global level showed on the one hand the progress of the process of deinstitutionalization and on the other hand inequalities and inefficiencies in the mental health care provision at global level.

**Key words**

Global mental health, mental health systems, WHO, WHO Atlas 2014, mental health indicators.

**Other authors:** Chisholm, Daniel; Hanna, Fahmy; Saxena, Shekhar.

**Usability of REMAST for mapping MH services in Europe. Implications for health policy.**

**Speaker:** José Alberto Salinas Pérez

*Health Geographer. Universidad Loyola Andalucía. Seville.Spain.*

**Objectives**

The REFINEMENT (REsearch on FINancing systems' Effect on the quality of MENTAL health care) project was aimed to study the relationship between different models of health care financing and the extent to which mental health care services met the goals of high quality, equity, efficiency and better long term health outcomes. The Refinement project was organised in 9 work packages. The WP6- mapping services for Mental Health care- answered the necessity to map and describe the characteristics of the mental health care systems through the REMAST toolkit in nine European countries.

**Methods**

The REMAST toolkit analyses the spatial dimension of Mental Health care delivered by health and social services by means of Geographical Information Systems (GIS). The REMAST includes the standardised description of mental health care through the DESDE-LTC; a Service Inventory to collect complementary information; a detailed description about policies, plans and structural organizations of different mental health care services; and the Verona SES Index to describe the areas socio-economically. All data collected was utilized for the creation of specific maps in order to describe the spatial context of all mapped services.

**Results**

The REMAST toolkit provided the mapping and description of the structure of mental health care services, including primary, general and specialized health care and social care services in every study area. The final report included policies and general descriptions of the health and social services, the mental health care organization and the comparison of the particular data among countries. Collected information was employed to illustrate both the spatial distribution and the socio-economic environment of such services in selected macro and study areas.

**Conclusions**

The REMAST toolkit has provided diverse, comprehensive and comparable information on mental health care in 9 European health areas which allows building the framework to analyse European mental health financing systems. These results are the first step towards the creation of an Atlas of Mental Health Care which may be useful for the policy, planning and decision making in mental health.

**Key words**

Health mapping, mental health services, international comparisons, REFINEMENT project.

**Other authors:** Salazzari, Damiano; Gutiérrez-Colosía, Mencía R.; Montagni, Ilaria; Tedeshi, Federico; Salvador-Carulla, Luis; Amaddeo, Francesco and REFINEMENT group.

**Quality of mental health care across Europe: the experience of the EU REFINEMENT project.**

**Speaker:** Francesco Amaddeo

*Psychiatrist, Department of Public Health and Community Medicine, Section of Psychiatry, Ospedale Policlinico "G.B. Rossi", Verona.Italy.*

**Objectives**

The REFINEMENT project is a collaboration between 8 research institutions (Italy, Austria, UK, Finland, Spain, Norway, France and Romania) looking at the relationship between different models of health care financing and the extent to which mental health care services can meet the goals of high quality of care. One of the nine work packages focuses on

the descriptions of indicators of quality of care and met and unmet needs.

**Methods**

The Refinement QUALITY of care tool (REQUALIT) was developed to describe the various aspects of the mental health system quality within the European Union. The selection of the indicators was based on a hand search in organizational websites and reports and on a review of published papers. The measures included in the REQUALIT try to cover both the different system phases (input, process and outcome) and the quality of care dimensions (e.g. accessibility, continuity, appropriateness). REQUALIT takes into account different integrated and connected features: primary care, inpatient, outpatient and community services, health and social care. REQUALIT allows the collection of data from national and international literature, interviews of stakeholders, national or regional reports and, where Mental Health Information Systems are available, from data at individual level.

**Results**

A cross-country comparison of quality of care in Europe will be presented including a wide range of indicators (i.e., length of stay, involuntary committal, seclusion, continuity of care, re-admission rate). Quality data will be also related to the different organisations and funding systems of mental health care in the 8 countries.

**Conclusions**

The quality of care comparison provides vital data on different dimensions of mental health system performances in European countries. Difficulties on the collection of comparable data about quality for mental health services and availability of this kind of data in European countries will be discussed.

**Key words**

Quality of care, health services research, mental health.

**Other authors:** Brunn, M.; Cid, J.; Hagmair, G.; Kalseth, B.; Malin, M.; McDaid, D.; Prigent, A.; Salazzari, D.; Sfectu, R. and the REFINEMENT Group.

**Data, data, data everywhere in Canada for developing mental health indicators for surveillance and performance monitoring purposes.**

**Speaker:** Alain Lesage

*Institut universitaire en santé mentale de Montréal, Montréal. Canada.*

**Objectives**

Existing health administrative databases in public managed care systems provide readily available data for surveillance and performance monitoring. For severely mentally ill more likely to attend specialist care, hospital registers like in Scandinavia, or mental health systems databases covering hospitals or outpatient care like in regions of Italy, will suffice. But for studying also common mental disorders mostly seen in primary care, data linkages like the Welsh SEAN databases for chronic disorders, would be necessary

**Methods**

In Canada, health and social services are universally available, but are provinces' responsibility. Over the past 10 years, provinces and territories have accepted to send aggregate data to the Canadian Chronic Diseases Surveillance System (CCDSS). It started with diabetes, but have extended to other chronic diseases, including mental disorders. It includes socio-demographic data, social deprivation index, physician billings databases, hospital separations, mortality and provincial health insurance

registration (circa 98% of the Canadian population). Results by province are accessible through its Datacubes Website (<http://infobase.phac-aspc.gc.ca/index-en.html>). Province of Quebec (circa 8 millions inhabitants) chronic disease surveillance system (QCDSS) has been at the forefront of exploring the potential of the CCDSS for mental disorders.

**Results**

In Quebec, on average, mental disorders were diagnosed among 12% of the population annually. Mood and anxiety disorders accounted for almost 65% of all mental disorders diagnosed, or about 7.5% of the population. Schizophrenic disorders were diagnosed in 0.4% of the population. Over 70% of patients with mood and anxiety disorders were only identified and seen by General Practitioners, whilst 75% of patients with schizophrenic disorders were in contact with specialist services, as well as General Practitioners. We found a reduced life expectancy in psychiatric patients of 8 years for men and 5 years for women. In schizophrenia, life expectancy was lowered by 12 years for men and 8 years for women.

**Conclusions**

Decreasing discrimination in health and health care services for mentally ill patients also requires a public health perspective provided by the surveillance and analysis of indicators, as for other common chronic disorders. This study demonstrates the feasibility of using administrative data to measure the impact of current and future mental health plans in Canada provided the techniques are reproducible in other Canadian provinces.

**Key words**

Mental health systems; indicators; performance; surveillance; public health; services research.

**Symposium: 181. Early intervention in psychosis: from research to clinical implementation in the public mental health network of Catalonia.**

The main aim of this symposium is based on showing a new intervention model focused on young people at risk or suffering an emerging psychosis. It has been implemented in 12 community services of the network of public mental health of Catalonia. This innovative programme implies a new care model based on a preventive, individualized and biopsychosocial approach, following specific strategies regarding access, detection, assessment and treatment, to be able to achieve a better prognosis of the illness. Through the results found in the epidemiological and clinical research, it is intended to generalize these findings to clinical practice from two main pathways: a) the continuation of these programmes in order to evaluate results in the medium and long term and b) the implementation of such programmes in throughout the public mental health network of Catalonia. In summary, the results achieved through the implementation of this new intervention model make it possible to consider this programme as a reference for early intervention in psychosis.

**A new model of care for psychotic spectrum disorders in the network of public mental health of Catalonia.**

**Speaker:** Lluís Lalucat-Jo.

*Psychiatrist. Department of Research. Centre d'Higiene Mental Les Corts. Barcelona. Spain.*

**Objectives**

The arrival of an optimistic thinking in relation to the attention of

psychotic disorders has allowed developing new models of care with a preventive approach. In this sense, the Catalan Health Plan 2011-2015, a strategic instrument of the Health Department, has made a commitment to transforming the model of care, by promoting preventive interventions from a proactive approach to health. The main aim of this presentation is related to the process undertaken to design a new model of care and organization of services in the network of public mental health of Catalonia, and so improve the quality of care and prognosis of the target population.

**Method**

Based on a comprehensive review of the scientific literature conducted by a group of experts, the conceptual and organizational bases of a new model of care were elaborated.

**Results**

This new model of intervention has been implemented progressively in 12 areas of the public mental health of Catalonia since 2007. Moreover, a guide of development of this new model has been elaborated by an expert group (Pedagogical and Follow-up Commission of the specific care programme for people with an incipient psychotic disorder (PAE-TPI).

**Conclusions**

The set of actions performed to elaborate and implement the PAE-TPI in the network of public mental health of Catalonia has enabled the homogeneous development of this new and intensive model of community-based care, integrated into the current mental health network, focusing on the needs of patients.

**Key words**

Early intervention, psychosis, health care reform, youth mental health.

Other authors: de Pablo, Joan

**Accessibility and early detection strategies for emerging psychosis: results from an early intervention programme in Catalonia.**

**Speaker:** Clemente García-Rizo

*Schizophrenia Unit, Early Psychosis Program, Department of Psychiatry, Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain.*

**Objectives**

The reduction of treatment delay is likely not only to improve the prognosis of a psychosis itself, but also reduce the impact of the illness on a young person's social, vocational and psychological development. To achieve this aim it is necessary not only to recognize psychosis early but also to provide a quick and simple access to care. The main Objectives of this presentation are the following: a) to describe the facilitative strategies and obstacles for accessing early intervention in psychosis as well as for early detection of early signs of psychosis; b) to examine performance measures related to accessibility and availability domains in a pilot experience carried out in Catalonia.

**Method**

Descriptive statistics were performed. Median, range, mean and standard deviation were used to describe continuous variables. Frequencies and percentages were used to describe categorical variables. All statistical analyzes were performed using SPSS 19.

**Results**

The main results show optimal results to the specific care programme for people with an incipient psychotic disorder (PAE-

TPI) in terms of accessibility and availability indicators.

**Conclusions**

The strategies for detection and access to the PAE-TPI are appropriate to facilitate the care of patients at the right place and the right time, based on respective needs. These strategies should be implemented throughout the public mental health network of Catalonia.

**Key words**

Accessibility, early detection; psychosis; help-seeking, pathways to care.

**Other authors:** Baeza, Inmaculada; García-Rizo, Clemente

**Design of a comprehensive assessment targeting people with an incipient psychotic disorder in a specific care programme carried out in Catalonia.**

**Speaker:** Jordi Cid Colom.

*Psychologist. Direcció Assistencial XSMiA. Institut d'Assistència Sanitària. Girona. Spain*

**Objectives**

The impact of earlier phases of psychosis can be observed in different contexts of a person's life. In this sense, it is necessary to carry out a comprehensive biopsychosocial assessment taking into account all functioning areas of person (clinical, social functioning, cognitive functioning, family context, risk factors, etc.). The assessment process is not only important to detect target population but also for adapting the therapeutic project to the needs of patients to the rhythm that the intervention progresses. This presentation shows the design of a comprehensive assessment carried out in a pilot experience of an early intervention programme for psychosis in Catalonia and the main results about appropriateness performance measures.

**Method**

Descriptive statistics were performed. Median, range, mean and standard deviation were used to describe continuous variables. Frequencies and percentages were used to describe categorical variables. All statistical analyzes were performed using SPSS 19.

**Results**

The main findings show optimal results in terms of appropriateness performances, indicating that care and service provided are relevant to the patient's needs and are based on established standards described in the guide elaborated for the Pedagogical and Follow-up Commission of the specific care programme for people with an incipient psychotic disorder (PAE-TPI).

**Conclusions**

Due to the fact that different areas of the patient's life that are affected in psychosis, it is important to carry out a comprehensive assessment targeted to designing a specific treatment plan. In this sense, a protocolized and comprehensive assessment process targeted to emerging psychosis patients should be integrated throughout the public mental health network of Catalonia.

**Key words**

Comprehensive assessment; psychosis; early intervention; appropriateness measures.

**Other authors:** Teixidó, Mercè.

**Design of an individualized therapeutic project and continuity care across a specific care programme for incipient psychosis developed in Catalonia.**

**Speaker:** Aida Mallorquí Marcos.

*Psychologist. Mental Health Department. Sant Pere Claver Fundació Sanitària. Barcelona. Spain.*

**Objectives**

From early intervention programmes in psychosis, optimal care is a biopsychosocial approach tailored to the specific characteristics of each person and according to the clinical course of the disease. However, early intervention is not just starting treatment early. For the best outcomes, optimal treatment must be maintained throughout the ‘critical period’. This presentation is focused on two main aims: a) To describe the therapeutic intervention strategies implemented according to the illness phases; b) To examine the performance measures about continuity, effectiveness and safety regarding a specific care programme for incipient psychosis developed in Catalonia.

**Method**

Descriptive statistics were performed. Median, range, mean and standard deviation were used to describe continuous variables. Frequencies and percentages were used to describe categorical variables. All statistical analyzes were performed using SPSS 19.

**Results**

The main findings show optimal results in continuity, effectiveness and safety indicators.

**Conclusions**

The programme has demonstrated the ability to provide an uninterrupted and coordinated care, an effective intervention plan and to avoid or minimize potential risk of this intervention. In this sense, this programme implies an appropriate care model for emerging psychosis, which should be widespread across all the public mental health network of Catalonia.

**Key words**

Intervention strategies, incipient psychosis, continuity care, effectiveness, early intervention.

**Other authors:** Clusa, David

**Epidemiological and performance measures in a care programme for incipient psychosis developed in Catalonia: comparing with international experiences.**

**Speaker:** Ana Barajas Vélez

*Psychologist and Researcher. Department of Research, Centre d’Higiene Mental Les Corts, Barcelona, Spain*

**Objectives**

In the last decade, emerging results suggest that early and assertive intervention in incipient psychosis can improve the natural history of the disorder. It can mean improving outcomes in established cases by facilitating and consolidating recovery, detecting hidden morbidity in the community by identifying untreated cases, or preventing the emergence of psychosis through pre-psychotic interventions. In this sense, several models of early intervention services have been developed around the world. Specifically, in Catalonia (Spain) has been developed a specific care programme for incipient psychosis taking into account international experiences already implemented which having scientific evidence. The aim of this presentation is focused on comparing a pilot experience in Catalonia with international assertive community treatment models for incipient psychosis having scientific evidence regarding epidemiological and outcome measures.

**Method**

Descriptive statistics were performed. Continuous variables were represented statistically as means and standard deviations and we used Student’s t-test for the comparison. Dichotomous variables, instead, were represented statistically as absolute and percentage frequencies. The difference between dichotomous variables was tested using the Chi-square test or Fisher’s exact test when appropriate. All tests were performed using SPSS 19.

**Results**

A sample of 111 patients with an emerging psychosis (young people at risk or suffering a recent-onset psychotic episode) was analyzed. All patients received care across the specific care programme for people with an incipient psychotic disorder (PAE-TPI) implemented in 12 areas of Catalonia. The main findings show: a) an annual incidence rate higher than the established standard by World Health Organization (WHO); b) optimal results in the main indicators examined regarding accessibility, appropriateness and safety performances measures, comparing with international experiences; and c) there are few international models of intervention in early psychosis using standard measures for evaluation, which complicates a comparative analysis.

**Conclusions**

The new intervention model for emerging psychosis implemented in the network of mental health of Catalonia shows comparable and optimal results to other international experiences analyzed. In the future, a process of generalization of this new model of intervention should be carried out at throughout the public mental health network of Catalonia.

**Key words**

Early intervention programmes, service models, incipient psychosis, epidemiology, performance measures.

**Other authors:** Vila, Cristina

**Recommendations for implementing a new intervention model for emerging psychosis in the network of mental health of Catalonia: a future proposal.**

**Speaker:** Marta Coromina Sadurni.

*Psychiatrist. Mental Health Centre Gavà-Castelldefells. Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Barcelona, Spain*

**Objectives**

The early intervention programmes developed in several areas of Catalonia represent a homogeneous model of care for earlier phases of psychotic disorders. These pilot experiences are focused on a preventive, assertive and community approach. Such programmes have contributed to reach improvements in the following areas: detection, accessibility, clinical outcomes, quality of care, delay of treatment and number of hospitalizations. Considering this context, a possible future proposal would be based on the continuation of these programmes in order to evaluate results in the medium and long term and, secondly, in implementing such programmes throughout the public mental health network of Catalonia. Hence, two main Objectives are shown in this presentation: a) to analyze the strengths and weaknesses, threats and opportunities of such programmes; b) to establish basic recommendations for the implementation of programmes for early intervention in psychosis through public mental health network of Catalonia.

**Method**

A qualitative methodology (focal groups of 10 experts in this field) was used to examine the strengths and weaknesses, threats and opportunities of the specific care programme for people with incipient psychotic disorder.

**Results**

The expert group conducted a summary of the results based on the matching responses and grouped by subject area. 20 basic recommendations were made.

**Conclusions**

The set of basic recommendations has two aims: a) to improve different aspects regarding a new model of intervention in psychosis in terms of organization, detection, accessibility, continuity of care, effectiveness of intervention, performance measures and research support; b) to modify the current organization of the public mental health network of Catalonia in order to integrate new models of care such as the specific care programme for patients with an incipient psychotic disorder.

**Key words**

Early intervention, incipient psychosis, specific programmes, preventive approach, recommendations.

**Other authors:** Lobo, Esther

**Symposium: 187. The impact of the economic crisis on mental health in Mediterranean countries.**

This symposium presents research that aims at understanding the impact of the recent economic crisis on mental health and mental health care provision in four different Mediterranean European Countries: Greece, Italy, Portugal, and Spain. The presentations report longitudinally on key process and outcome mental health indicators (such as service utilization, staffing levels, inpatient admissions, psychotropic drugs use, suicide rates, alcohol and substance use related disorders) at country and regional level, and discuss their correlation with financial trends, unemployment rates, and local economic, social, and health care policies. The presentations will describe: changes in psychiatric morbidity at primary care level in Spain; changes in psychiatric admissions, in mental health outpatient services access, and in mental health care provision in Portugal; the crisis of the Modena-Sassuolo tile factories industrial district inspiring a qualitative research with occupational health doctors working in the area; and surveys on the general population, undergraduate students and high-school students in Greece. The symposium will show similarities and differences in the impact of the economic crisis on mental health in countries that have many aspects of cultural and health care traditions in common, with the purpose of sharing ongoing initiatives and gathering possible ideas to address current problems.

**Mental health risks of economic crisis at primary care level in Spain**

**Speaker:** Margalida Gili Planas

*Health and Science Research Institute, University of Balearics Island. Palma de Mallorca, Spain.*

**Objectives**

Nearly all European countries have been affected by the economic crisis that began in 2007, but the consequences have been among the worst in Spain. Research published before the

financial crisis of 2008 suggests that economic difficulties contribute to poorer mental health. We investigated the associations of the recession on the frequency of mood, anxiety, somatoform, alcohol-related and eating disorders among those visiting Spanish primary care settings.

**Method**

Primary care physicians selected randomized samples of patients attending primary care centres representing Spain's consulting populations.

**Results**

Compared with the pre-crisis period of 2006, the 2010 survey revealed substantial and significant increases in the proportion of patients with mood, somatoform and alcohol-related disorders. Independent of observed risks of unemployment we observed a significantly elevated risk of major depression associated with mortgage repayment difficulties. About one-third of the overall risk in the consulting population's attendance with mental health disorders could be attributed to the combined risks of household unemployment and mortgage payment difficulties. In parallel, recent years have seen an increase in consumption of antidepressant drugs, although not a significant upturn in the number of suicides.

**Conclusions**

Recession has significantly increased the frequency of mental health disorders and alcohol abuse among primary care attendees in Spain, particularly among families experiencing unemployment and mortgage payment difficulties. Some proposals to reduce the impact of the crisis in mental health will be discussed: increased community services, employment activation measures, active policies to reduce alcohol consumption and prevention of suicidal behavior, particularly among young people.

**Key words**

Economic crises, Primary Care, Mental health.

**The crisis impact on psychiatric admissions in Portugal - the SMAILE research Project.**

**Speaker:** Graça Cardoso

*Professor. CEDOC and Department of Mental Health. NOVA Medical School, New University of Lisbon. Portugal*

**Objectives**

Mental health results from the interaction of biological, psychological, social and contextual factors and is influenced by global events such as economic crises. The main objective of the SMAILE project was to assess the effect of environmental and territorial determinants on the mental health of the populations and on the use of mental health services in times of an economic and social crisis in Portugal.

**Method**

Retrospective data gathered from the medical charts for all the patients admitted to the psychiatric departments in the two metropolitan areas of Portugal, in 2002 (no crisis), 2007 (pre-crisis), and 2012 (during crisis) were reviewed. Contextual, environmental, economical, and social determinants data were also collected for the years of 2002 and 2012. Both Material Deprivation and Social Deprivation indexes were built using several contextual variables. Statistical analysis used chi-square, Pearson coefficients and linear regression tests.

**Results**

The number of admissions increased from 2007 to 2012, with

greater variation (22%) in substance use related disorders (ICD-9: 291, 292, 303, 304 e 305). Statistically significant positive changes were found in the admissions of: i) patients aged 50 to 64 years (17%,  $p=0.022$ ), divorced (25%,  $p=0.032$ ), and unemployed (58%,  $p<0.001$ ); ii) patients between 50 and 64 that referred having attempted suicide (26%,  $p=0.067$ ) and suicidal ideation (34%,  $p=0.022$ ) during that year; iii) women 50 to 64 years referring attempted suicide (39%  $p=0.044$ ) and suicidal ideation (39%,  $p=0.044$ ). In 2002 there was a positive significant association between the rate of psychiatric admissions and the areas of greater material deprivation ( $r=0.257$ ,  $p=0.010$ ), and social deprivation ( $r=0.466$ ,  $p<0.001$ ). In 2012 the results were, respectively,  $r=0.294$ ,  $p=0.003$ ; and  $r=0.605$ ,  $p<0.001$ .

### Conclusions

Our findings suggest the influence of the economic crisis in the number and profile of people admitted for mental disorders (greater effect in unemployed patients), and its association with an increase of admissions in people with suicide attempts and suicidal ideation, and particularly in women aged 50 to 64. Higher rates of psychiatric admissions were associated with the geographical areas with greater material and social deprivation, particularly social deprivation and during the crisis period.

### Key words

Contextual determinants, economic crisis, mental health, admissions, suicide attempt

**Other authors:** Silva, Manuela; Loureiro, Adriana; Costa, Claudia; Caldas-de-Almeida, José; Santana, Paula

## **Economic crisis and mental health in Italy: the figures and the experience.**

### Speaker: Gian Maria Galeazzi

Associate Professor of Psychiatry. Department of Clinical, Diagnostic and Public Health Medicine. University of Modena and Reggio Emilia. Modena, Italy.

### Objectives

Since December 2007 the vast majority of Western countries have fallen into a severe economic recession, causing increases in unemployment and income reduction. Together with Greece, Spain and Portugal, Italy is among the European countries where the economic crisis struck worst. As a consequence, since 2010 the University Psychiatry Unit of the University of Modena and Reggio Emilia (Italy) conducts research concerning the impact of socio-economic determinants on mental health and disorders.

### Method

Recent Italian publications were reviewed to provide a "picture" of the Italian situation from 2008 up to the present. Papers identified were integrated with the results of two studies carried on by the University Psychiatry Unit of the University of Modena and Reggio Emilia: a national ecological study, investigating the short term effects on the health of Italian people, and a local qualitative study by focus groups, involving eight occupational health physicians working in the ceramic district of Sassuolo (Modena, Northern Italy), investigating the impact of the economic crisis on the health of workers.

### Results

National figures clearly showed that unemployment rates were associated with an increase in male suicides, attempted suicides "due to financial problems" and cardiovascular mortality. Real GDP contraction was associated with an increase in

male suicides due to financial problems. Locally, occupational health physicians reported that consequences of the economic recession were mainly negative, with an increase of Somatic Symptom and Related Disorders and Depressive and Anxiety Disorders, together with an increase in anxiolytics and antidepressants use. They also highlighted how the crises put a strain on social capital resources and trust between workers and employers and some found it was important they adopted a general psychotherapeutic attitude to these problems.

### Conclusions

Short-term effects of the 2008-2009 Great Recession on the health of the Italian population have been mainly negative, both on a national and a local perspective. Qualitative studies may help in bringing to the foreground subtle negative dynamic phenomena in interpersonal relationships affected by the crisis, and in suggesting interventions targeting them.

### Key words

Economic crisis, occupational health medicine, anxiety disorders, depressive disorders, social capital, somatic symptom disorders.

**Other authors:** Mattei, Giorgio; Giubbarelli, Giuseppe; Pingani, Luca; Urraci, Gian Mario; Ferrari, Silvia; Rigatelli, Marco

## **The enduring financial crisis in Greece: a compilation of evidence on its mental health effects.**

### Speaker: Marina Economou

Associate Professor of Psychiatry. First Department of Psychiatry, University of Athens – Eginition Hospital. Greece.

### Objectives

Greece has been gravely struck by the global financial crisis, experiencing a persistent socio-economic and political turmoil, substantial cuts in government spending and alarmingly fast-paced increases in unemployment rates. As a corollary of these, the mental health of the population is severely afflicted. In this rationale, the University Mental Health Research Institute has conducted a series of cross-sectional surveys on the general population as well as on different population subgroups: unemployed individuals, adolescents and undergraduate students.

### Method

A number of cross-sectional surveys recruiting a random sample of respondents has been conducted. The general population surveys have entailed representative nationwide samples; whereas research on particular population subgroups has been restricted to Athens area. All studies included major depression as the outcome of interest, which was assessed either via the pertinent module of the Structured Clinical Interview (interview) or via the CES-D scale (self-report). Information on important socio-demographic and economic variables was also gleaned in all surveys.

### Results

The long-lasting financial crisis seems to have adversely influenced all population subgroups, corroborating its pervasiveness in the lives of the Greek population. Since 2008, the prevalence of major depression in adults has escalated from 3.3% to 12.3% in 2013, triggering a cascade of events impinging on the mental health of the adolescent population as well. Unemployment emerges as a difficult conundrum for the Greek society, with deleterious repercussions for the mental health of both adults and adolescents.

**Conclusions**

The enduring nature of the financial crisis in Greece has resulted in the establishment of multifaceted mental health problems in the population. Tackling its consequences emerges as an absolute priority.

**Key words**

Financial crisis; major depression; unemployment; social epidemiology; mental disorders; austerity

**Other authors:** Peppou, Lily Evagelia; Kyriakos, Souliotis

**Impact of the economic crisis in mental health services delivery in Portugal.**

**Speaker:** José Miguel Caldas de Almeida.

*CEDOC and Department of Mental Health, NOVA Medical School. New University of Lisbon. Portugal.*

**Objectives**

Portugal has one of the highest prevalence of mental disorders (12 month prevalence of 22.9%) in Europe and is one of the countries that was more affected by the economic crisis. Just before the beginning of the crisis the government started the implementation of a national mental health plan aiming at a significant reform of mental health services. The main objective of this presentation is to analyze the changes that occurred in mental health services delivery since the beginning of the economic crisis and to discuss the impact the crisis had on the implementation of the mental health plan.

**Method**

National data on the prevalence rate of mental disorders, organization, financing, restructuring and utilization of services between 2006 and 2013 are analyzed. We also discuss the available data on alcohol use, suicide and use of psychotropic drugs in the same period.

**Results**

Mental health reform in 2007 significantly increased the number of psychiatric services in general hospitals and of community-based services, while the number of beds in psychiatric hospitals decreased. With the escalation of the financial crisis outpatient interventions continued to increase while admissions tended to stabilize. Suicide rates, which had slightly decreased until 2011, increased in 2012, especially among old people. The use of some groups of psychotropic drugs (antidepressants and atypical neuroleptics) significantly increased in this period.

**Conclusions**

The first changes that occurred in the mental health system and mental health care delivery since 2006 can be attributed to the implementation of the mental health plan. However, the developments that took place after 2010, when the economic crisis became more severe, cannot be dissociated from a crisis that led to a decrease of the health budget, a suspension of the political support to mental health reform, a sudden rise of unemployment, and a general decrease of salaries. The increasing pressure on the mental health services and the significant increase in the prescription of antidepressants and atypical antipsychotic drugs observed in this second period seem clearly related to the escalation of the crisis. We can conclude that the economic crisis, more evident after 2010, significantly interfered with the implementation of the mental health reform, interrupting many of the changes previously initiated. It also had a significant impact on the utilization of mental health services

and led to an increase in the use of psychotropic drugs.

**Key words**

Economic crisis; mental health services delivery; suicide; substance use; psychotropic medication use

**Symposium: 190. Mental health and borderline intellectual functioning: how should services respond?**

It is often difficult to distinguish between premorbid cognitive deficits and those associated with severe mental illness. Current research indicates that there is a group of individuals who may suffer greater mental illhealth whilst finding it difficult to access services or specific treatments. Therefore, we believe that our symposium will increase awareness and knowledge on a complex and hidden problem, which however, may be common in clinical practice. The topic is relevant to all in the ENMESH scientific community.

The panellists will present research based on examination of large datasets and discussion of practice in different healthcare settings

Given the rarity of the topic in the international literature, we have only three presenters for this symposium.

**Borderline intellectual functioning and mental illhealth: findings from the UK Adult Psychiatric Morbidity Surveys.**

**Speaker:** Angela Hassiotis

*Professor of Psychiatry. UCL Division of Psychiatry. United Kingdom.*

**Objectives**

Borderline intellectual functioning describes a proportion of the population within one standard deviation of the mean IQ (Intelligence Quotient). Those individuals may be included in studies of the general population but appear to have particular mental health needs arising out of different patterns of psychiatric morbidity.

**Method**

Synthesis of findings from the UK adult psychiatric morbidity surveys 2000 and 2007. We have investigated cognitive profile over time, rates of psychosis and common mental disorders, suicidality and mental health service use.

**Results**

Approximately 16% of participants in the surveys were identified with borderline intellectual functioning. They were younger, male, from lower income households. We found that they reported higher rates of mood disorders, psychosis and increased rates of self harm and suicidal attempts. They also reported lower access to psychological therapies whilst being prescribed more psychotropic medication.

**Conclusions**

Patients with borderline intellectual functioning may have difficulties in seeking help for mental disorders and benefitting from psychosocial therapies, thus sharing some of the challenges of those with intellectual disabilities. Professionals in both secondary and primary care need to be aware of this group and offer reasonable adjustments and targeted support.

**Key words**

Adult psychiatric morbidity surveys, borderline intellectual functioning, suicidality, intellectual disability.

**Impact analysis on policy and practice of the use of a Framing of Scientific Knowledge strategy in Intellectual Developmental Disorders and in Borderline Intellectual Functioning in Spain**

**Speaker:** Luis Salvador-Carulla

*Psychiatrist. Professor of Disability and Mental Health. University of Sydney. Australia.*

**Objectives**

Framing of Scientific Knowledge (FSK) encompasses different types of studies where prior expert knowledge plays a leading role such as scientific declarations, position papers, modeling, burden of disease studies, or recommendations in clinical guidelines. These studies play a major role in health system research and policy. We have used the FSK approach to enhance policy and evidence informed planning in.

**Methods**

A mixed qualitative method including nominal groups techniques and secondary analysis of databases was used to produce a FSK in the two areas. The impact was estimated with a checklist of the impact of implementation 3-4 years after completion of both studies. Results were compared with equivalent studies in mental health (MH atlases in 9 regions in Spain).

**Results**

The FSK in IDD included a declaration, a policy report a book, a scientific paper and a full dissemination plan in cooperation with the main umbrella organization of users and families in Spain. A secondary analysis of the main health databases in two regions and mapping of services could be incorporated to the study, as well as a gap analysis of the strategy and a national dissemination plan. However its overall impact was very low. The FSK-BIF included a declaration, a policy report, a position report, a scientific paper and a dissemination plan together with the main user association and the Department of Health in Catalonia. Although the analysis of BIF in a database could only be carried out after the publication of the FSK, a better impact was obtained mainly due the collaboration of a champion in this area and with the public agency.

**Conclusions**

FSK are essential tools for evidence-informed policy and planning, even though other factors such as the role of champions and knowledge brokers and the direct implication of public agencies in the project also play a major role. In the next future FSK should be combined with innovative techniques of decision making in the policy arena such as the NIH consensus conferences, to maximize their results.

**Key words**

Intellectual disability, Intellectual developmental disorder, framing of scientific knowledge, impact in policy and practice.

**Other authors:** Martinez Leal, Rafael; Aguilera, Francisco; Garcia Ibañes, Jose; Martinez, Andreu.

**Borderline Intellectual Functioning compared to Mild ID: Limitations in functioning and adaptive behavior.**

**Speaker:** Rafael Martínez Leal.

*Unit for Intellectual and Developmental Disorders Research. Fundació Villablanca. IISPV, Universitat Rovira i Virgili. CIBERSAM. Tarragona. Spain.*

**Objectives**

Objectives Borderline Intellectual Functioning (BIF) is conceptualized as the frontier between “normal” intellectual functioning and intellectual disability (ID). Its prevalence has not been quantified and its diagnosis has not yet been defined as BIF is not included in any of the major diagnostic and classification manuals. However mounting evidence suggest that persons with BIF could be in great need of specialized mental health and psychological services. The objective of this study is to probe the scope of the difficulties and functioning problems of this population.

**Method**

We used the EDAD2008 National Disability Survey in Spain in order to identify subjects with BIF and mild ID. The survey included sociodemographical information, selected items of the International Classification of Functioning Disability and Health (ICF), level of difficulties, health indicators and services utilization. Individual difficulties, total number of difficulties by area and level of support needed were compared among the three groups using descriptive, Chi-square analysis, and analysis of variance.

**Results**

122 persons were identified as having BIF and 431 had a diagnosis of mild ID. An important percentage of persons with BIF showed more than one functioning problem in different areas, furthermore there were no differences between mild ID and BIF regarding the level of difficulty in communication [md=0.176, P < 0.648]; learning [md=-0.061, P < 0.888]; and social relations [md=0.401, P < 0.141]. An important proportion of persons with BIF presented at least 1 mental disorder.

**Conclusions**

Number and types of difficulties presented by persons with BIF are very close to those of mild ID. These results point to similar profiles of functioning in BIF and mild ID. Further research is needed in order to dilucidate the prevalence of complex pictures of BIF that could be actually not sufficiently attended.

**Key words**

Borderline intellectual functioning, functioning, EDAD2008 National Disability Survey.

**Other authors:** Martínez Leal, Rafael; Salvador-Carulla, Luis; Folch, A.; Torres, A.; Fernández, M.; Cortés, M.J.

**Symposium: 199. Women’s mental health: from the laptop to the bedside.**

This symposium focuses on the translation of epidemiological research into clinical practice for women with mental health problems.

We present linked epidemiology/service response talks on two clearly gendered problems: domestic & sexual violence (focusing on burden and detection among men and women in contact with mental health services, and the response of mental health professionals) and perinatal mental illness (focusing on migrant women and women with bipolar disorder). We also present an exploration of traumatic bereavement, suicidality and help-seeking by gender in a national university-based population.

The symposium includes research using diverse and novel methodologies (including surveys, qualitative studies, online based research and systematic reviews), with a unifying focus on women’s distinct mental health needs.

**Mental health professionals’ detection of domestic and sexual violence among psychiatric patients: a mixed methods study.**

**Speaker:** Hind Khalifeh

*Senior Clinical Researcher & Hon Consultant Psychiatrist. The Institute of Psychiatry, Psychology & Neuroscience. London. United Kingdom.*

**Objectives**

People with severe mental illness (SMI) are at increased risk of domestic and sexual violence (DSV), but little is known how often these experiences are detected by mental health professionals (MHPs) and barriers to providing effective support. We addressed these evidence gaps using mixed quantitative and qualitative Methods.

**Methods**

We interviewed a randomly-recruited sample of 361 patients under the care of community mental health services using a modified version of the British Crime Survey questionnaire. Where participants consented, we reviewed their medical records (N=300) and/or conducted interviews with the mental health professional (MHP) co-ordinating their care (N=184). In this study, the primary outcome was whether adulthood and past-year DSV were detected by professionals (as reported by the MHP and/or noted in the medical records). Secondary outcomes were patient and professional correlates of DSV detection. Open-ended questions in MHP interviews were used to qualitatively explore key barriers and facilitators to enquiring about victimisation and offering support.

**Results**

Data from MHPs and/or medical records were available for 89% (322/361) of the study sample. Adulthood domestic and sexual violence were experienced by 54% and 40% of patients respectively, whilst past-year domestic and sexual violence were experienced by 19% and 6% respectively. Only a third of adulthood DSV was detected by professionals, with lower detection rates for past year domestic (24%) and sexual (7%) violence. Domestic violence was less likely to be detected if the victim was male or had a diagnosis of schizophrenia. Sexual violence was less likely to be detected if the victim was male or the MHP was a nurse rather than a social worker. Qualitative findings are being analysed, and will be presented in the conference.

**Conclusions**

Domestic and sexual violence experiences are highly prevalent among people with SMI, but a third or less of these experiences are detected by professionals- with particularly low detection rates by nurses, and among male victims and those with a diagnosis of schizophrenia. These findings can inform interventions aimed at improving health service response to victimisation among people with SMI.

**Key words**

Violence, victim, mental illness, detection

**Other authors:** Hogg, Jo; Dean, Kimberlie; Howard, Louise; Khalifeh, Hind

**Stigma, suicidal behaviour and help-seeking among men and women affected by traumatic bereavement.**

**Speaker:** Hind Khalifeh

*Senior Clinical Researcher & Hon Consultant Psychiatrist. The Institute of Psychiatry, Psychology & Neuroscience. London. United Kingdom.*

**Objectives**

Introduction: Bereavement by suicide or other unnatural death affects 2.1 million people annually worldwide. Self-stigma is characteristic of unnatural bereavement, and may be associ-

ated with poor mental health and decreased help-seeking.

Aims: We sought to test the hypotheses that (a) stigma scores are higher following unnatural bereavements than sudden natural bereavement, with scores highest for those bereaved by suicide; (b) stigma following any sudden bereavement is associated with suicidal behaviour, depression, and reduced social and bereavement support; and (c) gender modifies the associations.

**Method**

We conducted a cross-sectional study of all staff and students aged 18-40 at 37 UK higher educational institutions in 2010, and identified 3,432 respondents who had experienced a sudden bereavement of a close contact since the age of 10. We compared self-stigma scores among those with unnatural versus sudden natural bereavement using the Grief Experience Questionnaire. We tested the association of self-stigma with mental health and support outcomes using multivariate logistic regression, adjusting for socio-demographic factors and pre-bereavement psychopathology, and testing for an interaction with gender.

**Results**

Probability of high stigma scores was higher in those bereaved by suicide (adjusted odds ratio [AOR]=2.92;CI95=2.35-3.63) or by sudden unnatural causes (AOR=1.45;CI95=1.19-1.77) than in those bereaved by sudden natural causes. Overall, high stigma scores were a significant predictor of post-bereavement suicide attempts (AOR=2.69;CI95=1.90-3.79), suicidal thoughts (AOR=2.69;CI95=2.30-3.14), non-suicidal self-harm (2.21;CI95=1.81-2.70), any self-harm (AOR=2.27;CI95=1.87-2.75), depression (AOR=3.83;CI95=3.20-4.58), poor social support (AOR=2.86;CI95=2.43-3.37), and use of formal bereavement support (AOR=1.85;CI95=1.58-2.15). High self-stigma negatively predicted use of any bereavement support (AOR=0.73;CI95=0.60-0.87), and use of informal bereavement support (AOR=0.53;CI95=0.45-0.62). Gender modified the associations between stigma and outcomes only in relation to formal bereavement support: in women the magnitude of this association was greater.

**Conclusions**

People who feel highly stigmatised by a sudden bereavement are at increased risk of suicidal behaviour and depression, but appear to lack social support. Those with high stigma scores prefer to access formal over informal sources of bereavement support; particularly women. These results suggest that screening for high self-stigma after sudden bereavement may provide a useful marker for adverse mental health outcomes.

**Key words**

Suicide, bereavement, stigma, gender

**Other authors:** Osborn, David; Rantell, Khadija; Marston, Louise

**A systematic review of the prevalence and risk of mental disorders in the perinatal period among first-generation migrant women.**

**Speaker:** Fraser Anderson

*Section of Women's Mental Health. Health Service and Population Research Department. London. United Kingdom.*

**Objectives**

As the proportion of people living outside of their country of birth increases, and this group is increasingly composed of women of childbearing age, understanding the health of migrant women in the perinatal period is particularly urgent. In

the general population, mental health problems during the perinatal period appear to be common, and are associated with adverse outcomes for both the mother and the child. It appears that migrant women may be at increased risk of perinatal depression, but there has been no systematic review examining the prevalence and risk of perinatal mental disorders among migrant women. This review aims to estimate of the prevalence and relative risk of perinatal mental disorders among migrant women, and to identify risk factors for perinatal mental disorders in this population. Furthering this evidence may help to inform clinical practice and develop interventions that meet the specific needs of migrant women.

**Methods**

Six databases were searched from inception to 10th February 2015, as well as citation tracking and expert recommendations to identify peer-reviewed published articles. Studies were eligible for inclusion if they assessed mental disorders using a diagnostic or screening instrument among women living outside of their country of birth, during pregnancy and up to one year postpartum.

**Conclusions**

Results and Conclusions will be presented at the symposium. This review was carried out as part of PhD studentship funded by the NIHR BRC.

**Key words**

Systematic review, Migration, Mental disorders, Pregnancy, Postpartum.

**Other authors:** Howard, Louise; Hatch, Stephani.

**Women with bipolar disorder and pregnancy: what women want from services.**

**Speaker:** Clare Dolman

*PhD Student. The Institute of Psychiatry, Psychology & Neuroscience. London. United Kingdom.*

**Objectives**

Women with bipolar disorder are at a very high risk of having a severe episode of illness associated with childbirth (40-80% depending upon family history) and so need to consider their treatment options very carefully.

**Method**

Semi-structured interviews with 21 women with BD considering pregnancy, pregnant or previously pregnant to discover what factors were important in their decision-making and what they wanted from Health Services.

**Results**

Initial themes include Stigma and Centrality of Motherhood; What women want from Services sub-themes range from improved continuity of care and information, better training for health professionals, the need for a care plan, peer support and parenting classes to wider access to Mother and Baby Units.

**Conclusions**

Despite guidance from NICE, many women with bipolar disorder do not receive the information, advice and specialized treatment that they need during the perinatal period. In this study, women themselves suggest ways this could be improved to both alleviate suffering and save NHS resources.

**Key words**

Bipolar Disorder; perinatal mental health services; qualitative research.

**Other authors:** Jones, Ian R; Howard, Louise

**Mental health professionals' response to domestic and sexual violence.**

**Speaker:** Kylee Trevillion

*Research Programme Manager. The Institute of Psychiatry, Psychology & Neuroscience. London. United Kingdom.*

**Objectives**

Despite a high prevalence of domestic and sexual violence victimisation among mental health service users, low rates of identification are reported by mental health services. Mental health professionals response to service user disclosures of abuse are also reported to be inadequate.

**Method**

Focus group interviews with mental health professionals, from different clinical disciplines, working within two English mental health trusts. The focus group topic guide explored professionals' views and opinions about identifying, referring and caring for service users who have experienced domestic and sexual violence and their engagement with services that support people experiencing abuse.

**Results**

Focus group interviews were conducted with 21 mental health professionals. Initial themes include a lack of knowledge about support services and referral pathways; challenges in working with perpetrators of abuse and the need for strategic-level support in addressing domestic and sexual violence.

**Conclusions**

Mental health professionals need to receive training on how to appropriately identify and respond to domestic and sexual violence to ensure the optimal care of abused service users. Trust-level guidance and policies on domestic and sexual violence are necessary to improve practice responses.

**Key words**

Domestic violence; sexual violence; mental health services; qualitative research.

**Other authors:** Hemmings, Stacey; Oram, Siam; Howard, Louise.

**Symposium: 201. Health economic issues of non-pharmacological interventions in severe mental health care.**

In this symposium several recent issues of the health economic evaluation of non-pharmacological interventions in severe mental illness are addressed. Reinhold Kilian and his colleagues shows that meta-cognitive training is a cost-effective non-pharmacological intervention to reduce psychotic symptoms in patients with schizophrenia. Lene Halling Hastrup presents new data, suggesting that assertive community treatment for patients with severe mental illness in Denmark is cost-effective not only over two years, as she has already shown, but also over a period of four years. Nadja Zentner and her colleagues investigated the change of psychiatric outpatient care resource consumption of patients with severe mental illness before and after an inpatient episode and interpret the detected increase in service use after the inpatient episode as an indicator of unmet service needs before the inpatient admission. A-La Park and her colleagues present the results of a systematic review, showing the potential cost-effectiveness

and value for money of supported housing programmes for people with severe mental illness in terms of decreased use of emergency services, as well as inpatient hospitalisations and use of outpatient services. Finally, David McDaid and his colleagues investigated the availability of early intervention services for psychotic disorders across Europe, showing that the different health care financing systems play an important role in the implementation of new evidence based services into routine care.

**The cost-effectiveness of metacognitive training in comparison to a neuropsychological training program for patients with schizophrenia.**

**Speaker:** Reinhold Kilian

*Ulm University, Dept. Psychiatry and Psychotherapy II, Günzburg, Germany.*

**Objectives**

Metacognitive training (MCT) is a modular group program for the treatment of psychotic disorders. Aim of the MCT is the reduction of cognitive biases presumably involved in the formation and maintenance of psychotic symptoms. The efficacy of MCT in view of the reduction of positive symptoms has already been demonstrated but a health economic evaluation is lacking so far.

**Method**

The short term efficacy of MCT in comparison to a neuropsychological training program was investigated in a randomized clinical trial including 150 patients with schizophrenia over 6 months. Long term effects were assessed 36 months after the end of the MCT. An incremental cost-effectiveness-analysis was conducted from the societal perspective by means of the net benefit approach. The PANSS total score was applied as primary outcome, as secondary outcome overall quality of life measured by the WHOQOL-BREF was used. Total costs of illness were assessed for 36 month by means of the CSSRI. Uncertainty of the ICER was estimated by nonparametric bootstrapping with 2000 replications.

**Results**

Results of the ICEA revealed that MCT is more effective but also more costly than the neuropsychological training program. Cost differences between the study groups result mainly from higher service use and higher productivity losses of person in the MCT group during the 36 months follow-up period. The maximum willingness to pay (MWTP) for the improvement of the PANSS total score by one unit was assessed to be 35,000 €, the MWTP for the improvement of the WHOQOL-BREF overall score by one unit was assessed to be 28,000 €.

**Conclusions**

MCT provides better symptom reduction and improved quality of life at higher total costs than the neuropsychological training program. Due to the lack of generalized utility measures no general Conclusions on efficiency of MCT can be made.

**Key words**

Schizophrenia, meta-cognitive training, cost-effectiveness, severe mental disorder, RCT

**Other authors:** Schneck, Claudia; Moritz, Steffen

**Health economics of Assertive Community Treatment in Denmark**

**Speaker:** Lene Halling Hastrup

*Psychiatric Research Unit, Region Zealand, Denmark.*

**Objectives**

The clinical benefits and cost-effectiveness of Assertive Community Treatment (ACT) has been demonstrated mainly in US. However, the positive clinical results of the early American studies have been unable to replicate to the same extent in Europe suggesting problems in translating evidence of the model from one setting to another. An ACT team was established in Tonder region as the first Danish ACT team to address patients with severe and persistent mental illness.

Objectives To assess the costs and outcome of ACT in a population of 174 patients in a rural area of Denmark.

**Method**

The study was based on a quasi-experimental design with a control group from the neighboring region. Costs and retention in mental health services were analyzed by using register data 1 year before and 4 years after inclusion in the study. Data on the use of supportive housing were available for the year before baseline and the subsequent 2 years only.

**Results**

Seventy eight percent of the patients receiving ACT were in contact with psychiatric services at the 4-year follow-up, while 69% of the patients in the control group had contact with psychiatric services (  $P < 0.17$ ). Days in supportive housing were lower for the ACT group before baseline and remained so (dropping to zero) for the subsequent 2 years. Over 4 years, the mean total costs per patient in the group receiving ACT were DDK 493,442 (SE 34,292). Excluding costs of supportive housing, the mean total costs per patient of the control group were DDK 537,218 (SE 59,371),  $P < 0.53$ . If these costs are included, however, the mean total costs for the ACT group are unchanged, whereas costs for the control group rise to DDK 671,500 (SE 73,671),  $P < 0.03$ .

**Conclusions**

While ACT appears to have resulted in a significant reduction in costs for psychiatric hospitalizations, baseline differences in use of supportive housing make the effects of ACT on overall costs more ambiguous. At worst, however, overall costs did not increase. Given the generally acknowledged clinical benefits of ACT over standard outpatient care, the results support further dissemination of ACT in Denmark.

**Key words**

Assertive community treatment, cost-effectiveness, severe mental illness, quasi-experimental study.

**The economic case for housing interventions for people with severe mental health problems.**

**Speaker:** A-La Park

*London School of Economics and Political Science, Dept. Of Social Policy, London, United Kingdom.*

**Objectives**

People experiencing severe mental health problems are at elevated risk of becoming homeless (Herman, 1998), and those with a history of homelessness are more likely to go through a vicious pattern of becoming heavy users of psychiatric services as well as having unstable housing status (Rog, 2014). It is important to look at effective and cost-effective housing options for people with complex mental health needs to promote independence and aid recovery.

**Method**

We conducted a rapid review of economic evidence on different models and mechanisms for housing support.

**Results**

There is a growing body of evidence on the economic case of different housing programmes for those with mental disorders as well as from mainstream housing support services. Studies show the potential cost-effectiveness and value for money of supported housing programmes in terms of decreased use of emergency services, as well as inpatient hospitalisations and use of outpatient services.

**Conclusions**

More co-ordinated and innovative approaches are needed between the health and housing sectors, taking into account different local contexts in different country settings, including challenges on the availability of land. Service funders, within and outside the health sector, should consider the economic case for different models of housing support and their impact on local health economies.

**Key words**

Mental illness, homelessness, housing support, review.

**Other authors:** McDaid, David; Knapp, Martin.

**Course of Health Care Costs before and after Psychiatric Inpatient Treatment: Patient-Reported vs. Administrative Records.**

**Speaker:** Nadja Zentner

*Ulm University. Dept. Psychiatry and Psychotherapy II. Günzburg. Germany.*

**Objectives**

There is limited evidence on the course of health service costs before and after psychiatric inpatient treatment, which might also be affected by source of cost data. Thus, this study: (a) examines differences in health care costs before and after psychiatric inpatient treatment, (b) scrutinizes whether these differences vary by source of cost-data (self-report vs. administrative), and (c) analyzes predictors of cost differences over time.

**Method**

Eighty-two psychiatric inpatients of an outcome management study (acronym EMM, ISRCTN93197945) at a large psychiatric hospital in rural Bavaria gave informed consent to the statutory health insurance company (AOK Swabia) to provide their insurance records. These were compared to the self-reported treatment costs derived from the "Client Socio-demographic and Service Use Inventory" (CSSRI-EU) for two 6-month observation periods before (T0) and after (T1) admission to inpatient treatment. Costs were divided into subtypes including costs for inpatient and outpatient treatment as well as for medication.

**Results**

Sixty-one participants completed both assessments and were no longer hospitalized at T1. Over one year, the average patient-reported total monthly treatment costs increased from € 276.91 to € 517.88 (paired Wilcoxon  $Z = -2.27$ ;  $p = 0.023$ ). Also all subtypes of treatment costs increased according to both data sources. Predictors of changes in costs were duration of the index admission and marital status.

**Conclusions**

Self-reported costs of people with severe mental illness adequately reflect actual service use as recorded in administrative

data. The increase in health service use after inpatient treatment can be seen as positive, while the pre-inpatient level of care is a potential problem, raising the question whether more or better outpatient care might have prevented hospital admission. Findings may serve as a basis for future studies aiming at furthering the understanding of what to expect regarding appropriate levels of post-hospital care, and what factors may help or inhibit post-discharge treatment engagement. Future research is also needed to examine long-term effects of inpatient psychiatric treatment on outcome and costs.

**Key words**

Health Service Costs; Administrative Data; Self-Report; Mental Health Services.

**Other authors:** Baumgartner, Ildiko; Becker, Thomas; Puschner, Bernd.

**The use of early intervention for psychosis services: a case of glass half full or half empty?**

**Speaker:** David McDaid

*London School of Economics and Political Science. Dept. Of Social Policy. London. United Kingdom*

**Objectives**

Psychotic disorders can have devastating consequences for people living with these conditions and their families; furthermore there are social and economic impacts that fall on all of society. Specialist early intervention services can reduce the duration of untreated psychosis but the availability of services has been sporadic. Our objective was to map and analyse developments in their availability in Europe from a financing and health systems perspective and to look at how the economic case for such services can be strengthened. Barriers and facilitators to service development are identified.

**Method**

Systematic review of literature and scrutiny of relevant websites to identify named early intervention and early detection services in the European Economic Area. Essential components of services scoped and described using a modified version of an established checklist for services (Addington et al 2013). The expansion of services is then considered within the context of health system characteristic and the ways in which services are financed.

**Results**

Early intervention services remain an exception rather than the rule in most EEA countries, despite potential to be cost effective from a health system perspective, especially if risks to the physical health of people with psychoses are considered. Barriers to their adoption and role as part of the care pathway include a lack of flexibility in budgets/ organisational structures, social insurance funding, poor links with primary and specialist physical health care services, adverse attitudes and scepticism on effectiveness. Facilitators include financing tariffs that better cover costs, specialist support to foster links with primary care doctors, as well as inclusion in mental health policies on reimbursement lists.

**Conclusions**

The financing and organisation of mental health systems has played a significant role in the development of services. More can be done by economists to strengthen the economic case, for instance looking much more at impacts beyond the health

care system.

**Other authors:** Park, A-La; Lemmi, Valentina; Adeleja, Bayo; Knapp, Martin

**Symposium: 203. Mental health crisis care: translating research into policy and practice.**

Our proposed symposium directly addresses the overarching theme of the ENMESH 2015 conference: closing the gap between research and policy. It reports on new research and a major policy initiative relating specifically to conference theme 2.2: Support in crisis: acute services, emergency services.

Hospital admission is a costly and often unpopular part of mental health care. Alternatives to acute mental health wards have been developed, but further evidence about how to provide effective, affordable and acceptable crisis care is needed. Our symposium presents primary research from programmes of research involving residential crisis houses and acute home treatment Crisis Resolution Teams. We present results from one site in a national pilot project evaluating an innovative street triage service model involving joint working between mental health services and the police. We also report a synthesis of evidence about interventions to improve outcomes in crises.

Our symposium also addresses the challenge of translating scientific knowledge into patient benefit. Presentations will consider how research findings are feeding into a national policy initiative aiming to improve the quality of UK mental health crisis care – the Crisis Care Concordat. We will present a programme of research designed to promote model adherence and service improvement in Crisis Resolution Teams, a service model which has been effective in trials but problematic to implement.

Collectively the presentations in this symposium will summarise evidence from several major UK initiatives to develop evidence for effective, acceptable alternatives to inpatient care and support the implementation of evidence based models of care in policy and practice.

**The contribution of crisis houses to the acute care system.**

**Speaker:** Sonia Johnson

*Professor of Social and Community Psychiatry, Division of Psychiatry, University College London, United Kingdom.*

**Objectives**

Crisis houses are community-based short term residential alternatives to inpatient wards. They have been found to be popular with service users, but evidence has been lacking as to the extent to which they serve similar populations to hospitals, and the distinctive components of the care they offer. Our Objectives are to draw on a major programme of acute care research funded by the National Institute for Health Research, to define their role in current acute care systems.

**Method**

Results from the recent TAS2 study, a mixed method comparison of crisis houses and acute wards in London, will be described alongside other recent evidence that contributes to an understanding of the role of crisis houses within acute care systems.

**Results**

Crisis houses are available in a substantial minority of English catchment areas, and synergy with crisis resolution and home treatment teams may have enhanced the model's popularity and effectiveness. They address needs related to social partici-

pation that crisis teams are less well-placed to address. Service user populations appear to overlap with those on acute wards. Key differences in service user experiences appear to be in considerably stronger therapeutic relationships and in the greater availability of peer support.

**Conclusions**

Current evidence suggests that crisis houses cannot replace acute inpatient wards, but that they may reduce the pressure on them. There are justifications for extending their availability, and also for considering whether emulating their practices in particular in the area of therapeutic relationships might improve acute care on inpatient wards.

**Key words**

Crisis care, acute care, therapeutic relationships, inpatient wards, crisis houses, alternatives to admission.

**Other authors:** Lloyd-Evans, Brynmor; Gilbert, Helen; McCabe, Rose; Nolan, Fiona; Sweeney, Angela; Fahmy, Sarah; Morant, Nicola; Slade, Mike; Osborn, David.

**Evaluation of street triage in the UK: bringing police officers and mental health professionals together to resolve crises.**

**Speaker:** Martin Webber

*Reader, Department of Social Policy and Social Work, University of York, United Kingdom.*

**Objectives**

Street triage provides a rapid response to people who police officers assess as requiring immediate mental health care and support. The UK Government has invested £25m in street triage pilots to help reduce the time police officers spend responding to incidents involving people with mental health problems and to reduce usage of s.136 Mental Health Act 1983 (police powers to take someone to a place of safety). This study aimed to evaluate the impact of street triage on rates of s.136 in one locality in North Yorkshire and short-term outcomes of people using the service.

**Methods**

This study used secondary data from police and mental health service records to obtain precise estimates of s.136 usage in the street triage locality and a comparison site before and during the pilot. Anonymised data was extracted and linked from police and mental health service records to assess outcomes of street triage users. Additionally, we used focus groups and individual interviews with police and NHS staff to explore how the service achieved its outcomes.

**Results**

The service worked mainly with people in their own homes rather than on the street and it evolved during the course of the one-year pilot. It significantly enhanced professional relationships and information flows between agencies that were previously limited. The benefits were a swifter and more person-centred approach, with reduced risk of harm to people because of the flexibility and responsiveness of the collaboration. The full findings of the evaluation will be provided in the presentation.

**Conclusions**

There are many models of street triage being piloted in the UK and it is important to understand which works best and achieves the best outcomes. This study contributes evidence to this debate.

**Key words**

Police, crisis care, mental health services, street triage.

**Other authors:** Irvine, Annie; Scott, Bill; Scott, Nicky.

**Development and testing of a measure of model fidelity for Crisis Resolution Teams: the CORE CRT Fidelity Scale.**

**Speaker:** Brynmor Lloyd-Evans

Lecturer. Division of Psychiatry. University College London. United Kingdom.

**Objectives**

Crisis Resolution Teams (CRTs) aim to avert hospital admissions where possible by offering intensive home treatment to people experiencing a mental health crisis. CRTs were nationally mandated in England in 2001. Implementation has been variable and CRTs' impact on admission rates nationally has been more modest than anticipated from trials. Evidence is lacking about how CRT implementation relates to patient satisfaction or staff wellbeing. The CORE CRT Fidelity Scale has been developed to measure CRTs' adherence to a model of best practice, derived from available evidence and stakeholder consultation.

Aims: i) To model the relationship between individual and team level characteristics, including fidelity score, and CRT patient satisfaction and staff wellbeing; ii) To conduct a preliminary investigation of the CORE CRT Fidelity Scale's inter-rater reliability and convergent validity

**Methods**

Data were collected from 25 CRTs in England from service users (n=375) regarding satisfaction with the CRT service, using the Client Satisfaction Questionnaire. Well-being data were collected from staff (N=556) using the Maslach Burnout Inventory. Model fidelity in each team was assessed during a one-day audit and scored using the CORE CRT Fidelity Scale. Multi-level modelling was used to explore the relationship of individual and team characteristics to patient satisfaction and staff wellbeing. An extended vignette was used to explore inter-rater reliability of the CRT Fidelity Scale. Sixteen raters, who had undergone training in using the scale and taken part in CRT fidelity reviews, scored a mock CRT service on all 39-fidelity items using mock fidelity review notes. The intra-class correlation between raters' scores was calculated overall and for each fidelity item.

**Results**

Results from the models of CRT patient satisfaction and staff wellbeing and the CORE CRT Fidelity Scale inter-rater reliability testing will be presented.

**Discussion**

Implications for understanding patient satisfaction and staff wellbeing in CRTs will be discussed. The value of the CORE CRT fidelity scale as a measure of CRT service quality will be considered.

**Key words**

Acute services, crisis care, implementation, policy.

**Other authors:** Johnson, Sonia.

**National implementation of the Crisis Resolution Team model: results from the CORE CRT fidelity survey**

**Speaker:** Danielle Lamb

Research Associate. Division of Psychiatry. University College London. United Kingdom.

**Objectives**

A model for Crisis Resolution Teams (CRTs) was outlined in the NHS Plan (2000). However, the CRT model is not highly specified and descriptive surveys indicate implementation has been variable. In the CORE study, multiple stakeholders and evidence sources have contributed to development of the CORE CRT Fidelity Scale, defining a model of good practice for CRTs. This allows investigation of the nationwide implementation of the CRT model.

To investigate the model fidelity of CRTs in the UK through a national survey.

**Methods**

Model fidelity was assessed in 75 CRTs in England, Wales and Scotland in 2013/14. The fidelity review process involved a one-day site visit to each service by a team of three reviewers, including at least one clinician and one service user or carer. The review included staff and service user interviews and review of casenotes and of service policies, informing ratings on 39 fidelity items.

**Results**

Results from the 75-team CRT fidelity review will be presented, indicating marked variations across England, but a generally low level of overall model fidelity.

**Conclusions**

Implications regarding the model fidelity and quality of UK CRTs, and the usefulness of the CRT fidelity scale as a service improvement tool will be discussed. As in US investigations of fidelity, in the absence of regular monitoring, adherence to the intended model appears low.

**Key words**

Acute services, crisis care, implementation, fidelity survey

**Other authors:** Johnson, Sonia; Lloyd-Evans, Brynmor; Fullarton, Kate

**Protocol and progress of a cluster-randomised trial of a service improvement programme for Crisis Resolution Teams: the CORE CRT Resource Pack.**

**Speaker:** Kate Fullarton

Research Assistant. Division of Psychiatry. University College London. United Kingdom.

**Objectives**

The CORE CRT fidelity survey confirms findings from previous studies that implementation in Crisis Resolution Teams (CRTs) in the UK is variable and few teams fully adhere to the model. Effective resources to help CRTs achieve high model fidelity are lacking. However, the US National Evidence Based Practice (EBP) Project offers a model for quality improvement in mental health settings through an implementation resource kit consisting of guidance, training materials and coaching and support for service managers and staff, designed to help services address areas where high model fidelity has not been achieved.

Objectives To develop and test a CRT Resource Pack designed to help teams to increase model fidelity and improve service user satisfaction and service outcomes.

**Method**

The Resource Pack includes online resources and guidance on a range of areas of CRT service delivery, and dedicated time from an experienced CRT facilitator to promote CRT model fidelity

through discussion and coaching of the CRT manager, mentoring, supervision and training of CRT staff, and liaison with senior Trust management regarding resources or organisational support required.

The impact of the Resource pack is being measured by a cluster randomised trial with 15 CRTs receiving the Resource Pack over a one-year period (starting October 2014); 10 teams serve as the control group. These CRTs were recruited from several NHS demographically diverse Trusts across England. The impact on fidelity will be measured through assessment at baseline, 6 months and 12 months. We will also test for impacts on inpatient service use, client satisfaction and staff well-being, comparing experimental and control groups 12 months after implementation of the resource pack begins.

### Results

Interim results from the baseline and 6 month fidelity reviews, and process data on the implementation of the intervention, will be presented.

Discussion:

The preliminary trial results will be discussed, along with implications for the CRT model and future implementation of service improvements.

### Key words

Acute services, crisis care, implementation, resource pack, service improvement

Other authors: Lloyd-Evans, Brynmor; Lamb, Danielle

## Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care.

Speaker: Nick Meader

Research Fellow. Centre for Reviews and Dissemination. University of York. United Kingdom

### Objectives

The Crisis Concordat led by NHS England is intended to improve outcomes for people experiencing mental health crisis. They propose four stages of the crisis care pathway: access to support before crisis point, urgent and emergency access to crisis care, quality treatment and care in crisis, and promoting recovery.

### Methods

Electronic databases were searched for guidelines, reviews and primary studies (where necessary). Where guidelines covered a stage of the care pathway comprehensively, we did not assess any further literature. But where there were gaps, we assessed systematic reviews and then primary studies in order of priority.

### Results

There was very limited evidence for access to support before crisis point. There was evidence of benefit for liaison psychiatry teams in emergency departments, but this was often limited by potential confounding.

There was positive evidence on effectiveness of crisis resolution teams but variability in implementation. Crisis houses and acute day hospital care were also effective as alternatives to inpatient treatment. There was a large evidence base on promoting recovery including a range of interventions recommended by NICE likely to be important in helping people who have experienced mental health crisis to stay well.

### Conclusions

Limitations of the review, the evidence base, and gaps in re-

search will be summarised.

In addition, some of the challenges of translating the evidence on mental health crisis care into policy and practice will be discussed.

### Key words

Crisis Care, Rapid Evidence Synthesis, Models of Care

Other authors: Paton, Fiona; Wright, Kath; Ayre, Nigel; Dare, Ceri; Johnson, Sonia; Lloyd-Evans, Brynmor; Simpson, Alan; Webber, Martin.

## Symposium: 212. The future of mental health care organisation in Europe: continuity of care or specialisation of services?

The on-going debate across Europe (and beyond) on the best way to organize mental health services has been mostly conceptual and driven by anecdotal experiences. Substantial organizational and financial resources have been invested in repeated and on-going re-organizations of services, driven by ideological beliefs, affinity with developments in other branches of medicine (e.g. the "super-specialization" of clinicians and teams) and partial evidence from local studies.

This symposium will offer empirical data on the effectiveness of different models of organisation of mental health care. Nicaise will present an analysis of financing and insurance coverage arrangements, care provision, and governance mechanisms supporting mental health care organisation in five European countries. Giacco will report on preliminary data from the COFI study. This study compares outcomes and costs of mental health care systems supporting personal continuity of care (integrated systems) or specialisation of services (functional systems). Lasalvia will present a study comparing the outcomes of functional and integrated systems of mental health care in people with first episode psychosis. Puntis will report on the effect of outpatient continuity of care on patient clinical outcomes, in particular risk of hospitalisation.

All the presentations will be delivered in English.

## Care system conditions facilitating integrated personal continuity of care for SMI patients: a comparison of five European systems.

Speaker: Pablo Nicaise

Social scientist. Institute of Health and Society (IRSS). Université catholique de Louvain. Brussels. Belgium.

### Objectives

In European mental health care systems, there is a debate to decide how to address continuity of care for SMI patients, in particular regarding the transition between in- and outpatient care. COFI is a large European research project aiming to address the effects of integrated personal care continuity, i.e. patients being followed up by one same clinician during and after a hospital stay, against functional continuity, i.e. different clinicians providing care after hospital discharge. Integrated and functional continuity coexist in five systems: Belgium, Germany, Italy, Poland, and England. The aim of this part of the study is to describe how personal continuity is organised in these five systems and analyse the effects of health care systems on care continuity interventions.

### Methods

The analysis study was based on two data sources: literature and scientific reports on the organisation of the five care systems, and clinical vignettes describing scenarios of how transitional care is organised in practice. The key organisational elements

emerging from a content analysis of the data were validated by local experts of the care systems. Finally, a qualitative comparative matrix was produced.

**Results**

The five care systems are very different in terms of financing and insurance cover arrangements, care provision, and governance mechanisms. Whilst some systems are based on a public sector care provision, others are regulated markets. This engenders a diversity of situations leading to the provision of integrated personal continuity of care. One key element is whether integrated personal continuity of care is determined by the patient/clinician's choice or by organisational mechanisms. Differences in organisational features could affect outcomes of integrated and functional care continuity, either at the level of patients or at the level of services.

**Conclusions**

On the one hand, these results are preparatory to the analysis of data on patients and services involved in functional or integrated care continuity provision in the five systems. In particular, they suggest that integrated and functional care continuity might result in different outcomes according to care system characteristics. On the other hand, they inform system managers and policy-makers about features that might facilitate the delivery of effective personal continuity of care.

**Key words**

Organisational model; Delivery of health care, integrated; Mental health services; Continuity of care.

**Other authors:** Lorant, Vincent; Giacco, Domenico; Priebe, Stefan.

**Comparing outcomes and costs of integrated and functional systems of mental health care: preliminary results from the COFI study.**

**Speaker:** Domenico Giacco

MD. Unit for Social & Community Psychiatry. WHO Collaborating Centre for Mental Health Services Development Barts & The London School of Medicine & Dentistry Queen Mary University of London East London NHS Foundation Trust. United Kingdom.

**Objectives**

A central question for mental health care organisation is whether to privilege specialisation of services or continuity of care. From this point of view, mental health care systems can be divided in two categories:

- 1) functional systems: care is provided by separate staff in distinct services, and the transition between services is coordinated through a network of regulated referrals;
- 2) integrated systems: care is provided by the same mental health staff across different services who co-ordinate all interventions.

The objective of this study is to compare outcomes and costs of these two systems of mental health care.

**Methods**

We will carry out a natural experiment and follow up for one year patients who, at the point of entry in the study, are hospitalised within functional or integrated systems of mental health care. The study is carried out in five European countries (Belgium, Germany, Italy, Poland, United Kingdom) in which both systems are present.

All the systems assessed in COFI are already established as routine services. This will be a methodological safeguard from the "novelty bias" found in the existing literature in which the newly established systems (either functional or integrated) tend to

have better outcomes than the previously existing systems.

Patient included are 18 years of age or older, have a primary diagnosis of schizophrenia or a related disorder (F20-29), affective disorder (F30-39) or anxiety/somatisation disorder (F40-49), sufficient command of the language of the host country and are able to provide informed consent.

Clinical and social outcomes, as well as indicators of safety, quality and costs of care are assessed.

**Results**

Recruitment of the study started in September 2014. Preliminary results on patient experience of hospital care in five different countries, collected as part of baseline data, will be presented.

**Conclusions**

COFI represents a new approach to mental health services research, comparing with the rigorous methodology of a natural experiment study mental health care systems providing routine mental health care.

It is expected to offer findings that can be immediately translated in clear indications for policy decision-making and guide the re-organization of services on the basis of empirical data.

**Key words**

Continuity of care; Specialisation; Natural experiment; Schizophrenia; Mood disorders; Anxiety disorders.

**Other authors:** Bird, Victoria Jane; Priebe, Stefan.

**Five-year outcome of FEP patients receiving integrated vs. functional mental health care. A pilot study from the PICOS.**

**Speakers:** Antonio Lasalvia

Psychiatrist. U.O.C. Psichiatria. Azienda Ospedaliera Universitaria Integrata (AOUI) di Verona and Department of Public Health and Community Medicine. Section of Psychiatry. University of Verona. Italy

Elisabetta Miglietta

PhD student. Department of Medicine and Public Health. Section of Psychiatry and Clinical Psychology. University of Verona. Italy.

**Objectives**

There is currently no consensus on whether mental health care should be provided through functional (i.e. no personal continuity in the treatment of patients across in-patient and out-patient care) or integrated (i.e. personal continuity in the treatment of the patient across in-patient and out-patient care) systems. This study compared, in a sample of first episode psychosis (FEP) patients receiving integrated or functional care, readmission rates, service disengagement, and treatment adherence at 5 years from illness onset. It is hypothesised that integrated care would produce better outcome with respect to functional care.

**Methods**

This study was conducted in the context of the Psychosis Incident Cohort Outcome Study (PICOS), a multisite naturalistic research on FEP patients treated within the public psychiatric sector in the Veneto Region (Italy). All patients were recruited from the Department of Mental Health of Verona, which is composed by 4 autonomous services- two based on the principle of integrated care, two on functional care; services were assigned to functional or integrated care on the basis of the criteria operationalized in the EU funded COFI project.

**Results**

A total of 104 FEP patients were recruited, 59 receiving func-

tional care and 45 integrated care. Preliminary analysis showed that the time from discharge until the contact with the next service is significantly shorter in integrated systems (21 days vs. 129 days respectively,  $p=.009$ ) and that patients within this model, received inpatient or outpatient care over a period of time that is longer compared to functional model ( $p=.015$ ). No significant differences were detected between the two systems in the mean number of hospital admission for patient, in the mean time (days) without receiving in-patient care and in the rate of compulsory admission.

**Conclusions**

This study provides some initial empirical findings on the effectiveness of functional vs. integrated systems of mental health care. The lack of difference found on hospital readmissions may be probably due to the low propensity to use hospitalization and low bed availability within the community-based Italian service organization. More appropriate variables should be selected in future studies to detect possible differences between integrated vs. functional systems.

**Key words**

First episode psychosis, community mental health services, Policy Organization, Integrated, Functional.

**Other authors:** Miglietta, Elisabetta; Petterlini, Sara; Zoppei, Silvia; Zanatta, Gioia; Dimitri, Giorgia; Cristofalo, Doriana; Bonetto, Chiara; Ruggeri, Mirella.

**The association between outpatient continuity of care and clinical outcomes.**

**Speaker:** Stephen Puntis

*Psychologist. Social Psychiatry Group. Department of Psychiatry. University of Oxford. Warneford Hospital. Oxford. United Kingdom.*

**Objectives**

Continuity of care is the process of care of an individual patient over time which is perceived by both patient and health service as comprehensive, consistent, and connected. Continuity is recognised as vital in managing long-term illnesses and faces unique challenges in mental health due to deinstitutionalisation, the complex health and social needs of patients, and the difficulty in engaging patients with severe mental illness (Freeman et al. 2002).

There are few studies of continuity in mental health and its impact on clinical outcomes, and these studies are heterogeneous in design, measures and outcomes (Puntis, 2014). This study investigated continuity of care and its association with rehospitalisation using an established operationalisation of continuity (Burns, 2009).

**Methods**

This study was a 36-month prospective follow-up of 333 patients with a diagnosis of a psychotic disorder who participated in the OCTET trial (Burns et al., 2013). Continuity of care was measured through eight components of continuity from the ECHO study (Burns, 2009). Outcomes were risk of rehospitalisation, time to readmission, and duration of hospitalisation. Data were analysed using multiple regression controlling for baseline demographics and confounding variables.

**Results**

More frequent contact was associated with an increased risk of rehospitalisation and increased number of hospital days. More consistent contact (fewer 60-day gaps) was associated with ear-

lier readmission and more hospital days. An increased number of professions treating a patient and decreased changes in care coordinator were associated with later readmission and fewer hospital days. Better information continuity was associated with a lower risk of readmission, later readmission, and fewer hospital days.

**Conclusions**

There is a complex relationship between continuity of care and hospitalization. Better intensity and consistency was associated with worse outcomes, suggesting services flexibly responded to patient need. Having fewer changes of care coordinator was associated with better outcomes, a finding which supports the argument that a continuous, long-term relationship is beneficial for patients (Haggerty et al, 2003). Modern mental health services need to be flexible and responsive to patient need whilst maintaining a long-term therapeutic relationship with patients. Measures of continuity of care need to be sensitive to these changes.

**Key words**

Continuity of Care, Health Services Research, Service Delivery, Outpatient Mental Health Care.

**Other authors:** Burns, Tom; Rugkasa, Jorun.

**Symposium: 229. On the move: innovative insights and interventions targeted at the interaction between exercise, psychosocial functioning and recovery for people with (a risk for) psychosis.**

With a growing awareness of the disturbing effects of severe mental illness on physical health and studies showing beneficial effects of exercise on somatic and psychological health, the need to offer suitable interventions for people at risk for psychosis is apparent. Clients stress the positive influence of participating in fitness related activities on recovery but also emphasize problems with adherence and the importance of finding the right match. In this symposium an overview is given on recent insights on the effects of (negative) symptoms, and sedentary behavior and the possible beneficiary influence of exercise as well as on the elements that make interventions effective. Our aim is to reflect on how in this area service innovation can gain from clinical research and a critical client view on the interventions offered. And.. to show how exercise should not only functional but more than that: also fun!

**Prevalence and treatment rates of metabolic disorders in patients with psychotic disorders.**

**Speaker:** Jojanneke Bruins

*MSc. psychologist. Rob Giel onderzoekcentrum. University Center of Psychiatry. University Medical Center Groningen. The Netherlands.*

**Objectives**

The prevalence of the metabolic syndrome in patients with psychotic disorders is approximately four times higher compared to the general population. Patients are at risk of cardiovascular morbidity and mortality and often need medical treatment for their metabolic risk factors. In this study the treatment accuracy and response to treatment of metabolic disorders was examined in a large cohort of people with psychotic disorders.

**Methods**

Prevalence of metabolic symptoms was yearly assessed in a cohort of 838 patient with psychotic disorders over a period of

four years. Moreover, pharmacological treatment of the metabolic syndrome as defined by the criteria of the National Cholesterol Education Program for waist circumference, blood pressure, HDL-cholesterol, triglycerides and glucose, was monitored.

**Results**

Prevalence of the metabolic syndrome varied between 56-60% over the assessments. Based on the guidelines of the European Society of Cardiology, 62-66% needed pharmacotherapy for their metabolic disorders at some point during the four assessments. Treatment rates of antihypertensive, antihyperglycemic and lipid-lowering drug therapy varied between 30-64%. Blood pressure, total cholesterol, LDL-cholesterol, triglycerides and HbA1c were significantly lower in patients receiving the appropriate pharmacological treatment compared to patients who did not receive the necessary drug treatment

**Conclusions**

Metabolic risk factors are seriously undertreated in people with psychotic disorders. Given the high morbidity of cardiovascular disease in patients, treatment of metabolic disorders in patients with psychotic disorders should be improved.

**Key words**

Metabolic syndrome, treatment, psychotic disorders, cardiovascular risk, pharmacotherapy.

**Other authors:** Pijnenborg, M.; van den Heuvel, E.; Bartels, A.; Bruggeman, R.; Jörg, F.

**Two subdomains of negative symptoms and their clinical correlates in chronically ill patients with a psychotic disorder.**

**Speaker:** Lisette Van der Meer

Psychologist. Department of Rehabilitation. Lentis Center For Mental Health. The Netherlands.

**Objectives**

Research suggests a two factor structure for negative symptoms: social amotivation and expressive deficits. It is proposed that distinguishing these two factors in negative symptoms may be valuable for the prediction of outcomes and target treatments. To this end, we aimed to investigate 1) whether this two factor structure of negative symptoms is also supported in chronically ill service users with a psychotic disorder and 2) the relationship between these factors and quality of life, depressive symptoms and functioning.

**Methods**

1157 service users with a psychotic disorder and duration of illness > 5 years were included in the study (data selected from the Pharmacotherapy Monitoring Outcome Survey; PHAMOUS). A confirmatory factor analysis was performed using items of the Positive and Negative Syndrome Scale (PANSS) that were previously identified to reflect negative symptoms (N1-4, N6, G5, G7, G13 and G16). Regression analysis was performed to investigate the differential effects of both factors on outcome measures.

**Results**

Results show that the factors social amotivation (N2, N4, G16) and expressive deficits (N1, N3, N6, G5, G7, G13) can also be distinguished in chronically ill service users. Social amotivation predicted more depressive symptoms and worse quality of life. While both factors predicted functioning as measured with the Health of the Nation Outcome Scales (HoNOS), expressive deficits uniquely predicted residential living status.

**Conclusions**

The results confirm the multidimensionality of negative symptoms also in chronically ill service users and showed unique functional correlates of these two factors. We suggest that social amotivation is predominantly related to aspects of affective-emotional problems, and that expressive deficits are particularly related to everyday activities. Our findings suggest that both factors may indeed be valuable predictors in daily functioning and living situation of service users later in life.

**Key words**

negative symptoms; subdomains; expressive deficits; social amotivation; functional outcome; quality of life

**Other authors:** Stiekema, Annemarie P. M.; van der Meer, Lisette; Liemburg, Edith J.; van der Meer, Lisette; Castelein, Stynke; Stewart, Roy; van Weeghel, Jaap; Aleman, André; Bruggeman, Richard

**Meta-analysis of Effects of Aerobic Exercise on Negative Symptoms in Schizophrenia.**

**Speaker:** Sjoerd Vogel

PhD Candidate. Lentis Psychiatric Institute. Groningen. The Netherlands. PhD Student at Lentis Mental Health Care. Department of Rehabilitation. Groningen. The Netherlands.

**Objectives**

This meta-analysis aims to evaluate the effects of aerobic exercise within the treatment of negative symptoms in schizophrenia.

**Methods**

The Cochrane Library, Medline, Embase, PsycINFO and CINAHL were searched from their inception until 16 March 2014. Randomised controlled trials (RCT's) comparing aerobic exercise with other psychosocial interventions in patients with schizophrenia were included if negative symptoms had been assessed. The methodological quality of the studies was assessed with the Clinical Trials Assessment Measure (CTAM).

**Results**

Nine studies were included (N= 483). Seven out of nine studies had poor methodological quality as measured with the CTAM. Moreover, there was substantial heterogeneity in the studied interventions. The meta-analysis (random effects model) showed a statistically non-significant effect on negative symptoms in favor of exercise (hedges' g = 0.028, 95% CI =-0.350 to 0.294). Compared to treatment as usual (TAU), exercise significantly improved negative symptoms (hedges' g =0.709, 95% CI =-0.152 to 1.266).

**Conclusions**

This meta-analysis demonstrated a significant effect of aerobic exercise on negative symptoms in schizophrenia compared to TAU, but no effect compared to any other (active) control condition. The quality of the included studies was low.

**Key words**

Schizophrenia; Psychotic disorder; Meta analysis; Exercise; Sports.

**Other authors:** Vogel, J.S.; Knegtering, H.; Van der Gaag, M.; Castelein, S.

**Physical activity, energy expenditure and sedentary behaviour in early psychosis patients: a controlled pilot study.**

**Speaker:** Amber de Herdt

Msc. psychologist. Faculty of Rehabilitation Science and Physiotherapy. Catholic University of Leuven. Leuven. Belgium.

**Objectives**

Not only a lack of physical activity (PA) but also more sedentary behaviour (SB) have been reported in chronic schizophrenia. In early psychosis (EP) such studies are currently scarce. The aim of the present pilot study was to objectively evaluate PA level, active energy expenditure (AEE) and amount of SB in 20 EP individuals and age-gender-BMI matched healthy controls (HC).

**Methods**

PA level, AEE and SB were assessed during five weekdays and two weekend days using a multiple-sensor body monitor.

**Results**

Comparison in baseline characteristics between EP and HC showed that both groups were comparable on age and BMI but in the EP group more persons smoked. Comparison of levels of physical activity revealed that only on Saturday the EP patients spend significantly less time in moderate PA ( $\Delta t$  mod PA), had a lower AEE and a higher total SB time ( $\Delta t$  tot SB) compared to HC. No group differences were observed for the other PA outcomes. Early psychosis patients however did differ where sedentary behaviour is concerned: for both time spent lying down and time spent sleeping significant differences between EP patients and HC were found for all days except for Friday.

**Conclusions**

Based on the current preliminary data we might conclude that in Early Psychosis not so much a lack of physical activity but rather a sedentary lifestyle contributes to the often observed unhealthy lifestyle pattern (e.g. poor diet, high rates of cigarette smoking). Besides stimulating patients towards an active lifestyle, health professionals should consider sedentary behaviour (i.e. time spent lying down) when trying to improve health outcomes in this young population.

**Key words**

depression; exercise; health services; rehabilitation; social anxiety disorder (SAD)

**Other authors:** Knapen J, A. J.; Vancampfort, D.; De Hert, M.; Brunner, E.; Probst, M.

**Can a lifestyle intervention improve physical activity in severe mentally ill residential patients? And does it affect their mental well-being?****Speaker:** Anne Looijmans

MSc. psychologist. Department of Epidemiology. University Medical Center Groningen. The Netherlands.

**Objectives**

Evidence shows that physical activity is effective in treatment of depression and that mild to moderate aerobic exercise improves psychiatric symptoms and quality of life in patients with schizophrenia. We studied whether a lifestyle intervention addressing the obesogenic environment of severe mentally ill (SMI) long-term residential patients can increase their physical activity levels and whether this increase leads to improvements in mental well-being.

**Methods**

We used data of 264 participants of the Effectiveness of Lifestyle Interventions in PSychiatry (ELIPS) trial. In the interven-

tion group, lifestyle coaches created a team-tailored lifestyle plan according to pre-set ELIPS goals and strict protocol. In the 3-month implementation phase, lifestyle coaches trained health care teams to create a healthy environment, stimulate health behaviours in patients and achieve their pre-set goals. In the 9 months thereafter, adherence to the lifestyle plan is supervised by a lifestyle coach. Control patients received care as usual.

Physical activity was measured as 'functional physical fitness' with the six-minutes walking test and as 'daily physical activity' with the SQUASH questionnaire. Mental health outcomes were negative symptoms (Positive and Negative Syndrome Scale - Remission), depressive symptoms (Calgary Depression Scale for Schizophrenia) and quality of life (Manchester Short Assessment of Quality of Life). Measurements were conducted at baseline, at 3 and 12 months.

**Preliminary results**

Patients in the intervention group had a higher level of functional physical fitness compared to patients in the control group after 3 months intervention with median scores: intervention = 415 meters; control = 323 meters ( $U=1102$ ;  $p=.001$ ). At baseline and 12 months, there was no difference in median scores on functional physical fitness between both patients groups. Improvement on functional physical fitness after 3 months is associated with an improved score on the PANSS-R negative item "Lack of spontaneity and flow of conversation" ( $U = 199$ ,  $p=.042$ ).

**Conclusions**

An intervention addressing the obesogenic environment of SMI long-term residential patients by focussing on physical and dietary behaviour can improve levels of functional physical activity after 3 months. This positively affects symptom severity. However, when direct support of lifestyle coaches disappears, the improvements diminish.

**Key words**

Physical activity, severe mentally ill, depression, quality of life, negative symptoms, residential patients.

**Other authors:** Stiekema, A.; Corpeleijn, E.; Jörg, F.

**BeatVic: evaluation and experiences with a psychomotor assertiveness training using kick boxing to increase both physical and mental empowerment in people with psychosis.****Speaker:** Jooske T. van Busschbach

Senior Research. Parnassia Groep. Rotterdam. The Netherlands.

**Objectives**

There are many factors that heighten the risk of people with psychotic disorder to become victim of violent incidence. It is suggested that impaired social cognition and problems in aggression regulation may lead to inadequate social behaviour and increased risk of victimization. In addition, the traumatic experience of the victimization could induce strong physiological responses to external stimuli resulting in aggression regulation problems. In this pilot study a psychomotor assertiveness training was developed targeted at increasing both adequate aggression regulation, social awareness but also decreased self-stigma and so breaking the cycle caused by earlier incidents. Kickbox training with the support of experts by experience is used as an instrument to help people to become more fit, capable and empowered. The aim of this pilot study was twofold: 1) evaluating and improving the intervention protocol using par-

participants experience 2) exploring the effect of the training on different victimization and social functioning scales.

**Methods**

A pre test- post test quasi-experimental design without a control group is used in this feasibility study with 24 participants in three training groups. Study parameters are the participants evaluation of the intervention and potential effects on physical fitness and pre and post outcomes on social competence, social anxiety, anger and conflict.

**Preliminary results**

Results of the study will become available in the summer of 2015. For now a very positive response was found among participants with high adherence.

**Conclusions**

Earlier studies on assertiveness training using elements of martial arts show positive results on both physical and mental fitness leading to increased feelings of self-esteem. For now there is no evidence for adverse effects of kick box training on aggression regulation.

**Key words**

Psychosis, victimisation, psychomotor training, assertiveness, aggression regulation.

**Other authors:** Pijnenborg, M.; de Vries, B.; van der Stouwe, E.; Aleman, A.

**Symposium: 244. Local integrated atlases of mental health care for policy and planning.**

Atlases of Mental Health using a standardised classification system, such as the DESDE-LTC, is a powerful tool for evidence informed policy. Policy makers can use Atlases to detect gaps and inequities in the provision of care for people with mental health needs; to fill these gaps using local information; and to monitor the system. The collaboration between researchers and policy makers is possible, if Objectives are shared and results are communicated in a comprehensive way. Finally, if Atlases of Mental Health are done using common terminology, cross-country comparisons and learning lessons one from each other is possible.

**Implementation Impact analysis of the use of Integrated Atlases of Mental Health in Spain.**

**Speaker:** Ana Fernández Sánchez  
*Mental Health Policy Unit. Brain and Mind Research Institute. Faculty of Health Sciences. University of Sydney. Australia.*

**Objectives**

Integrated Atlases of Mental Health are essential tools for decision making and quality assessment. As a visual form of communicating health information, they bridge the gap between complex epidemiological presentations of statistics and the varied educational backgrounds represented by policymakers and other decision makers. Policy makers and health planners may use the information presented in the Atlas to quickly organize their ideas and to better plan based on local data.

During the last decade we have developed Atlases of Mental Health in 9 different Spanish regions (Andalusia, Balearic Islands, Basque Country, Cantabria, Catalonia, Castilla la Mancha, Madrid, Murcia and Navarre). However, little is known about the impact that they have had. This study aims to analyse the

impact of these Atlases.

**Methods**

Based on a review of the literature, we developed an Implementation Impact Tool Kit. This tool kit evaluates the level of implementation/impact that a project has reached, as well as other factors that could help to understand the impact reached (i.e. degree of collaboration with the target organization and availability of publication). The impact is classified in 8 levels:-1) Negative awareness; 0) No level; 1) Awareness; 2) Assimilation; 3) Translation; 4) Allocation; 5) Provision; and 6) Monitoring. We classified each one of these Atlases according to these levels. We also described the level of collaboration with the target organization (i.e. the regional government).

**Results**

The level of impact ranged between 1"awareness", in the Balearic Islands, Murcia and Navarre; and 6 "monitoring" in Catalonia and the Basque Country. Collaboration oscillated between low (Andalusia, Balearic Islands, Murcia and Navarre) and very high (Basque Country, Cantabria and Catalonia).Those regions with a higher level of impact were also more engaged in the development of the Atlas.

**Conclusions**

The impact of the Atlases is very variable. Data suggested that in order to achieve a higher impact, it was important to follow what is known as the "exchange model of knowledge transfer" or the more recent "Interactive System Framework". According to both models, to transfer knowledge to action, researchers and stakeholders have to be engaged in a bidirectional model of knowledge exchange from the start.

**Key words**

Impact Assessment; Implementation; Mental Health Atlases;Quality Improvement.

**Other authors:** Salvador-Carulla, Luis

**The local mental health system in New South Wales: comparison with community care models in Europe.**

**Speaker:** Luis Salvador-Carulla  
*Psychiatrist. Professor of Disability and Mental Health. University of Sydney. Australia*

**Objectives**

International comparisons are useful for: 1) learning about national systems and policies; 2) learning why they take the forms they do; and 3) learning lessons from other countries for application elsewhere. However, in order to do meaningful comparisons, it is important to use a standardised tool that goes beyond terminological variability. The aim of this study is to compare the local mental health system in NSW with different community care models in Europe.

**Methods**

We mapped all the services for people experiencing mental illness (children and adults) and their families providing care in 2 Local health Districts in New South Wasles and in 8 European countries (Austria, England, Finland, France, Italy, Norway, Rumania and Spain), using the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC). This is based on a taxonomy tree and coding system that allows the classification of services in a defined catchment area according to the main care structure/activity offered as well as their level of availability and utilisation

**Results**

After comparing the mental health system in NSW with the different European models, three main care gaps were found: 1) absence of high intensity day care; 2) absence of acute and non-acute residential care provided outside the hospital but with 24-h physician cover; and 3) absence of non-acute, 24 h support (but not medical support) residential care.

**Conclusions**

The analysis of the pattern of care provided in New South Wales and its comparison with other models, suggested that this is a reactive system, mainly based on short term programs, rather than a proactive system based on long term planning. It is also based in individual care, with a lack of community care provided by the health sector. A deep structural reform is needed.

**Key words**

Mental Health Atlases; Quality Improvement; international comparisons; community mental health model.

**Other authors:** Fernández Sánchez, Ana

**Comparing the mental health services provision of Bizkaia and Gipuzkoa (Spain) with other European áreas.**

**Speaker:** Carlos R. García-Alonso

*Engineer. Department of Mathematics and Engineering. Loyola University Andalucía. Spain.*

**Objectives**

Mental health services comparisons between European countries are hampered because of these services are not often comparable. The Refinement project has allowed obtaining information on mental health services (REMAST) and pathways of care (REPATO) for several European health areas. The health departments of Bizkaia and Gipuzkoa (Spain) aim at planning their mental health services based on local evidence-informed. Thus, they have carried out the standardisation and mapping of their mental health services and studied the technical efficiency of small mental health areas. The main objective of this research is to compare these two Spanish areas with the Refinement's areas in order to generate evidence-informed useful for the decision making in both areas.

**Methods**

The REMAST and REPATO tools were specifically developed, within the framework of the Refinement project, to describe mental health meso-areas throughout Europe. Both of them included the standardised classification of types of care (DESDE-LTC) as well as data on places, beds, staff and utilisation. This information has been used to build different mental health indicators (inputs and outputs) and carried out an efficiency analysis which have been compared and visualised graphically. Thus, Bizkaia and Gipuzkoa areas have been compared with similar areas from Austria (Industrierviertel), Finland (Helsinki and Uusimaa), Norway (Sør-Trøndelag), Italy (Verona), United Kingdom (Hampshire), and Spain (Girona).

**Results**

The community residential model is more advanced in Spain, Austria and England while Norway and Finland have still a psychiatric hospital model. However, day service provision show larger differences between areas and homogeneous care models cannot be found. Lastly, outpatient services provision is homogenous except for Austria and Norway, where is higher because of public outpatient services are completed with private psychiatrists (single

handed practice) financed partly. Overall, Bizkaia and Gipuzkoa have lower service provision but higher performance and technical efficiency than European central and northern areas.

**Conclusions**

Mental health service provision reveals national, or even regional, differences based on service property and proportion of public financing. Thus, Spanish areas or the Norwegian and Finnish areas (North Europe) have different service provision. Bizkaia and Gipuzkoa are characterised by lower financing resources but adequate performance what highlight that higher availability of resources (inputs) are not linked to better results (outputs) in mental health care. These results should be completed with information on financing and quality of mental health care in Europe also provides by the Refinement project. In addition, new mental health areas should be studied in this countries and in others in order to detect regional differences.

**Key words**

international comparisons, mental health services, local evidence-informed planning

**Other authors:** Salina-Pérez, Jose A.; Iruin, Álvaro; Pereira, Carlos; Salvador-Carulla, Luis; Gutiérrez-Colosía, Mencia R.

**Influence of demographics and service provision, accessibility and adequacy in hot and cold spots of depression in Catalonia.**

**Speaker:** María Luisa Rodero-Cosano

*Psychologist. Department of Psychiatry and Mental Health. Faculty of Medicine. University of Concepcion. Chile.*

**Objectives**

The study of spatial distribution of disease is an important research field nowadays. In previous research, clusters of high and low values of prevalence (hot and cold spots) of depression were detected using a multi-objective algorithm at municipal level. Once these patterns are detected, it is important to analyse the risk factors that explain this type of distribution, so this study pursues to find the possible relationships that could explain the presence of these groups in parts of the region. Depression has been related to different socioeconomic indicators but quality indicators of health service may be other factors involved.

**Method**

Taking into account that health planning used the small mental health areas attended by a Mental Health Centre and the study of spatial distribution was carried out at municipal level, to study this type of data needed specific methodologies that allows us to analyse individual and group differences in the corresponding levels. Multilevel models are Methods to study variables at different levels using submodels associated with these levels within the same model, and exploring the relationship between the observation units constituting the hierarchical structure.

**Results**

Using this methodology, the 39 municipalities that had been identified as a hot or cold spot have the following risk factors in common: prevalence, population density, unemployment, income and educational level. In small areas of mental health included in these municipalities have been related with urbanicity, service availability, accessibility to care and adequacy or appropriateness.

The results showed significant relationships of urbanity, population density and unemployment and accessibility with high prevalence of depression, however the relationship with low

prevalence of depression showed non-significant results.

**Conclusions**

Based on these results it can be concluded that this study provided an opportunity that could help planners and decision makers in their goal of efficiency, quality and equality in mental health care.

**Key words**

Spatial analysis, multi-level models, depression, risk factors.

**Other authors:** Salinas-Pérez, José A.; González-Caballero, Juan Luis; García-Alonso, Carlos R.; Lagares-Franco, Carolina; Salvador-Carulla, Luis.

**The integrated atlas of mental health care in Chile: analysis of five health regions.**

**Speaker:** Sandra Saldivia

*Psychiatrist. Professor. Department of Psychiatry and Mental Health. University of Concepción. Executive Secretary of Red Maristan. Chile.*

**Objectives**

The evaluation of mental health systems within the evidence-informed policy framework also requires detailed and systematic analysis of the context of care at local level. This approach contrasts with the majority of reports which are mainly based on narratives of local good practices, without adequate comparison. Our aim was to describe the availability of services in 19 small health areas of Chile to complement the data already provided at country level.

**Methods**

DESDE-Chile is an ecological study of the mental health care system in Chile following a bottom-up approach based on the comparison of service availability and utilization in small health areas. The study uses an international classification system (DESDE-LTC) and an epidemiological approach to health service assessment using a standard unit of analysis (Basic Stable Inputs of Care – BSIC) which is coded according to their ‘Main Type of care’. Data collection procedure was between 2008-2009 and reviewed in 2012. Data about mental health care services for adults, children and drug users was collected in five out of 28 catchment areas. It was possible to have a map of mental health services of each one.

**Results**

178 specialized centers were identified. Of the overall, 42.7% were residential care, 29.2% Day care centers and 28.1% outpatient care. Residential centers were mainly residential care, non-acute, non 24h physician cover, 24-h support, indefinite stay, 24 hours support (R11,(37)). Non-work structure day care, high intensity structure day care, health related (D4.1) were most frequently Day Center and there were not Day Center oriented to work or children population. In Outpatient care center O9.1 (non acute, non mobile, médium intensity, health related care) were most frequent.

**Conclusions**

The DESDE-LTC system was useful for describing mental health care in Chile. The meso-level description gathered in this study adds to the macro-level information on the mental health care system that has been provided in other reports.

**Key words**

Mental health services, DESDE-LTC, evaluation, Atlas.

**Other authors:** Romero, Cristina; Grandón, Pamela; Salinas-Perez, Jose A.; Salvador-Carulla, Luis.

**Integrated mental health atlas of the Basque country (Spain).**

**Speaker:** Sandra Saldivia

*Psychiatrist. Professor. Department of Psychiatry and Mental Health. University of Concepción. Executive Secretary of Red Maristan. Chile.*

**Objectives**

Mental health maps have become important instruments for health planning and resource allocation and different models have been proposed. The use of these instruments is still very scarce in our context.

To develop an Integrated Atlas of MH of the Basque Country(Spain) using a validated classification system. To compare results with an operational model of basic MH community care (B-MHCC, Salvador-Carulla et al,2007) and with results in other regions of Spain.

DESDE-LTC instrument (Salvador-Carulla et al,2013) was used to standardize and classify all available resources for MH care, including those provided by the health, social, educational or justice sectors. All the information was analyzed to conclude on the availability of each type of MH resource and on the accessibility to that resource. Use of services was also studied.

A total of 291 basic stable inputs of care(BSIC) were identified, most of which provided one main type of care(MTC). 50% were dedicated to social or social-and-health care.

The availability of MH services (e.g. rates of MTC, beds or places in care per100000 habitants) was broadly within the recommendations of B-MHCC model with the exception of medium and long term hospital care which rates were notably higher (up to 113,7 beds per 100000 inhabitants). Compared to other regions of Spain a higher availability of most types of care was found. Accessibility:43% of core mental health services were allocated within the corresponding small catchment area, and the rest were never over100km distance. Service use was overall in line with B-MHCC model: Hospital discharge rates (2.43 per1000), average hospital stay (18,32 per1000), and administrative prevalence of outpatient contacts (33,14 per 1000) were within expected ranges, and only administrative incidence was slightly lower (6,69 per1000).

Results indicate that MH services in the Basque Country have good rates of availability and acceptable accessibility with few exceptions, together with a good delimitation of activity of each resource. A remnant of institutional care coexists with a good development of community resources which highlights the need to continue the transformation of existing traditional services in order to achieve a more balanced community model.

**Key words**

mental health care, evidence informed, service evaluation, health geography.

**Other authors:** Gabiondo, A.; Pereira, Carlos; Lekuona, L.; Gutiérrez-Colosía, Mención R.; Salina-Perez, Jose A.; Salvador-Carulla, Luis; Iruin, Álvaro.

**Symposium: 245. New decision support tools for evidence-informed mental health planning**

This symposium aims to present three mental health service evaluation tools. The first two are about DESDE-LTC, a standardized international classification of services that allows mapping of social and health care. The first study have tested its usability and have developed a computer algorithm for collection of data and coding. And the second research have analyzed the implementation phases and assessed the spreading and impact

in targeted public planning agencies.

The third presentation deals with an agent-based modelling (ABM) designed to assess differences in the functioning of healthcare systems. ABM might help to explain how similar organizations, in terms of resources availability, produce very different outcomes.

The last presentation is about the REFINEMENT Mental Health Care Financing Toolkit. This toolkit allows collecting information on economic context, revenue collection, pooling and allocation mechanisms and inbuilt financial incentives related to the provision of MH and social care.

### **Use of the international classification DESDE-LTC for monitoring the social care system in Andalusia (Spain) – DESDE-AND classification software.**

**Speaker:** José Luis Almenara-Abellán  
*General Practitioner. Teaching Unit of Cordoba. Spain.*

#### **Objectives**

The DESDE-LTC is a standardized international classification of services that allows mapping of social and health care based on the European Service Mapping Schedule (ESMS) developed for mental health services. The DESDE-AND project aims at 1) testing the usability of DESDE-LTC for the classification of social services, 2) developing a computer algorithm for automatic collection of data and coding, following an integrated care approach, and 3) Incorporation to Geographical Information Systems.

#### **Methods**

First the usability of the DESDE-LTC taxonomy was assessed by a group of experts in social services. This included the revision of the functional definition of all social service types and its assignment within the management structure of social care. Second DESDE-LTC was used for coding prototypes of the whole class of social services listed at the official catalogue of social services in different Council of Andalusia Regional Government (Spain). Third, a pilot study was conducted in a catchment area of Seville comprising a wide variety of typologies of care. A feasibility analysis was performed with key decision makers in the field.

#### **Results**

This research has allowed to test the usability of the coding system outside the health sector and to improve it. The DESDE-LTC was used for coding and mapping social services with very minor modifications. As expected, modifications had to be made in the coding of the target population which was extended to frailty groups, deprivation, homelessness, migrants and others. Similarly additional qualifiers were included to better describe the social services from the perspective of the official agency in Andalusia. This included qualifiers for ‘transport’ and ‘dining’. 165 services of Seville area were codified with different validation levels. All coded services were incorporated to Andalusian Social Services Geographical Information Systems.

#### **Conclusions**

Minor changes were required in the tree taxonomy of the “Main Types of Care” only for one final code R14 Other non-acute residential care: TIME LIMITED REGULATED (R14.1) i.e: family meeting flats for divorced couples with non-shared custody where lack of monitoring might entail some risk of abuse or kidnapping. TIME LIMITED NON REGULATED (R14.2) i.e: homes for children of prisoners. TIME LIMITED NON DIRECT CARE (R14.3) i.e: temporary housing for loss of persona home. The feasibility questionnaire showed that DESDE-LTC is accept-

able and applicable for coding and mapping social services. The use of the algorithm in the assessment highly improved the practicality of the instrument and reduced the need of training although expert knowledge is still needed. The DESDE-LTC has proven its feasibility for the assessment of social services. This indicates the generalizability of this taxonomy for mapping integrated care. The development of different electronic knowledge-bases and computer algorithms for data completion will be a key factor for the dissemination and spreading of this system as well as its incorporation to Geographical Information Systems.

#### **Key words**

SOCIAL SERVICES, CLASSIFICATION SYSTEM DESDE-LTC, TAXONOMIE, MAPPING, GEOGRAPHICAL INFORMATION SYSTEM

**Other authors:** Alonso-Trujillo, Federico; Gutiérrez-Colosía, Mencia R.; Garcia-Alonso, C; Pinzón, S; Raposo, MF; Soto, JD.; Salinas, JA.; Almenara Abellán, JL.; Salvador-Carulla, Luis. for the eDESDE-AND GROUP

### **DESDE-LTC 2.0: a new classification of services in mental health care.**

**Speaker:** Mencia R. Gutiérrez-Colosía  
*Psychologist. Department of Psychology. Sociology and Social Work. Loyola University Andalusia. Spain.*

#### **Objectives**

DESDE-LTC 2.0 is a standardized international classification of services developed by PSICOST scientific association through an iterative process that aims a comprehensive understanding of the international context of mental health care. Other classifications such as ICHI (classification of interventions), SHA 2.0 or ICF chapter 5 (e580) do not provide coding systems that could be used effectively to compare healthcare availability and capacity in different jurisdictions and they are not ontology-based. This system identifies “minimum units of production of care” within services called Basic Inputs of Care (BSICs), which are labelled using the most meaningful activity or “Main Type of Care” (MTC). DESDE-LTC has been extensively used in different sectors such as mental health, disability, elderly, long term care and social services, performed in over 17 countries mainly in the mental health sector. The aim of this work is to analyse the implementation phases that resulted in DESDE-LTC 2.0 as well as perform analyses to assess the spreading and impact in targeted public planning agencies.

#### **Methods**

We describe the national and international development phases that the DESDE-LTC followed on an implementation process, since it was published in 2011. We analyse the spreading and impact in targeted public planning agencies. Impact has been assessed using the Impact Assessment Checklist.

#### **Results**

Since 2011 DESDE-LTC has been used in system research analysis for coding and mapping MH services in 8 European countries (Refinement Study), and for developing the integrated Atlases in three Autonomous Communities or regions in Spain (Catalonia, Basque Country and Madrid) and in Chile. It has also been adopted by Andalusia to monitor its social service system using an algorithm for computer coding. DESDE-LTC has had a high impact in resource allocation and planning of mental health services in Catalonia and other Autonomous communities of Spain and in Finland.

**Conclusions**

DESDE-LTC is an international taxonomy of services that has been used in different services, target groups, care fields, and in very different countries. It has also shown transferability to general social care, and has produced tangible impact on policy and planning in at least two countries.

**Key words**

Classification of services, Mental health care, Main type of care, Basic Stable input of Care.

**Other authors:** Salvador-Carulla, Luis; Romero López-Alberca, Cristina; González Caballero, Juan Luis.

**Agent-based models for health policy design: analyzing the complex dynamics of health care systems**

**Speaker:** Javier Alvarez-Gálvez

*Sociologist. Department of Psychology. Sociology and Social Work. Universidad Loyola Andalucía. Spain.*

**Objectives**

Understanding health care systems is a key challenge in health care and social sciences. However, there is a lack of dynamical models explaining how similar organizations, in terms of resources availability, may produce very different outcomes. The increasing necessities in developing integrated (mental) health care systems demand new tools to compare their functioning. Nevertheless, this is not an easy process in the field of health care. In fact, it is not always possible to obtain the appropriated indicators to understand the whole system, mainly when information is partial or do not capture the complexity of systems to be analysed.

**Methods**

In this work, we show the benefits of agent-based modelling (ABM) to solve these problems. ABM might be defined as a particular class of computational models for simulating the actions and interactions of autonomous agents in order to evaluate their effects on the system as a whole. These models can dynamically represent social phenomena that are difficult to capture by modelling equations and complex functions.

**Results**

This model shows that minimum variations in the structural conditions of health systems might produce important variations in the final outcomes. These results suggest that, using well-grounded information, ABM may provide policy-makers with robust and accurate what-if scenarios that could explain the complex dynamics between health care systems and their environment.

**Conclusions**

The analysis via scenarios can guide the process of decision-making for the improvement of health care systems. Finally, some observations are made regarding the current need of standardized systems for health care services classification that enables the design of more realistic models to improve the global decision-making process.

**Key words**

Agent-based models, health policy, health care systems, complexity.

**FINCENTO: description of different local mental health financing systems in Spain.**

**Speaker:** Jordi Cid Colom

*Psychologist. Direcció Assistencial XSMiA. Institut d'Assistència Sanitària. Girona. Spain.*

**Objectives**

Relatively little attention has been paid to better understanding the way mental health (MH) is financed in Spain. The aim of this study is describing characteristics of the regional financing systems and financial and non-financial incentives/disincentives for mental health care in Spain and comparing the results of three Autonomous Communities in Spain: Andalucía, Catalonia and Basque Country (40% of Spanish population).

**Method**

This study is based on the REFINEMENT Mental Health Care Financing Toolkit. A systematic mapping of the literature and scrutiny of national datasets were followed by the development of a glossary of financing terms and a MH financing toolkit (FINCENTO) to collect information on economic context, revenue collection, pooling and allocation mechanisms and inbuilt financial incentives related to the provision of MH and social care in Spain and in the above mentioned three Autonomous Communities.

**Results**

We present the differences in financial and non-financial incentives/disincentives for mental health care between Autonomous Communities. Specifically, the incentives in primary care, outpatient care and inpatient care.

**Conclusions**

The public Spanish mental health system is decentralised and its planning and management functions have been transferred to each of the Autonomous Communities. The main sources of funding for mental health services are the general tax system and out of pocket and private insurance premiums. Differences between Autonomous Communities exist in the utilization of financing incentives and also in the organization of services; there can, for instance, be different interactions with local government social services. The regional comparison allows concluding with some policy suggestions.

**Key words**

Mental health; financing systems; financing incentives; Spain.

**Other authors:** Motrico, Emma; Cid J, Jordi; Cabases, JM; Rabadan, A.; Jorda, E; Gutiérrez-Colosía, Mencia R.; Franch, LI; Gabilondo, A; Tacons, L; Pereira, C; Salvador-Carulla, Luis. for the Refinement Group.

**Symposium: 250. A global perspective on prehospital emergency care frequent use and mental health.**

There is currently little understanding of the phenomena of people frequently calling and using pre-hospital emergency medical services. Despite the lack of literature on this topic, as evidenced by Scott et al. (2014) in a systematic review, there is now increasing attention internationally as it is becoming recognised to be a global issue that affects providers and users of emergency medical systems. This is represented in the speakers at the symposium, bringing together specialists from Spain, England, Canada and Australia. The symposium will provide a unique opportunity for both delegates and speakers to learn about:

- The scale of the frequent use and the extent to which mental health plays a role in people frequently calling emergency medical services,

- Interventions developed for managing frequent callers, including those with mental health problems,
- The impact of frequent use of emergency medical systems on emergency departments, mental health services and other health and social care providers.

There will also be a unique opportunity for international collaboration, with delegates and speakers able to engage in discussion about where similarities and differences exist in the systems for delivering emergency medical care for frequent callers. Furthermore, delegates will be able to contribute to discussions on how clinical case management interventions can be tailored further to the needs of patients with mental health problems.

**Characteristics of frequent callers to prehospital emergency services in Spain**

**Speaker:** Jose Guzmán-Parra

*Clinical Psychologist. Mental Health Clinical Management Unit. University Regional Hospital. Málaga. Spain.*

**Objectives**

Frequent attendance at the pre-hospital emergency services has been associated with the unmet needs of patients, chronic diseases, mental health problems, substance abuse and socio-economic problems, among others. However, there is insufficient research in Spain regarding characteristics and variables associated with intensive use of prehospital emergency services. The aim of the study was to determine the characteristics of frequent callers in the Spanish context and particularly in the province of Malaga.

**Methods**

Retrospective study in the province of Málaga (Spain) using the computerized records from 2008. Demands of frequent users (patients with more than 12 demands during the year) were analyzed using multivariate logistic regression and cluster analysis.

**Results**

Only 0.9% of patients were classified as frequent callers and were responsible for 10.13% of total demands. Frequent use was associated with older age, using fewer resources and attending only one person (vs>1). The analysis resulted in four clusters. Notably, one of them comprises psychiatric patients who are younger and with more demands than patients in others clusters. The most frequent demands among frequent users were respiratory problems, pain, psychiatric, and nursing problems demands.

**Conclusions**

This study shows that there is a relationship between various clinical and sociodemographic characteristics and frequent attendance. In addition, there seems to be a subgroup that, by their characteristics, could benefit from psychological intervention for reducing frequent attendance.

**Key words**

Prehospital emergency services, mental health, frequent callers, utilization

**Other authors:** Moreno-Küstner, Berta

**Towards an understanding of frequent ambulance service use in England .**

**Speaker:** Jason Scott

*Institute of Health & Society. Newcastle University. Baddiley-Clark Build-*

*ing. Richardson Road. Newcastle upon Tyne. United Kingdom.*

**Objectives**

In response to a perceived lack of evidence on frequent callers, a national ambulance service group was established in England in April 2013 to bring experts together from each ambulance service to share best practice and explore Methods of improving the quality of care delivered to this population group. This presentation will bring together aligned pieces of work, including:

- A systematic review of international literature on frequent callers
- An analysis of frequent callers to one ambulance service
- Development of an ambulance quality indicator (AQI) for frequent callers

**Methods**

Multiple Methods were utilised. For the systematic review, Ovid, PubMed and CINAHL / Medline were systematically searched for articles that were published in English and either referred to frequent callers to or users of EMSs, or referred to frequent users of other services where admissions were via ambulance. The analysis of the top 100 frequent callers to an ambulance service used population comparison, case control and multiple regression Methods. The development of an AQI drew upon the findings from these two studies and meetings with representatives from all ambulance services in England.

**Results**

There is a paucity of research on frequent callers, with no standard definition of what constitutes a frequent caller. Of the top 100 callers, patients with a psychiatric classification had a higher number of different reasons for calling (p=0.002), were older (p<0.001) and were more likely to call for ‘Assault / Sexual Assault’ (p=0.001) or ‘Haemorrhage / Laceration’ (p=0.023). ‘Psychiatric / Abnormal Behaviour / Suicide Attempt’ was the third biggest predictor of the total number of calls made (p<0.001). The AQI was modified to include a standard, national definition of a frequent caller, and national guidelines for the management of frequent callers are being developed.

**Conclusions**

This body of work encapsulates current progress in England on the topic of frequent callers, which has helped to standardise care cross ambulance services. It is still unknown how to best provide integrated care across health and social care boundaries for frequent callers, how frequent callers themselves narrate their own healthcare use and how they impact upon the wider health economy.

**Key words**

Frequent callers, healthcare quality, systematic review, mental health.

**Other authors:** Dawson, Pamela.

**Frequent users of New South Wales Ambulance (Australia); who are they and how are their needs being met?**

**Speaker:** Paul Wildin

*Ambulance Service of New South Wales. State Headquarters. Rozelle. Australia.*

**Objectives**

Escalating growth in demand for emergency services has placed increasing strain on New South Wales ambulance resources. Patients who frequently use emergency service exacerbate this demand and the characteristics of this patient group are poorly

understood within an Australian context.

**Methods**

Frequent users represent a relatively small group of patients accounting for a disproportionately high number of ambulance uses. The high number of uses led to concerns that these patients may not be receiving the most appropriate care resulting in poor patient outcomes. In rural and regional parts of New South Wales frequent users can also place the wider community at risk by utilising limited and isolated emergency resources. The Frequent User Management initiative was set up to assist these patients develop skills and strategies to effectively meet their health and social needs whilst reducing the need for emergency services.

**Results**

The NSW Ambulance frequent user model of care and clinical interventions have been developed to engage and form therapeutic relationships with patients, working with an individual's strengths to promote optimal quality of life and functioning. Through delivering a combination of intensive case management, low intensity psychological interventions and service brokerage the initiative is delivering positive outcomes for a significant number of patients.

**Conclusions**

Whilst still being in its early phases, the initiative is achieving its combined aim of improving health outcomes as well as safely reducing the need for ambulance resources.

**Key words**

Frequent callers, case management, psychological intervention, health outcomes, utilization.

**Symposium: 276. International collaboration between clinicians and academics: the Maristán Network.**

To present the process to develop and validate three questionnaires to evaluate psycho-social outcome in people living with severe mental illness.

The aim of Maristán network was to standardize these measures across European and Latin American countries and based on users' own viewpoints.

**Methodological challenges of the MARISTAN Study.**

**Speaker:** Sandra Saldivia

*Psychiatrist. Professor. Department of Psychiatry and Mental Health. University of Concepción. Executive Secretary of Red Maristan. Chile*

**Objectives**

. There is a lack of instruments to measure the needs, stigma and informal care of people with schizophrenia which take account of socio-cultural variation and patients' and formal and informal carers' opinions and experiences. Our aim was to develop and validated cross-cultural sensible questionnaires to measure stigma, needs, and informal care for people with schizophrenia.

**Methods**

We undertook the study in seven countries and in English, Spanish and Portuguese. We first held focus group discussions with patients, formal carers (professionals) and informal carers (family and friends) in Spain, England, Argentina, Brazil, Chile and Venezuela to elicit main dimensions of needs, stigma and informal care. We then held nominal group discussions about these

dimensions with patients, family members and professionals in Spain, Portugal and England, to develop the instruments. After that, final drafts of the questionnaires were tested in Buenos Aires, Argentina; Porto Alegre, Brazil; Concepción, Chile; Granada, Spain; Lisbon, Portugal; and London, England, using the appropriate versions in Spanish, Portuguese and English. Face-to-face interviews were carried out with participants and 103 were repeated after 30 days. Principal Axis Factoring followed by Promax rotation evaluated the structure of the scale. Horn's parallel combined with bootstrapping determined the number of factors. Cronbach's alpha estimated the scale's internal consistency and intra-class correlation its test retest reliability.

**Results.**

303 people participated in 46 focus groups and results were discussed in three nominal groups, each involving eight participants. Three instruments were developed in this iterative process: needs for care (46 items), stigma (38 items) and informal care (20 items). Later, 164 interviews were undertaken, 103 with re-test. Informal care questionnaire contained one factor and 19 items; Stigma questionnaire included 31 items in four factors, and needs questionnaire contained 4 factors and 34 items.

**Conclusions**

These instruments are based on service users' and carers' views and experiences and have cross-cultural validity. They will have application in assessment of outcomes for people with schizophrenia and their families.

**Key words**

Severe mental illness, questionnaire, validation.

**Other authors:** Torres-González, Francisco.

**The Maristan Scale on Stigma.**

**Speaker:** Michael King

*Professor of Primary Care Psychiatry and Joint Director of PRIMENT Clinical Trials Unit. University College London Medical School. London. United Kingdom.*

**Objectives**

People with schizophrenia encounter prejudice and discrimination from a number of sources including professionals, friends and families. Stigma is the loss of status by, or discrimination of, a person because of an attribute that others evaluate disapprovingly. Stigma complicates recovery from mental disorder, thereby reducing self-esteem and access to social networks. It has a severe impact on patients' quality of life. The amount of stigma perceived and experienced varies across communities and therefore cross-national measures are needed.

Aim: To develop a cross-cultural measure of the stigma perceived by people with schizophrenia.

**Methods**

Items for the scale were developed from qualitative group interviews with people with schizophrenia in six countries. The scale was then applied in face-to-face interviews with 164 participants, 103 of which were repeated after 30 days. Principal Axis Factoring and Promax rotation evaluated the structure of the scale; Horn's parallel combined with bootstrapping determined the number of factors; and intra-class correlation assessed test-retest reliability.

**Results**

The final scale has 31 items and four factors: informal social

networks, socio-institutional, health professionals and self-stigma. Cronbach's alpha was 0.84 for the Factor 1; 0.81 for Factor 2; 0.74 for Factor 3, and 0.75 for Factor 4. Correlation matrix among factors revealed that most were in the moderate range [0.31-0.49], with the strongest occurring between perception of stigma in

the informal network and self-stigma and there was also a weaker correlation between stigma from health professionals and self-stigma. Test-retest reliability was highest for informal networks [ICC 0.76 [0.67-0.83]] and self-stigma [ICC 0.74 [0.64-0.81]]. There were no significant differences in the scoring due to sex or age. Service users in Argentina had the highest scores in almost all dimensions.

**Conclusions**

The MARISTAN stigma scale is a reliable measure of the stigma of schizophrenia and related psychoses across several cultures.

**Key words**

Severe mental illness, informal care, questionnaire, validation.

**Other authors:** Grandon, Pamela.

**The Maristán Scale on Needs.**

**Speaker:** Dinarte Ballester

*Psychiatrist. Director of Sistema de Saúde Mãe de Deus. South Brazil. Brazil*

**Objectives**

. In clinical settings worldwide, there is a lack of instruments to evaluate the needs of people living with severe mental illness, as schizophrenia. Existing measures of needs in severe mental illness were developed mainly from professionals' viewpoints. The aim of Maristán network was to standardize a measure of the needs of people with schizophrenia across European and Latin American countries and based on users' own viewpoints.

**Methods**

The instrument was built on qualitative data on users', carers and professionals' views, and tested in 164 people with schizophrenia or related psychoses in six countries (Spain, UK, Chile, Argentina, Brazil, Venezuela). Participants underwent face-to-face interviews, one third of which were repeated 30 days later. Principal axis factoring and Promax rotation evaluated scale structure; Horn's parallel combined with bootstrapping determined the number of factors; and intra-class correlation assessed test-retest reliability.

**Results**

The instrument contained four factors:(1) health needs; (2) work and leisure needs; (3) existential needs; and (4) needs for support in daily living. Cronbach's  $\alpha$  for internal consistency was 0.81, 0.81, 0.77 and 0.76 for factors 1-4 and 0.81 for the scale as a whole. Correlation between factors was of moderate range for the first three factors (0.41-0.50) and low for the fourth factor (0.14-0.29). Intra-class correlation coefficient for test-retest reliability was 0.74 (0.64-0.82) for the whole scale. Mean item score on needs for support in daily living was lower than for the other factors.

**Conclusions**

The main contributions of the Maristán Scale of Needs includes the evaluation of needs from the patient perspective and the availability of a valid instrument to measure the needs of people with severe mental illness across cultures in three idioms (Spanish, Portuguese, English).

**Key words**

Severe mental illness, needs, questionnaire, validation.

**The Maristan Scale on Informal Care.**

**Speaker:** Miguel Xavier

*Department of Mental Health NOVA Medical School. UNL. Lisbon. Portugal.*

**Objectives**

. The contemporary community model of psychiatric care encompasses a fundamental role for informal carers. There are very few instruments to measure the role of informal care and most focus on the burden on carers or on estimation of the economics of informal care. However, we still lack tools to measure patients' perspective on the therapeutic influence of informal carers and how this influence varies across cultures. The Maristan network aimed to develop a standardized measure of the informal care delivered to patients with schizophrenia and to evaluate its psychometric properties in a multicultural sample.

**Methods**

The Maristan Scale of Informal Care was developed directly from the views of patients with schizophrenia in six countries. Face-to-face interviews were carried out with participants and 103 were repeated after 30 days. Principal Axis Factoring followed by Promax rotation evaluated the structure of the scale. Horn's parallel combined with bootstrapping determined the number of factors. Cronbach's alpha estimated the scale's internal consistency and intra-class correlation its test-retest reliability.

**Results**

A total of 164 interviews were undertaken and 103 were repeated after 30 days for re-test. Mean age was 39 years-old (sd = 9.8) and mean time in contact with health services was 12.8 years (sd = 8.8) years. The Horn's Parallel Analysis and the analysis of the Promax rotation revealed one factor. Cronbach's alpha was 0.89. Intra-class correlation coefficient was 0.56 (95% CI 0.42- 0.68) and this increased to 0.64 (95%CI 0.51- 0.75) after removing two outlying values. Patients from Argentina recorded the lowest scores (poor informal support/care).

**Conclusions**

The Maristan Scale of Informal Care is a reliable instrument to assess the degree of support provided by informal carers to people with schizophrenia across cultures (versions in English, Spanish and Portuguese). Evaluation of this important aspect of care is often neglected in clinical work and research and may help to provide a broader picture of the resources to which patients have access.

**Key words**

severe mental illness, informal care, questionnaire, validation.

**Other authors:** Moreno-Küstner, Berta.

**Symposium: 285. Decision support in mental health care: from boardroom to bedside.**

This symposium provides a perspective on how practitioners, payers, patients and researchers might cooperate to deal with financial pressure as a result of budget cuts. It relates to the themes of Knowledge transfer to connect research, practice and policy(1) and Empowering service users and carers (2) It highlights the potential of new data sources that become

available with increased use of routine outcome measurements in daily practice. These maybe used both at the patient-carer level to support targeted treatment and at the policy level to analyse patterns, and find options for better care at lower costs. The latter can however only be successful if supported by all stakeholders, especially the people that provide care and the clients who receive care. Hence their involvement is crucial.

The unique cooperation at a regional level of all relevant stakeholders provides possibilities to have bottom-up involvement in a better organisation of care that allows dealing with budget pressure while keeping quality levels up.

Points for discussion will be relevant to other settings as well: is it wise to engage in your own budget cuts? Is targeted care able to reach good quality at low costs? When budget restrictions are given, how to improve quality?

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### High quality of care against affordable costs; a joint responsibility of professionals, patients, insurers and policy makers. Introduction to the Northern Netherlands Joint Data Project.

**Speaker:** Robert Schoevers

*Dept. Psychiatry. University Medical Center Groningen. The Netherlands.*

#### Objectives

Mental health care policy is rapidly changing in the Netherlands, with a pronounced role for insurance companies that focus on financial aspects and benchmarking of care providers. This challenges professionals to actively formulate, maintain and evaluate clinical care standards. Routinely collected data from both mental health care providers and insurers as well as epidemiological data may be used to determine what works best for whom, and at what costs.

#### Method

a joint project was set up in the province of Fryslân by a large regional mental health care provider (GGZ Friesland), a regional insurance company (de Friesland), a patient organisation (LPG-GZ) and the university departments of Psychiatry and Health Technology Assessment (University Medical Center Groningen).

#### Results

Overview of background, aims and different components of the project.

#### Conclusions

The discussion will focus on both the content of the project and on the collaboration between different parties that play a role in shaping mental health care and that sometimes seem to have opposing interests.

#### Key words

Quality of care, routine outcome monitoring, epidemiology, joint care planning.

**Other authors:** Feenstra, T.; Smit, F.; Wunderink, L.; Bruggeman, R.; Sytema, S.; Jorg, F.

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### Improving the cost-effectiveness of a health care system for depressive disorders by implementing telemedicine: a health economic modelling study.

**Speaker:** Joran Lokkerbol

*Trimbos Institute. Economic Evaluation Team. Utrecht. The Netherlands.*

#### Objectives

Depressive disorders are significant causes of disease burden and are associated with substantial economic costs. It is there-

fore important to design a health care system that can effectively manage depression at sustainable costs. This article computes the benefit-to-cost ratio of the current Dutch health care system for depression, and investigates whether offering more online preventive interventions improves the cost-effectiveness overall.

#### Method

A health economic (Markov) model was used to synthesize clinical and economic evidence and to compute population-level costs and effects of interventions. The model compared a base case scenario without preventive telemedicine and alternative scenarios with preventive telemedicine. The central outcome was the benefit-to-cost ratio, also known as return-on-investment (ROI).

#### Results

In terms of ROI, a health care system with preventive telemedicine for depressive disorders offers better value for money than a health care system without Internet-based prevention. Overall, the ROI increases from €1.30 (\$1.55) in the 'no prevention' base case scenario to €1.61 (\$1.92) in the 'prevention-only' alternative scenario in which preventive telemedicine is offered. In the scenario where prevention is added to the current intervention mix, the ROI increases to €1.32 (\$1.58). In the scenario in which the costs of offering preventive telemedicine are balanced by reducing the expenditure for curative interventions, ROI is also €1.32 (\$1.58), but while keeping the health care budget constant. Lowering the coverage of the relative cost-inefficient curative interventions does not further increase the ROI as this is only a minor change in terms of reduced coverage.

#### Conclusions

For a health care system for depressive disorders to remain economically sustainable, its cost-benefit ratio needs to be improved. Offering preventive telemedicine at a large scale is likely to introduce such an improvement.

#### Key words

Cost-benefit analysis, depressive disorder, e-health, prevention, health economic modelling

**Other authors:** Adema, Dirk; Cuijpers, Pim; Reynolds, Charles; Schulz, Richard; Weehuizen, Rifka; Smit, Filip.

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### A Markov Simulation for Planning and Resource Allocation for Mental Health Systems for Persons with Serious Mental Illness.

**Speaker:** H. Stephen Lef

*Senior Vice President at the Human Services Research Institute. Associate Professor at the Harvard Medical School. United States of America.*

#### Objectives

To introduce a Markov simulation model for planning mental health service systems and illustrate its use. Topics to be discussed will include: a theory of planning; a conceptual framework for mental health systems planning; data needs; Methods for meeting data needs (particularly meta-analysis); model outputs for services planning and resource allocation; research questions highlighted by the model and the experience of model applications to date. An on-line version of the simulation model will be presented.

Methods Discussed: Simulation

#### Method

Markov modelling; Outcome measurement: Transition prob-

abilities; Data acquisition: Transition probability meta-analysis; Service prescriptions: Big data and expert judgement.

**Results**

A Markov simulation model for mental health planning, populated with input estimates from various sources, applied in various mental health system planning efforts, available on-line.

**Conclusions**

Advantages and challenges in using a Markov simulation model for mental health systems planning; Possibilities of collaboration.

**Key words**

Markov model; simulation; mental health systems planning; costs; planning.

**Why does it take so long for Routine Outcome Monitoring to improve mental health care? The PHAMOUS-project.**

**Speaker:** Richard Bruggeman

*Dept. Psychiatry, Rob Giel Research Centre, University Medical Center Groningen, The Netherlands.*

**Objectives**

Routine Outcome Monitoring (ROM) has been advocated as a proper tool for disease management for patients with Severe Mental Illness. However, the efficacy of ROM has recently been disputed. This study aims to provide some clues to understand this discrepancy.

**Methods**

In a large region of 4 Mental Health Organizations a yearly monitoring system has been implemented over the last 6 years within the framework of The Pharmacotherapy Monitoring and Outcome Survey (PHAMOUS). Information from patients with psychotic disorders receiving long-term treatment is collected, including symptom severity, side effects, needs of care, pharmacotherapy, and metabolic parameters. A computer-assisted report helps to formulate the detected problems. Next, patient and caregiver together put forward the goals for the yearly treatment-plan.

**Results**

The central database now contains over 3000 patient-records. On average 52% of these patients fulfill the criteria of a metabolic syndrome. This number has gone unchanged for four consecutive years. However, the percentage of people receiving treatment for their metabolic disturbances has increased up to 30 %.

**Conclusions**

While treatment adherence does improve on an individual level, these changes are not reflected in the overall data. Care-providers and insurance-companies should be aware of these inert processes when evaluating healthcare programs.

**Key words**

Routine Outcome Monitoring; metabolic syndrome; healthcare evaluation; Severe Mental Illness;

**Other authors:** Bruins, J.; Jorg, F.; Pijnenborg, M.; Bartels-Velthuis, A.A.; Visser, E.

**The potential contribution of population models at a regional level to better resource allocation in mental health care.**

**Speaker:** Talitha Feenstra

*Dept Epidemiology, University Groningen, UMCG, The Netherlands.*

**Objectives**

To introduce the concept of regional modelling and illustrate its potential in supporting better allocation of resources in mental health care

**Methods**

A simulation model is presented that combines data on (regional) demography and epidemiology with information on the effects and costs of various treatments. For mental health, the model presented will be in a preliminary stage. An illustration from the diabetes field is used to explain the concepts and show how the model was applied to support evidence based decision making. The disease model of diabetes and its complications was completed with data on demographics and epidemiology in the Netherlands. It was then filled with information on costs and effects of several preventive interventions for different target groups. Optimizing over the range of interventions and the different target groups (prevalent patients, high risk groups and the general population) enabled to find the best strategy for different prevention budgets.

**Results**

The draft mental health care model highlights what data would be required and which choices may be supported. Different Objectives of mental health care are discussed, as well as relevant capacity constraints. The diabetes application is applied to highlight how uncertainty can be dealt with. Accounting for this leads to more variety in programs offered, since a one size fits all bears larger risks of resulting in suboptimal outcomes.

**Conclusions**

While the big advantage of these models is their endless ability to evaluate policy scenarios, they are data hungry. This bears the serious risk of chasing a moving target. With increasing ability to obtain these data from routine care and administrative sources, practical relevance increases.

**Key words**

Resource allocation, optimization, epidemiology, demography.

**Other authors** Hoogenveen, R.; Smit, F.; Lokkerbol, J.; Havinga, P.; Sytma, S.; Schoevers, R.

**Symposium: 299. Detecting individuals at risk of mental illness.**

**A one-year prevalence study of schizophrenia and related disorders in Malaga (Spain).**

**Speaker:** Berta Moreno-Küstner

*Psychologist, Professor of Psychology, School of Psychology, University of Málaga, Spain.*

**Objectives**

To calculate the one-year prevalence of schizophrenia and related disorders and to determine the prevalence by gender, dwelling (rural or urban), and socioeconomic area (deprived area or otherwise). Finally, the prevalence rates in 13 general practice catchment areas were calculated in order to identify any possible regional differences.

**Methods**

This cross-sectional study comprised the mental health area covered by Carlos Haya hospital in Malaga (southern Spain).

We used multiple large clinical databases and key informants to identify cases.

**Results**

The mean one-year prevalence of schizophrenia and related disorders in persons aged >14 years was 6.9 per 1000, being nearly double in men (9.2 per 1000) than in women (4.6 per 1000); for the subgroup of schizophrenia it was 4.3 per 1000. A clear gradient existed from urban (6.64 per 1000) to rural areas (3.95 per 1000). In socioeconomic deprived areas the prevalence of schizophrenia was higher (7.56 per 1000) compared to non-deprived areas (6.12 per 1000). 4 fold difference were found in the distribution of prevalence rates of schizophrenia between the 13 general practice areas, with pockets of high and low prevalence.

**Conclusions**

Multiple sources of information are essential for accurate estimation of the prevalence of schizophrenia and related disorders.

**Key words**

Prevalence, Schizophrenia, Case register, Clinical databases.

**Other authors:** Mayoral-Cleries, Fermín; Navas, Desiree; García-Herrera, José M.; Angona, Pedro; Martín, Carlos; Rivas, Fabio.

**Geographical Information System (GIS) in detection of risk zones to mental health.**

**Speaker:** Manuel Esteban Lucas Borja

*Engineer. Department of Agroforestry and Genetics Science and Technology. University of Castilla La Mancha.*

**Objectives**

Introduction. A natural disaster has been generally defined as an event of nature, which overwhelms local resources and threatens the function and safety of the community. Extreme precipitation events such as heavy rainfall and flooding can have serious effects not only on people and property, but also on essential services, infrastructure and the environment. Population exposure to natural disasters has been associated with psychological distress and more in particular with post-traumatic stress disorder development. On this context, extreme precipitation event analysis based on geographic information system (GIS) may help to study natural disaster characteristics, being a valuable tool to describe and locate the phenomenon. A GIS lets us analyze and interpret extreme events and population data to reveal relationships, patterns and trends.

**Objectives**

The aim of this study is (i) to characterize a precipitation extreme event that occurred in Almeria (SE of Spain) and (ii) try to explore the link between this extreme event characteristics and mental health problems using GIS technology.

**Methods**

Historical climatic records from about 30 meteorological stations were used to characterize Almeria precipitation patterns from about 1950 to 2012. All this information was later incorporated on a geographical information system using GvSIG program. Moreover, a sample of 52 individuals were screened with a socio-demographic questionnaire, 12-item General Health Questionnaire (GHQ-12) and the Questionnaire to rate Traumatic Experiences (TQ) in December 2012/january2013. We also counted the distribution of stress exposure among people with various kinds of exposures (physical risk or/and economical losses). Extreme precipitation events and information from

questionnaires was analyzed searching for relationship and patterns.

**Results**

Historical climatic records study showed that an extreme precipitation event occurred in 2012. Also, Preliminary results demonstrated that there is an important relationship between extreme precipitation event location occurred in 2012 and psychological distress. Mental health problems tent to be related with population and locations receiving extreme rainfall events and flooding.

**Conclusions**

We concluded that the distribution of mental health problems is related to the precipitation event extreme characteristics and that this relationship can be evaluated using GIS methodology.

**Key words**

Geographical Information System, Mental Health.

**Flooding and mental risk: A case-control study.**

**Speaker:** Andrés Fontalba-Navas

*Mental Health Unit at Huerca-Overa. Health Management section North Almería. Spain.*

**Objectives**

Background. Post-disaster mental health problems may affect population in different ways.

Population exposure to a natural disaster has been associated with psychological distress, in particular, in the development of Posttraumatic Stress Disorder (PTSD).

Most people experience distress after their exposure tme event. For people with good psychosocial resilience and access to social support, mental health problems can be relatively less important since supporting relationships and inner capabilities may begin the adaptation processes.

Objectives. The aims of this study were to investigate the effects of flooding on mental health population, particularly on the general health and the symptom's emergence of PTSD.

**Methods**

A random sampling method was conducted in a population affected by a flood that occurred in September 2012, in an area of 20.000 inhabitants in the North of Almería (Spain) (N=70). The control population was a near region (30 Km) of 30.000 inhabitants not affected by the flood (N=41). The sample were screened with a socio-demographic questionnaire, 12-item General Health Questionnaire (GHQ-12) and the Questionnaire to rate Traumatic Experiences (TQ). We also counted the distribution of stress exposure among people with various kinds of exposures (physical risk or/and economical losses).

**Results**

The mean age of the individuals was 53, 69 years, sd 15,99. Distribution by sex was 34,62% men – 65,38% women. There were no statistical differences between age and genders between case and control population. There was statistical differences in TQ scores between case population (5,39) vs. control population (1,8). An association between age and TQ scores was demonstrated, increasing TQ scores by age. Also, there were no statistical differences between individuals that suffered physical risk in the flood versus people that didn't suffer in TQ scores. On the other hand, a multiple regression model was adjusted by age and sex. Significant differences were found in the TQ scores mean values for individuals that suffered economical losses

(9,51 TQ score) versus individuals that didn't suffer it (2,94).

**Conclusions**

1. Older people were more likely to develop PTSD
2. It's necessary to consider secondary stressors, such as economical losses, in the development of PTSD.

**Key words**

Flooding, Mental Health, Posttraumatic Stress Disorder, Secondary Stressors.

Other authors: Pena – Andreu, J.M.; Gil Aguilar, V.; Lucas Borja, P.; Lucas Borja, M.; Molero Carrasco, J.

**Early detection of Paediatric Bipolar Disorder.**

**Speaker:** Marta Chamorro Fernández

*Psychiatrist. Mental Health Unit at Huerca-Overa. Health Management Section North Almería. Spain.*

**Objectives**

In recent years, intense controversies have evolved about the existence and exact diagnostic criteria of paediatric bipolar affective disorder.

PBD is a complex condition that presents with a wide array of features, making it a difficult disorder to diagnose and treat. Often, the first affective episode of an incipient bipolar disorder is depression. The American Academy of Child and Adolescent Psychiatry estimates that approximately one-third of the 3.4 million paediatric cases of depression diagnosed in the United States are actually cases of early onset bipolar disorder. BPD should be considered in all children with deterioration of functioning associated with either affective or psychotic symptoms. It should also be considered in children being evaluated for symptoms of hyperkinesis. Attention deficit hyperactivity disorder (ADHD) and BPD can look very similar. It is, however, enduring in its symptom expression, while BPD is episodic. In child bipolar disorder these episodes can frequently be ultra rapid cycling, sometimes with little interepisode recovery. Symptoms of hyper-energy and distractibility do not significantly differ in patients with either of the two disorders. Symptoms of BPD, as opposed to ADHD, are grandiosity, elated mood, daredevil acts, flight of ideas, racing thoughts, hypersexuality, decreased need for sleep, and thoughts of suicide with a plan or intent. Hallucinations in children are most often symptomatic of an affective disorder and, depending in the method of reporting, can also be present in up to 60% of children and adolescents with BPD. Additional symptoms of BPD include irritability, dysphoria, pressure to keep talking, and constant goal directed activity. The debilitating nature of PBD makes it necessary for clinicians to address the disorder as early as possible to help ensure positive outcomes.

This presentation aims to discuss paediatric bipolar affective disorder based on the current literature focussing on the diagnostic prospects and the treatment possibilities.

**Key words**

Early detection, Paediatric, Bipolar Disorder.

**Symposium: 300. Psychiatric Rehospitalisation Rates as Indicator of the Degree of Community Mental Health Services Implementation.**

Psychiatric rehospitalisation rates are often taken as an indicator of the degree of implementation of a community mental health care policy. According to a recently published OECD re-

port psychiatric rehospitalisation rates vary largely across countries. It is unclear whether these differences are due to different health system characteristics, the results of different practices or artefacts due to different health care reporting procedures in different countries. The European Commission 7FP funded project "Comparative Effectiveness Research on Psychiatric Hospitalisation by record linkage of large administrative data sets" (CEPHOS-LINK, no 603264, April 2014 to March 2017) aims at contributing to the clarification of this question by studying psychiatric rehospitalisation rates in the total populations of six European countries with different health care systems (Austria, Finland, Italy, Norway, Romania, Slovenia). The symposium will report findings on psychiatric rehospitalisation rates from literature surveys, will describe the methodological approach of using large electronic health registers and report preliminary results.

**Which Factors before Discharge have to be Considered to Prevent Readmissions? A Systematic Review of the Literature.**

**Speaker:** Francesco Amaddeo

*Psychiatrist. Department of Public Health and Community Medicine. Section of Psychiatry. Ospedale Policlinico "G.B. Rossi". Verona. Italy.*

**Objectives**

Readmission rate is considered an indicator of the mental health care quality. The literature identified a number of patient-based, services-based and health system factors that are likely to influence readmission rates. The main objective is to review and describe in a comprehensive way the relevance of pre-discharge variables for readmission among psychiatric patients.

**Methods**

Studies on the association between pre-discharge variables and readmission (to a psychiatric bed or a non-psychiatric bed) after discharge with a main psychiatric diagnosis were searched using combinations of keywords in the electronic bibliographic databases Ovid Medline, PsycINFO, ProQuest Health Management and OpenGrey. Relevant publications published between January 2000 and June 2014 were included. No restrictions regarding language or publication status were used; qualitative studies, case reports, papers not including original data and papers examining populations with age less than 18 years were excluded.

**Results**

Around 100 papers were finally included in the review, mainly from the USA area and for patients with severe mental disorders. Time to readmission and being readmitted or not are the main outcomes analysed; some papers studied also the frequent (number of readmissions) or heavy users (cumulative length of stay) phenomenon. Variables were classified according to the following categories: patients' socio-demographic and clinical characteristics; patients' clinical history; admission and discharge characteristics; treatment and clinical practice during admission and at discharge. Many socio-demographic variables resulted as factors influencing readmission, but results are not always homogeneous. The most consistently significant predictor of readmission was previous hospitalizations. Among admission characteristics, length of stay is the main studied factor; nevertheless, results were not consistent across studies. Some preliminary studies report factors which could be actionable in clinical practice during admission such as length of stay, discharge planning, different pharmacological management and psychoeducational, intensive care or

“crisis card” intervention.

**Conclusions**

The results contribute to increase knowledge on pre-discharge factors that could be considered by clinicians to predict and prevent readmissions of psychiatric patients. Associations are not straight forward and interactions between factors (such as for patients severity) have to be considered.

**Key words**

health services evaluation, pre-discharge variables, readmission, psychiatric history, hospitalization prevention

**Other authors:** Donisi, Valeria; Tedeschi, Federico; Amadeo, Francesco.

**The Impact of Post-Discharge Community Mental Health Service Use on Psychiatric Rehospitalisation Rates: A Systematic Review of the Literature.**

**Speaker:** Raluca Sfetcu

*Researcher. National School of Public Health. Management and Professional Development. Lecturer. Sociology and Psychology Faculty of the Spiru Haret University. Bucharest. Romania*

**Objectives**

Continuity of care is widely believed to ensure a better outcome and prevent rapid rehospitalization, especially for persons suffering from a mental illness. However, a wide range of service organization models and strategies have been employed across time and countries to ensure the implementation of this concept. Therefore, the main objective was to systematically review the literature in order to identify and describe post-discharge variables used in continuity of care and hospital readmission publications, for patients with a psychiatric diagnosis at hospital discharge.

**Methods**

A comprehensive literature search of papers focused on the association between mental health and readmission were conducted in the following electronic bibliographic databases Ovid Medline, PsycINFO, ProQuest Health Management and OpenGrey. Abstracts of relevant studies published between January 1990 and June 2014, in all available languages, were retrieved and screened by two independent reviewers. All studies clearly addressing a post-discharge variable have been selected for the next stage. Qualitative studies, case reports, papers not including original data and papers examining populations with age less than 18 years were excluded.

**Results**

The full text of 303 papers was retrieved and screened for inclusion. As the interest was to identify as many different types of post-discharge variables that might have an impact on readmission rates, 106 papers matching our criteria for a) setting (discharged from hospital), b) intervention (post-discharge variables) and c) outcomes (re-hospitalization) have been included. A wide heterogeneity of the populations, interventions and outcomes was observed. Post-discharge variables identified were mainly grouped under continuity of care factors and socio-demographic factors. Continuity of care interventions varied from mere contact with GP or specialist to fully developed care programs, the proven impact of these interventions on readmission rates being also inconsistent across studies.

**Conclusions**

Post discharge social support and service use patterns have

been proved to constitute influencing factors on readmission rates. However, taking into consideration the individual, systemic and environmental factors, as well as the time since discharge and symptom severity can help clinicians better tailor their interventions to individual patient needs.

**Key words**

post-discharge variables, readmission, psychiatric diagnosis, continuity of care.

**Other authors:** Sfetcu, Raluca; Musat, Simona; Ciutan, Marius; Scintee, Gabriela.

**Psychiatric Readmissions and their Association with Physical Comorbidity Variables: A Systematic Review of the Literature.**

**Speaker:** Lilijana Šprah

*Senior Research Fellow. Psychologist. Sociomedical Institute. Research Centre of the Slovenian Academy of Sciences and Arts. Ljubljana. Slovenia.*

**Objectives**

Comorbidity between mental and medical conditions is the rule rather than the exception. It is estimated that 25% of adult population have a mental health condition and 68% of them suffer from a comorbid medical condition. In this respect a physical comorbidity may have considerable impact on readmission rates in psychiatric patients. The aim of the present study was to review and examine the influence of physical comorbidity variables for readmission after discharge from psychiatric or general inpatient care in patients with a psychiatric diagnosis.

**Methods**

A comprehensive database search from January 1990 to June 2014 was performed in the following bibliographic databases: Ovid Medline, PsycINFO, ProQuest Health Management, OpenGrey and Google Scholar. All relevant publications were included and evaluated by two independent reviewers.

**Results**

Nevertheless, that psychiatric readmission was studied in several clinical settings and diagnostic groups of mental disorders, the majority of studies listed the presence of physical comorbidities within exclusion criteria. From identified 49 publications, only 28 studies fulfilled the inclusion criteria (i.e. enclosed information or data on physical comorbidity) and were subsequently included for comprehensive review. The physical comorbidity has been most commonly addressed among studies dealing with substance use disorders. In 11 reviewed observational studies the physical comorbidity was recorded only at discharge level and in 17 studies examined as well as co-variable that may affect the readmission. The Charlson Comorbidity Score, number of medical diagnoses, diabetes and cardiovascular diseases were most frequently reported as variables that could be associated with an increased probability of rehospitalisation.

**Discussion**

There is a large body of evidence suggesting that people with enduring mental health problems are more likely to develop physical health problems than the general population. Conversely, poor physical health can have a negative effect on mental health. In conducting this review, several gaps in the literature on mental health and medical comorbidity became evident, implying a different understanding of the concept of comorbidity. In this regard more high quality research is needed to understand the associations between physical comorbidities

and psychiatric readmissions, since pathways leading to comorbidity of mental and medical disorders are complex and often bidirectional.

#### Key words

psychiatric readmission, rehospitalisation, medical comorbidity, physical comorbidity, review

Other authors: Šprah, Lilijana; Dernovšek, Mojca Zvezdana.

### **Psychiatric Readmissions and their Association with Environmental and Health System Variables: A Systematic Review of the Literature.**

Speaker: Jorid Kalseth

Senior Researcher. SINTEF Health Research. Trondheim. Norway

#### Objectives

Psychiatric readmissions have been studied extensively. However, little is known about how environmental and health system variables affect readmission rates. Our aim was to review and describe the importance of health and social systems as well as environmental variables for readmission after discharge from psychiatric or general health inpatient care with a psychiatric diagnosis.

#### Methods

Comprehensive literature searches were conducted in the electronic bibliographic databases Ovid Medline, PsycINFO, ProQuest Health Management and OpenGrey. In addition, Google Scholar was utilized. Relevant publications published between January 1990 and June 2014 were included. No restrictions regarding language or publication status were used.

#### Results

Of the 734 unique articles identified in the search 44 (non-intervention type) was included for full text assessment of eligibility. Finally 21 (non-intervention type) were included in the study. The system and environmental variables identified were classified according to level of measurement: physician level, hospital level and community level. The variables were further classified by type such as: patient case-mix; organization, capacity, structure; financial environment; treatment profile; aftercare; geographic, demographic and socio-economic environment.

#### Conclusions

There is a limited number of studies on psychiatric readmissions and their association with environmental and health system variables. Even though the review reveals an extensive list of variables studied, most variables appear in a very limited number of articles. The most frequently studied variables are related to location (local area, district/region/country). Without detailed information about factors that differ systematically between geographical areas such as capacity, governance structures or treatment profiles, there is little policy relevant information from these variables. There is a lack of studies that look at governance and financial models.

#### Key words

readmission, mental health/psychiatry, health system, context, environmental variables, literature review.

Other authors: Kalseth, Jorid; Lassemo, Eva; Magnussen, Jon.

### **Are we Comparing Apples with Oranges? The Pitfalls of Comparing Psychiatric Rehospitalisation Rates Derived from Routine Health Care Data.**

Speaker: Christa Straßmayr

Sociologist. Researcher. IMEHPs. Research. Vienna. Austria

#### Objectives

Over the last decades in many countries large electronic registers on health care utilization have become accessible for analysis, including record linkage techniques for describing patient pathways through the health care system. These registers are in most instances based on routinely collected country specific provider payment data and depend on the structure of the health care system, including country specific terminologies. International comparability of data in such registers is doubtful, even for such seemingly unproblematic data as hospital episodes. Our aim is to check the relevant national health care utilization registers, which include psychiatric hospital episodes, for data quality and comparability across the six CEPHOS-LINK partner countries Austria, Italy, Finland, Norway, Romania and Slovenia, and to provide solutions for improving comparability, considering also privacy issues.

#### Methods

A project handbook (PHB) was developed which, among others, contains sections on the description of the CEPHOS-LINK relevant country data bases, the six "large existing electronic administrative records" (LEEARs). Information on the definition, granularity and quality of relevant variables was collected and analysed and the dataflow from the services themselves to national and international registries was described; also the types of services covered by the LEEARs was determined by a mapping procedure. The results of pilot analyses were used to improve comparability.

#### Results

Large differences in these methodological aspects were found between countries. The PHB contains a technical study protocol, descriptions of relevant variables in the LEEARs, reports on the pilot analyses and a data analysis method section, a tool for data profiling as well as a glossary. A large section is devoted to the limitations of the LEEARs, such as populations and services which are covered by the LEEARs, missing variables and different granularities of variables, as well as differing data quality.

#### Conclusions

The results confirm the poor comparability of routinely collected data on service utilization in large electronic registers across countries. The CEPHOS-LINK project handbook could serve as a model for analysing and improving the comparability for such data to arrive at better indicators for the performance of health care systems, especially also for mental health care systems.

#### Key words

psychiatric rehospitalisation, routine health care data, comparability of data.

Other authors: Straßmayr, Christa; Katschnig, Heinz; Endel, Florian; Sauter, Simone; Schrank, Beate.

### **Psychiatric Inpatient Care in Finland – Challenges for Deinstitutionalization, Factors in Rehospitalisation.**

Speaker: Peija Haaramo

Senior Researcher. National Institute for Health and Welfare. Helsinki. Finland.

#### Objectives

Finnish psychiatric services are mainly publicly delivered and

tax-funded. During the past 30 years Finland has undergone deinstitutionalization, closing down separate psychiatric hospitals and decreasing the number of psychiatric beds, average length of stay, care days and periods; coupled with increased outpatient services and visits. Nevertheless the Finnish system remains hospital-oriented with a higher number of psychiatric beds than in other Nordic countries, and long-term psychiatric care more common. Disability pensions due to mental disorders, number of involuntary admissions, suicide rates and unplanned rehospitalisation all remain comparatively high in Finland, and the average length of inpatient care relatively long. Possible explanations include limited outpatient services, poorly regulated housing services, and under-developed primary care. Inequalities can also be partly attributed to regional variations in services. The main aim of this study was to examine rehospitalisation and identify its predictors among Finnish psychiatric patients.

**Methods**

The study population consisted of adult patients discharged from any hospital in Finland in 2012 with a main ICD-10 psychiatric diagnosis. Rehospitalisation and use of health care services were examined over a 12-month follow-up, using extensive register linkages between data on hospitalisations, outpatient care, medication purchases, deaths, and key socioeconomic factors.

**Results**

In 2012, 27738 patients were admitted to psychiatric inpatient care with nearly 40000 periods of care. Men and women were equally represented. Among men the leading diagnosis was schizophrenia and among women, depression. 40% of patients were new to psychiatric inpatient care and the average length of stay was 34 days. This average is affected by 1% of care periods lasting over 1 year, as 45% of all periods lasted less than 10 days and 74% less than 30 days. 32% of patients were subject to involuntary care. 70% of patients were discharged to their home or similar surroundings, and 30% to inpatient care in another institution. Preliminary results regarding the predictors of rehospitalisation will be presented in the symposium.

**Discussion**

Although Finland's aims of reducing psychiatric hospitalisation and developing outpatient and person centred services have been largely successful, psychiatric services still remain predominantly hospital-based. Rehospitalisation rates are high in international comparisons.

**Key words**

rehospitalisation, psychiatry, psychiatric services, register-linkage study, longitudinal.

**Other authors:** Haaramo, Peija; Wahlbeck, Kristian; Cresswell-Smith, Johanna.

**Symposium: 301. Mental health care: a commitment for patient recovery in the face of economic crisis.**

The strength of our intervention is based on the versatility which care professionals face our daily work.

This feature is revealed through multiple interventions carried out every day in the different devices of our CMU:

- Psychoeducational Program for Anxiety and Physical Activity Program for Depression, in coordination with primary care (18-minute exposé).
- Using multiple group settings for patient recovery SMI (Sever-

al Mental Illness), an alternative approach (18-minute exposé )

- Presence: a line of practical research (18-minute exposé )
- Motivational therapy as an evaluation tool in Nursing (18-minute exposé).

Despite the difficulties that Mental Health Care professionals face now, we have achieved through commitment, creativity and solidarity recovery as reality.

**Working hand in hand between primary care and mental health: 2 programs of low intensity.**

**Speaker:** Paula Camacho Borovio

Hospital Nurse. University Regional Hospital of Malaga, Spain

**Objectives**

Since the 1990s we have been implementing tools, based on the model of care by steps, to treat diseases mild or moderate. It is to obtain the maximum benefit from available resources in primary health care. According to some studies, many people prefer psychological interventions to the pharmacological. The target of the study will be to establish the efficacy of two psychological skills applied to population attended in a Health Center.

**Methods**

We have implemented two programs in Primary Care settings:

1. Training program on anxiety and psychoeducation for patients with mild to moderate anxiety
2. Physical activity and health promotion program for patients with mild or moderate depression

The first one has been implemented since 2006. This primary care group program combines psychoeducation with Jacobson's progressive relaxation.

The second one began one year ago. It combines group psychoeducative sessions with active participation of members with aerobic exercise and outdoor activities of endurance-flexibility.

**Results**

In a previous study, with 103 patients, in the year 2011, within our psychoeducational program, were obtained very positive results, both in reduction of anxiety and panic disorder and disorder most.

A reduction in the scale of Goldberg (about 18 points) of 6 in 27 patients diagnosed with anxiety disorder, 8.11 and 5.71 in anxious and depressive for panic disorder were achieved.

With respect to gender, women experience more benefit from this type of intervention, dropping a total score of 7.4. The men in the study experienced a total reduction of 6.06 points on the scale.

All subjects benefit from this type of therapy, patients diagnosed with anxiety-depressive disorder are who achieve greater improvement. Panic disorder is the least favored.

**Conclusions**

- 1.- The dichotomous type scales do not provide sufficient information, Likert-type being preferable.
- 2.- In our own experience, in common mental health problems in primary care, less intensive psychological interventions, which in turn are less dependent on the availability of highly qualified personnel, are useful.
- 3.- With these two kinds of programs we get more users and we are able to satisfy the demand from the first level of care.

**Key words**

Psychological treatment, Group workshops, Anxiety / Depres-

sion, Primary Care.

**Other authors:** Borovio Gómara, M<sup>a</sup> Luz-Divina; Valenzuela-Carrillo, M<sup>a</sup> Luisa; Braojos-Rubio, Marta; Gómez-Carracedo, M<sup>a</sup> Victoria; Borente-González, Ángel; Quemada-González, Casta.

### Motivational therapy as an evaluation tool in Nursing.

**Speaker:** Juan Francisco Bejarano Rodriguez

*Mental Health Nursing Resident (NR). CMU Mental Health. Málaga Regional Hospital. Spain*

#### Objectives

Motivational interviewing is a common technique worldwide known and used in Mental Health since it was in part developed by Miller and Rollnick in the 80's. It is composed of different phases. The aim of our communication is to describe how to apply them in Mental Health Nursing Assessment based on Gordon's functional health patterns.

#### Method

Mental Health Nursing patients have severely altered basic needs. This fact complicates Nursing Process, especially assessment. These patients present a great ambivalence as in their human responses to problems as to the same therapeutic nursing process.

Nursing methodology is a systematic and organized method of administering nursing care, focused on the identification and treatment of human responses to actual or potential health problems that people could present at any time.

Motivational Interviewing is a non coercive, non authoritarian approach intended to help patients free up their own motivations and mobilize their internal resources so they can move forward in the process of change.

Nursing Process is a proved tool of nursing methodology. Likewise, motivational interviewing has strong evidence to demonstrate that it favors change in patients with addiction or to move forward to healthy habits of life. It is a less directive and more open intervention than others used usually.

#### Result/Conclusions

In our professional practice area in the Mental Health Clinical Management Unit of the Regional University Hospital of Málaga we have seen that the combination of both techniques is more useful than using only one in some patients. This is due to the fact that it facilitates the accomplishment of nursing assessment because it is an open space of communication based on empathy and active listening. As a whole they suppose an improvement of the Nursing Process that is not given if they are applied separately.

Motivational Interviewing; Nursing Process; Nursing Assessment; Empathy

#### Key words

Motivational Interviewing; Nursing Process; Nursing Assessment; Empathy

**Other authors:** González-Ramírez, Sandra; Lanzas-Cabello, Fermín Antonio; Hernández-Rios, Rocío; Gutiérrez-Domínguez, Eduardo José; Aranda-Muros, Irene.

### Reduction of coercion: "Presence" intervention and future strategies.

**Speaker:** Carlos Aguilera Serrano

*Mental Health Nurse Specialist. Andalucía Tech, Faculty of Psychology. University of Malaga. Spain*

#### Objectives

Coercive measures (mechanical restraint, seclusion and forced medication) are still present in psychiatric inpatient facilities. During the last 15 years, clinicians, hospital administrators and health authorities have raised concerns about the dangers of coercive measures and developed recommendations and strategies to reduce its use in clinical practice. Although the use of seclusion or restraint may minimize harm in psychiatric emergencies, the risks and costs of these procedures to both patients and staff have resulted in restricting their use. The aim of the study is analyze the result of the intervention "Presence" implemented in 2013 and present future strategies based in six core strategies.

#### Methods

The use of mechanical restraint was analyzed by comparing two time periods: 2012 and 2013. The principal interventions were 1) "Presence" intervention: Preventive actions consisting in a new nurse registration and a new approach in order to facilitate communication between nurses and other professionals as well as promote good care and compliance with legal and professional standards. 2) Other interventions: leadership through cultural and organizational change and training activities. At present, three psychiatric wards of Andalusia are working on a project based on an evidence-based intervention with six core strategies: 1) leadership toward organizational change; 2) the use of data to inform practice; 3) workforce development; 4) full inclusion of individuals and families; 5) the use of seclusion and restraint reduction tools, and 6) rigorous debriefing after events in which seclusion and restraint might have been used.

#### Results.

Mechanical restraint was reduced (mensual mean) from 18.54 (1000 patients days)±8.78 in 2012 to 8.53 (1000 patients days)±7.00 (p=0.005) in 2013. There were no significant differences regarding socio-demographic and clinical characteristics of patients restrained in 2012 and 2013. There was a significant trend toward restraining fewer immigrant patients in 2013 (from 25.6% to 15.1%) (p=0.063).

#### Conclusions.

The introduction of the "Presence" intervention and others proved effective in reducing mechanical restraint during hospitalization. However, the use of mechanical restraint and seclusion is high and the figures suggest that the future interventions could reduce the use of coercive measures to a minimum.

#### Key words

Coercion; Nursing Care; Crisis Intervention; Psychiatric Department, Hospital; Strategies.

**Other authors:** Guzmán-Parra, Jose; Vera-García, Elisa; Pino-Benítez, Isabel; Alba-Vallejo, Mercedes; Mayoral-Cleries, Fermín; Fuentes-Gómez, Manuela; García-Sánchez, Juan Antonio.

### Using multiple group settings for patient recovery SMI (Severe Mental Illness), an alternative approach.

**Speaker:** Almudena De La Torre

*Mental Health Nursing Resident (NR). CMU Mental Health. Málaga Regional Hospital. Spain.*

#### Objectives

Rationale:

In Area I in the province of Málaga assistance was given to people with Severe Mental Illness (SMI) following a basic principle

whose fundamental aspect was the importance of providing users' support, empowerment and self-help. This assistance was based on a power relationship between professionals and patients.

Following the Regional Government of Andalucía's new proposal, focused on the recovery of people with mental illness, we chose to create alternative frameworks and to adapt the existing ones, according to the lines of work recommended by the document "Making Recovery a Reality" (as advised by the committee of experts from the Regional Ministry of Health and Social Welfare of the Andalusian Department of Health Service - SAS) based on the helping relationship between professionals, patients and family. This is an open relationship, made of trust and honesty, whose quality is crucial.

**Aims:**

Providing patients and families with information, skills, networks and support to manage their disease and improving access to resources deemed necessary. In order to achieve this, we opt for a relationship between professionals, patients and relatives as equals.

**Methodology:**

According to this new intervention model, we have designed different therapeutic groups to promote interpersonal relations, to support basic needs and to combat isolation and stigma. Each party brings its mark and ideas without fear; promoting wellness, group identity, self-esteem... In short the therapeutic groups created help patients to be the main architect of their lives, so their recovery process depends on their decisions.

Some of them are:

- Rehabilitation Unit of Mental Health: Scrapbooking, Batuka, Healthy Life Habits, Audiovisual group (the latter conducted jointly with PISMES (Intervention Program in Mental Health and Social Exclusion)).
- Therapeutic Community: Music Therapy, AcquaGym.
- Community Mental Health Unit: Basketball, Garden, Theatre, Healthy Life.

**Key words**

Patient care; Severe mental illness; Rehabilitation; Group therapy.

**Other authors:** Grueso-Gallardo, Aida; Rubio-Franco, Sandra; Godino-Ríos, Escarlata; Prieto-Rodríguez, M<sup>a</sup> Angustias; Durán-Jiménez, Francisco.

### Symposium 302. Efficacy of an internet-based program for the treatment of depression: A real world trial in primary care setting in Spain.

Depression is one of the most common disorders in Psychiatric and Primary Care settings and is associated with significant disability and economic costs. Psychological interventions applied by Information and Communication Technologies (ICTs) could be an efficacious and cost-effective therapeutic option for the treatment of depression. RCA have confirmed the efficacy of internet-delivered psychotherapy in treating people with depression and other mental conditions but it is necessary to replicate its effectiveness in real conditions when added to treatment as usual in primary care settings. We present the first Spanish internet-based program for the treatment of depression "Smile is Fun" and the results of a large-scale study conducted in several regions of Spain

**Smiling is fun" A Spanish ICBT program for depression**

**Speaker:** Fermín Mayoral-Cleries;

Psychiatrist. University Regional Hospital. Biomedicine Institute. Málaga. Spain.

**Objectives**

Development and adaptation of a CBT online program for depression: "Smiling is fun".

**Key words**

CBT online, therapy online, psychological interventions.

**Other authors:** Botella, Cristina.

### Efficacy of a self-guided internet delivered program (Smiling is fun) for depression in primary care settings.

**Speaker:** Margalida Gili Planas

Professor. University of the Balearic Island. Palma. Spain. Other author: Garcia Campayo, Javier. PhD

**Objectives**

Multicenter controlled, randomized study: A sample (N=300 patients) with mild/moderate depression recruited in primary care. They should have internet availability at home, not receive any previous psychological treatment, and not suffer from any other severe somatic or psychological disorder. They will be allocated to one of 2 treatments: a) Computerised cognitive-behaviour therapy + improved treatment as usual (ITAU) by family doctor or b) ITAU. Patients will be diagnosed with MINI psychiatric interview. Main outcome variable will be Beck Depression Inventory. It will be also administered EuroQol 5D (quality of life), SF-12 Health Survey (functional status) and Client Service Receipt Inventory (consume of health and social services). Patients will be assessed at baseline, 3, 6 and 12 months. An intention to treat and a per protocol analysis will be performed

**Key words**

Computer assisted therapy, Randomized controlled trial, Major depressive disorder

**Other authors:** Gili, Margalida; Garcia Campayo, Javier. PhD.

### Expectations among patients and health professionals regarding web-based interventions for depression in primary care: a qualitative study.

**Speaker:** Rosa María Baños Rivera

Department of Psychological, Personality, Evaluation and Treatment of the University of Valencia. Valencia. Spain

**Objectives**

The expectations of untreated patients and health professionals were examined by means of interviews and focus groups. There were 43 participants (20 patients with mild and moderate levels of depression, 11 primary care physicians, and 12 managers; 22 of them for interviews and 21 for groups). A thematic content analysis from the grounded theory for interviews, and an analysis of the discursive positions of participants based on the sociological model for groups were performed. Interpretations were achieved by agreement between three independent analysts.

**Key words**

computer-delivered psychotherapy; depression; expectations; qualitative methods.

**Other authors:** Garcia Ramos, Rosa. Prof.

**Analysis of cost- effectiveness of a low intensity vs. a self-guided**

**Speaker:** Fermin Mayoral-Cleries

*Psychiatrist. University Regional Hospital. Biomedicine Institute. Málaga. Spain.*

**Objectives**

Multicenter controlled, randomized study: A sample (N=300 patients) with mild/moderate depression recruited in primary care. They should have internet availability at home, not receive any previous psychological treatment, and not suffer from any other severe somatic or psychological disorder. They will be allocated to one of 2 treatments: a) Computerised cognitive-behaviour therapy + improved treatment as usual (ITAU) by family doctor or b) ITAU. Patients will be diagnosed with MINI psychiatric interview. Main outcome variable will be Beck Depression Inventory. It will be also administered EuroQol 5D (quality of life), SF-12 Health Survey (functional status) and Client Service Receipt Inventory (consume of health and social services). Patients will be assessed at baseline, 3, 6 and 12 months. An intention to treat and a per protocol analysis will be performed. The study cost would be performed analyzing direct cost of pharmacological treatment and type and frequency of use of services. Indirect cost should be accounted by labor days missed salary cost.

**Key words**

Cost-effectiveness, computer delivered treatment, depression.

**Effect on treatment compliance and effectiveness of two brief group interventions in a Spanish ICBT program for depression in primary care.**

**Speaker:** Pablo Romero-Sanchíz

*Regional University Hospital of Malaga. Biomedical Institute of Malaga. Spain*

**Objectives**

Background/Objectives: Treatment compliance is a major issue in iCBT programs. The present research explore the influence of two brief group interventions in treatment compliance and effectiveness of an iCBT program for depression in primary care patients.

**Methods**

One-hundred patients were randomly divided into two conditions. The first group of patients completed an iCBT program for depression and the second group completed the same program and attended to two brief group interventions at the beginning and during the program. Patients were assessed at the baseline and 3 months after by expert clinicians using BDI for depression level, SF-12 for functional status, EuroQol 5D for quality of life and CSRI for use of social and health services.

**Results**

The patients assigned to the brief intervention condition obtained significantly higher indices of treatment compliance and, consequently, improved significantly their depressive symptoms.

**Discussion/Conclusion**

Clinical and cost-effectiveness implications of brief group interventions in internet-based therapies will be discussed.

**Key words 5**

Treatment compliance; group intervention; computer-delivered psy-

chotherapy; depression; primary care

**Other authors:** Nogueira-Arjona, Raquel.

**Symposium: 306. Mental Health reforms. International and multifocal assessment.**

**Objectives**

The National Mental Health Law No. 26657 enacted in 2010 aims to impulse and consolidate a change of the established principles in the field of mental health in Argentina. Adapts the legislation to international standards of human rights and constitutes a guidance tool for public policy planning.

This law establishes political and social responsibilities that promote effective access to the exercise of the rights of persons with mental illness and the transformation of practices and organization of mental health services.

The norm proposes the community mental health services creation, interdisciplinary working groups, development of care practices including community, families and the users in attention process, integration of psychiatric services in general hospitals and 2010 fixed as the deadline for the closing of all psychiatric institutions.

Thus, the implementation of this law is an opportunity to move towards a model of community mental health, and provides criteria for assessment of the transformation processes in mental health services. The construction of indicators associated with the normative content of the law which emanate allow control compliance and assess the progress of reform.

The implementation of the National Mental Health Law can be considered as a framework for monitoring and evaluating the progress of government responsibilities in fulfilling the right to mental health.

**Key words**

community care, mental health legislation, human rights.

**Other authors:** Galende, Emiliano; Barcala, Alejandra.

**Evaluation of the mental health services of Sistema de Saúde Mãe de Deus – South Brazil.**

**Speaker:** Dinarte Ballester

*Psychiatrist. Director of Sistema de Saúde Mãe de Deus. South Brazil. Brazil.*

**Objectives**

The Sistema de Saúde Mãe de Deus, a health organization based on Rio Grande do Sul, the southern Brazilian State, maintain a private-public partnership that drives a net of mental health services, connected with the Sistema Único de Saúde, the Brazilian health system. In the city of Porto Alegre, the State capital, these services comprise three mental health centers and one inpatient unit specialized in alcohol and drug disorders, and one urgent care unit for general mental disorders. In order to evaluate the access, process and delivery of services, is running an evaluation project, utilizing qualitative and quantitative methodologies, with the scope of monitoring the assistance, provide information for management and surveillance. As a continuous process, it is an opportunity for training and innovation for health teams. One of the main focuses is risk management, with indicators of patient safety.

**Key words**

mental health services, delivery, monitoring, risk management.

**Evaluating networks of mental health services in Chile: 10 years of experience with EvaRedCom.**

**Objectives**

Research and evaluation of mental health services is scarce due to the complexity of the matter of study, the diversity of types of services and of health and social contexts where they operate, and the low development of tools for this purpose. In 2005 we started the development of an instrument to assess networks of mental health services in Chile, based on international recommendations, criteria from the national policy and expert judgment, which was named EvaRedCom. In its first application to eight territorial networks of mental health services, it showed good content validity and semantic adaptation, as well as a high capacity to discriminate between the networks with high and low community orientation.

In 2009 we developed a second version of EvaRedCom which allowed us to assess the degree of progress in the Community model of our mental health services, along with a software application to improve data collection. At that time, we did an evaluation of all networks in the country and compare the situation between regions, finding significant problems of accessibility, inequities in the distribution of infrastructure and human resources, and in the quality of services provided. Interventions delivered have a strong biological orientation, low concern for the needs of users and the management of their micro-social environment. Services showed a moderate development of the community approach, with a 35.8% of achievement on the indicators used for this purpose.

In 2013 an adaptation of EvaRedCom was performed to further evaluate the mental health actions that provide PHC centers within the networks. An evaluation made in the south of the city of Santiago found that a higher level of development of community approach in the PHC centers was associated with a lower rate of visits for psychiatric emergencies and a lower rate of hospital discharges from psychiatric causes.

**Key words**

mental health services, networks, delivery, evaluation.

**Other authors:** Alvarado, Rubén; Minoletti, Alberto; Sepulveda, Rafael; Zitko, Pedro; Ramirez, Jorge; Gomez, Mauricio.

**Transversal actions against alcohol and drugs on the roads in a Swedish county – an evaluation.**

**Speaker:** Lars Kjellin

*Ass. professor. Psychiatric Research Centre. Faculty of Medicine and Health. Örebro university. Örebro. Sweden.*

**Objectives**

The Swedish program Samverkan mot alkohol och droger i trafiken, SMADIT (United action against alcohol and drugs on the roads) is a cooperation between several national, regional and local authorities, including health services. According to the program, people reported for drunken driving on the road or at sea should be offered professional help promptly. The aim is to reduce drunken driving and offer possibilities for drunken drivers to handle their alcohol problems. SMADIT is implemented all over Sweden, but it is applied in different ways in different parts of the country.

In Örebro county, the program is extended to include persons caught by police suspected of drunken driving, drugged driving, minor narcotics offense, and doping crime. They are offered a motivational interview with staff from the Addiction Centre

(part of the mental health services) and further support from the Centre, the Social services, or the Probation services. An evaluation of SMADIT-Örebro, including a retrospective register study and a prospective interview study, aims primarily to compare persons who accepted further support after the motivational interview with those who declined with regard to recidivism in drunken driving and other crimes.

The register study includes 840 individuals, of which 38 % accepted and 62 % declined further support after the motivational interview at the Addiction Centre. Data on drunken or drugged driving and other crimes are obtained from individualized register data from the Swedish National Council for Crime Prevention 2009-2012. In the interview part of the project, 172 persons are included (of which 69 % accepted further support, 26 % declined and 5 % were not asked or don't remember). Follow-up interviews at six and twelve months are ongoing. Data comparing those who accepted with those who declined support with regard to recidivism in traffic offences and other crimes will be presented.

**Key words**

alcohol, drugs, driving, health services, evaluation.

**Other authors:** Brus, Ole.

**Shall evaluation of matrix strategy correspond to expectations regarding access of Brazilian population to mental health?**

**Speaker:** João Campos

*Professor of Public Health. University Of Londrina. Brazil.*

**Objectives**

Public mental health policies of the National Health Service (SUS) in Brazil had a big boost with the promulgation of Law No.10.216/2001 that re-oriented the care model in mental health in the country. This law led to important advances in the area of psychiatry: expansion of CAPS (Psychosocial Care Centers); implementation of a national policy to combat crack; short stay facilities and psychosocial support for drug addicts; and outpatient care and multidisciplinary expertise in various types of mental disorders.

Objectives To analyze published articles that deal with the relationship between mental health and primary care in Brazil from a matrix practice perspective.

**Method**

Review in Pub Med from 2000 to 2010. The descriptors were “mental health”, “primary care”, “matrix support” and “matrix”. The categories of analysis were established according to the articles.

**Results**

There were selected 86 articles, concerning one, two or three of the following categories: mental health, primary care and matrix experiences. The analysis showed that there are different ways of describing collaborative work which is an important and innovative initiative taken by SUS, as it appears at the time that civil society cannot accept anymore the abandonment of mentally ill people and demands access to a better treatment system that meet patients' needs.

**Conclusions**

The Brazilian experience is in line with global recommendations towards a therapeutic gap between mental health services and patients' needs. A network of mental health reducing integrated into a family health strategy is a new challenge for the Brazilian

Psychiatry reform while the matrix strategy needs further studies to better evaluate the real impact on health policies in Brazil.

**Key words**

mental health services, policies, legislation, primary care.

**ESAMEN: Evaluating community mental health services.**

**Speaker:** Manuel Gómez-Beneyto

*Professor of Psychiatry. University of Valencia. Member of CIBERSAM. Valencia. Spain.*

**Objectives**

Introduction One of the main aims of the recently approved Spanish Strategy for Mental Health is to promote community orientation for the care of severe mental disorders. To this effect the document specifies which are the basic services required to care for the health and social needs of patients living in the community. The aim of this presentation is to describe a feasibility study of a new and simple tool developed to evaluate such structure ("Evaluación de Servicios de Salud Mental" ESAMEN)

**Methods**

23 health services and five social services were identified as the minimum endowment to provide a basic community structure. To characterize each service six variables were selected: program definition, size of the population coverage, the number and kind of professionals composing the team and their working time, and the number of bed/places available. A questionnaire to gather this information was prepared and sent to all public and contracted mental health and social facilities operating in Andalucía and the Basque Country.

**Results**

Based on collected information several indicators of provision (such as strength, range and capacity of services) and indicators of compliance with the principles of community care (including quality of care, continuity of care, user participation, accessibility, comprehensivity and equity), for the whole system and also for each geographical area, can be easily calculated.

**Discussion**

The validity, reliability, utility and feasibility of the instrument will be considered and discussed, as well as its potential applications for planning and resource management

**Symposium: 312. Recent community surveys carried out in Spain.**

Epidemiological surveys that have in common the methodology of the WHO World Mental Health Surveys have been carried out in several Regions in Spain: Galicia, Murcia, Andalucía. There are also good examples of research-action projects that enhance the collaboration between Mental Health Care and Primary Care.

This symposium is inline with periodical presentations organized by the Sociedad Española de Epidemiología Psiquiátrica in international meetings to present the psychiatric epidemiological research carried out in Spain.

**The PEGASUS-Murcia project: epidemiology and genetics of common mental disorders in the general population.**

**Speaker:** Fernando Navarro Mateu

*Psychiatrist. Unit of Training and Research in Mental Health. General Sub-direction of Mental Health. Murcia. Spain.*

**Objectives**

The PEGASUS-Murcia (Psychiatric Enquiry to General Population in Southeast Spain-Murcia) project was designed to assess the prevalence of common mental disorders, to identify the risk and protective factors, and it also included the collection of biological samples to study the gene-environment (GE) interactions in the context of the World Mental Health Survey Initiative.

**Method**

The PEGASUS-Murcia project is a new cross-sectional face-to-face interview survey based on a representative sample of non-institutionalized adults in the Region of Murcia (Mediterranean Southeast, Spain). Trained lay interviewers used the latest version of the computer-assisted personal interview of the Composite International Diagnostic Interview (CIDI 3.0) for use in Spain, specifically adapted for the project. Two biological samples of buccal mucosal epithelium were collected from each interviewed participant, one for DNA extraction for genomic and epigenomic analyses and the other to obtain mRNA for gene expression quantification. Several quality control procedures have been implemented to assure the highest reliability and validity of the data.

**Results**

A total number of 2,621 participants (overall response rate of 67.4%), and 2,311 biological samples (total biological sample donation rate of 88.2%) were obtained. DNA and complementary DNA (cDNA) obtained are stored in an ultra-freezer at -80°C in BIOBANC-Mur (IMIB-Arrixaca). Data were included in the WMH Cross-National Sample. Results on prevalence, severity, and age of onset of mental disorders in general population, as well as data on health services use and others will be presented as well as the preliminary data on the prevalence of Mental Disorders after the 5.1 Mw earthquake that took place in Lorca (May 11, 2011).

**Discussion**

Cross-sectional studies combining detailed personal information with biological data offer new and exciting opportunities to study the gene-environmental interactions in the aetiology of common mental disorders in representative samples of the general population. A collaborative multidisciplinary research approach offers the potential to advance our knowledge of the underlying complex interactions and this opens the field for further innovative study designs in psychiatric epidemiology.

**Key words**

Mental Disorders, Epidemiology, Epigenetics, General Population.

**Other authors:** Tormo, M<sup>a</sup> José; Vilagut, Gemma; Salmerón, Diego; Escámez, Teresa; Júdez, Javier; Martínez, Salvador; Navarro, Carmen; Ruíz-Merino, Guadalupe; Alonso, Jordi.

**The EPIGALI project. Common Mental Disorders in the Autonomous Community of Galicia.**

**Speaker:** Raimundo Mateos Álvarez

*Department of Psychiatry. School of Medicine (USC). Santiago de Compostela. Spain.*

**Objectives**

As part of the research priorities of the Mental Health Strategic Plan Galicia 2006-11, the Ministry of Health of the Autonomous Community of Galicia commissioned the Spanish Society of Psychiatric Epidemiology to conduct a mental health survey.

Objectives 1) To estimate the overall prevalence, by sex, age and

severity of common mental disorders in people over 18 years living at home in family homes in Galicia and describe the quality of life, disability, comorbidity and substance use. 2) To estimate the associated family burden. 3) To estimate the perceived health, perceived need for care, the health care utilization and consumption of psychotropic drugs of both disorders together and separately.

**Method**

Target population: people older than 18 years living at home. Sampling at random, stratified, multiphase. A total of 3151 subjects received a face to face interview at home. Instrument: International Diagnostic Interview (WMH-CIDI) used in the WHO World Mental health Surveys.

**Results**

Response rate: 59,5%. Life prevalence for any mental disorder: 21,6% (CI 20,5%-22,7%). Substance misuse disorders: 10,5%; Mood disorders: 9,9%; Anxiety Disorders: 5,7%. One year prevalence: 7,4% (CI 6,8%-8,05%). Mood Disorders: 3,7%, Anxiety Disorders 3,1%. 43,6% of the severe mental health disorders had not received health care during the previous year.

**Discussion**

These results are consistent with the ESEMeD-Spain study, providing a higher statistical power for Galicia. Results confirm the perception of mental health professionals in Galicia that more planning effort and provision of services are needed in order to meet the mental health needs of the population.

**Key words**

Epidemiology, Mental health survey, Life Prevalence, Year prevalence, Common Mental Disorders, General population.

**Other authors:** Mateos-Alvarez, Raimundo; Gómez Beneyto, Manuel; Domínguez-Santos, María Dolores; Haro, Josep María; Montero, María Isabel; Muñoz, Pedro Enrique.

**Psychogeriatric epidemiological research: experiences in Primary Care.**

**Speaker:** Sergio Benabarre Ciria

*Psicotard Group. Training Unit of Primary Care. San Jorge Hospital. Huesca. Institute of Aragon of Health Sciences. Spain.*

**Objectives**

The collaboration between Primary Care and Mental Health in our province (Huesca) started in 2005. The project called PSICOTARD, acronym of Late Onset Psychopathology in Spanish. The first research was about psychiatric symptoms in elderly people living in the community.

For this work 293 elderly people were assessed by 24 family doctors around the province from Huesca. The main objective was to detect the physical, psychological, socio-demographic, and functional factors that may involve risk to developing psychiatric symptoms in the elderly, to determine the magnitude of each factor and to do the groundwork for a future longitudinal study that will enable us to define the elderly with psychological fragility in the autonomous region and to design predictive models for mental deterioration in the elderly. The study was supported by the Spanish Health Department (Fondo de Investigación Sanitaria- FIS). As a result of this study were gotten some international and national articles, a Phd and several participations in national and international congress. Some papers were "Prevalence of psychiatric symptoms and mental disorders

detected in primary care in an elderly Spanish population. The PSICOTARD Study: preliminary findings" (Int J Geriatr Psychiatry, 2008), "Detecting psychogeriatric problems in primary care: factors related to psychiatric symptoms in older community patients"(Mental Health in Family Medicine, 2011)

According to the information about social, physical, psychological and cognitive status collected in PSICOTARD I. A study about mortality in the elderly people was conducted being the PSICOTARD II. The most important publication was "Psychiatric symptoms are not an independent mortality risk factor in community-living elderly people" (Int Psychogeriatrics, 2014). Currently, we are working on the PSICOTARD III, a prospective study (to five years) about frailty in elderly people and it carries on with the support of the Spanish Government. A sample of 400 elderly people (70 years and more) is going to be assessed by 90 family doctors in the province of Huesca. The main objective is to know predictive factors around disability, functional dependence, institutionalization and death in the elderly. In this way, another objective is to make risk profiles and scales in order to assess individual risk of suffering disability in the elderly which can be use in Primary Care and other clinical settings to sift and prevent health problems in elderly people.

**Key words**

Epidemiology, Older population, Geriatric Mental Health, Primary Care.

**Other authors:** Benabarre, Sergio; Olivera, Javier; Lorente, Teófilo; Rodríguez, Mariano; Aldea, Carmen; Alcay, Francisco; Arnal, Santiago; Bandrés, Elena and Grupo Psicotard.

**Prevalence of mental conditions and mental conditions as risk factors of disability among a rural and urban population sample aged ≥50 years at Aragón.**

**Speaker:** Carmen Rodríguez Blázquez

*National Centre of Epidemiology and CIBERNED. Carlos III Institute of Health. Spain*

**Objectives**

Population-based disability associated to mental health conditions has been scarcely analyzed. The aim of this study was to describe the prevalence and risk factors of disability attributed to mental health disorders.

**Method**

Cross-sectional survey carried out in a random sample of 950 individuals aged 50 years and over, from two areas (rural and urban) in Northern Spain, screened for disability using WHODAS 2.0 12 items. Trained experts applied an expanded version of the ICF Checklist and the WHODAS 2.0-36 items for disability, and collected information on mental health conditions from the primary care records and interview. Prevalence of mental health diagnoses and disability were calculated. Logistic regression models were constructed to quantify the association of disability with mental health, controlling for age, sex, comorbidities, and geographic area.

**Results**

The sample, 65% women, had a mean age of 72.7 years (standard deviation, SD: 11.3), and 14.6% had severe/extreme disability. Mental health problems were present in 221/950, 23.3% of the sample (dementia 38%, depression 15%, anxiety 45%, and severe mental health disorder 9%), 33.5% out of them suffering from moderate disability and 24.5%, from severe/extreme disa-

bility. In the multivariate analysis, mental health problems were associated with severe/extreme WHODAS 2.0, OR 3.68 (2.37-5.71), and ICF activities/participation, OR 13.96 (4.87-40.05). Depression and dementia were the conditions with highest impacted on WHODAS 2.0 severe/extreme, OR 4.84 (1.74-13.49) and 7.41 (3.45-15.9), respectively. Dementia was also related to ICF activities/participation, OR 37.7 (10.96-129.73). OR for anxiety was low and for severe mental disease unstable. Communication and interpersonal relationships were the most affected domains, OR 9.25 (4.96-7.23) and 6.18 (3.87-9.87) respectively.

Controlling for other variables, mental health conditions, particularly depression and dementia, strongly impacted on disability.

**Conclusions**

Detection and treatment of depression and support to persons suffering from depression or dementia may have an important effect on prevention of disability due to mental disorders.

**Key words**

Mental health, disability, WHODAS 2.0, ICF, survey.

**Other authors:** Alcalde-Cabero, Enrique; Almazán-Isla, Javier; Comín Comín, Magdalena; Damián Moreno, Javier; de Pedro-Cuesta, Jesús.

**Symposium: 313. Implementing specific psychotherapies for personality disorders in Public Health Systems.**

A very significant gap is found between the level of effectiveness of specific psychotherapies for personality disorders and the level of implementation of such strategies on Public Health Systems.

PISMA II (Comprehensive Mental Health Plan for Andalusia, 2008-2012) provides a range of strategies related to professional training, as well as the introduction of pilot programmes in specific psychotherapeutic treatments for people affected of personality disorders.

Psychotherapeutic interventions performed within different clinical settings are presented, both in Andalusia Public Health System and other Spanish autonomous communities.

**Strategies for treating personality disorders on PISMA II**

**Speaker:** Mercedes Rueda-Lizana

*Clinical Psychologist. Head of the Intercentres Mental Health Clinical Management Unit and Virgen de las Nieves University Hospital. Granada. Spain*

**Objectives**

Presentation of strategies used by Andalusia Public Health System and more precisely by PISMA II plan, to improve attention of people affected by personality disorders.

**Method**

Summary of activities carried out under the 11th strategic approach of PISMA II to improve attention of people affected by personality disorders. Summary of professional training activities. Development of a technical paper on BPD. Implementation of Dialectical Behaviour Therapy pilot programmes for BPD patients.

**Results**

Presentation of data on several currently ongoing programmes for personality disorder specialized attention. These programmes are carried out in different units of the Andalusia Mental Health System. Emphasis will be placed on DBT approaches.

**Conclusions**

Analysis of difficulties and issues of the implantation and spreading of personality disorder specific psychotherapies.

**Key words**

Group therapy, personality disorders, Dialectical Behaviour Therapy, Public Health System.

**Other authors:** Barrios, M.; Perles, F.; Romero, S.

**Dialectical behavior therapy for personality disorders: an application of the skills training group in a public mental health unit.**

**Speaker:** María Felipa Soriano Alonso

*Clinical Psychologist. Day hospital of Mental Health. Hospital of Linares. Jaen. Spain.*

**Objectives**

Dialectical behaviour therapy (DBT), developed by Linehan, has proved its efficacy in the treatment of borderline personality disorders (BPD). Diverse research lines have demonstrated that DBT reduces significantly parasuicidal behaviours, dropouts, and days of hospitalizations. The NICE Clinical Guidance (2009) recommends the application of DBT for women with BPD with self-harm behaviour. We have implemented only a part of this therapy, the skills training group, in a Mental Health Unit of the Andalusian Public Health System.

**Method**

Since 2009, we have been developing a skill training group in a Mental Health Day Hospital, with outpatients from the Community Unit. Patients with a borderline, histrionic, anxious, or non specified personality disorder are included, referred by the psychiatrist or clinical psychology in charge of each patient. Exclusion criteria are: patients with brain damage, mental retardation, without a permanent residence, under 18 or over 65. Due to the limited personnel resources in the Unit, we only carry out the training group, and individual psychotherapy depends on the specific orientation and resources of the clinician in charge of the patient.

Group training is conducted in closed groups that meet weekly for two hours. The groups are composed from 8 to 12 members, and they usually start in October and finish in June (24 sessions). Before the group meets, 3 to 4 individual preparatory sessions are conducted, in order to inform patients about the group and to establish a compromise. When the group finishes, participants are invited to repeat it once more (following Linehan proposal). The group (format, targets, and strategies) is structured according to Linehan approach. The group is conducted by a therapist and a co-therapist.

**Results**

Six skills training groups have been developed. 47 patients have participated, and 20 of them have repeated it twice. 10 patients have dropped out the group (0-4 dropouts per group). One patient has killed herself. Most patients have shown a reduction in general symptomatology and self-harm behaviour, as measured by the Borderline Symptom List-23.

**Conclusions**

We believe that clinical practice should be based on empirically supported therapies. Although limited resources prevent the application of some of these therapies, it is possible to design adaptations that maintain at least some of the benefits.

**Key words**

Dialectical behaviour therapy, skill training group, evidence based therapy.

**Other authors:** Quirós, M. T.; Del Jesús, I., y Aznarte, J. I.

**Integral approach to personality disorders**

**Speaker:** Mercedes Jorquera Rodera

*Clinical Psychologist. PREVI centre. Alicante. Spain.*

**Objectives**

Describe the results obtained after an comprehensive approach (individual, group and family )to patients diagnosed with personality disorder , comorbid , in most cases, of other pathologies.

Methods There were a total 29 patients (26 females and 3 males, age mean 25.19-DT: 9.91-)) , diagnosed with Cluster B personality disorder, with psychological comorbidity related to eating disorder. Moreover, the sample of parents consisted of 53 participants (22 men and 31 women, age mean: 56.3-DT : 7.87).

Psychotherapeutic intervention involved the implementation of DBT in individual and group format for patients, and for the family individual and group intervention too.

The variables analyzed were: in patients, variables associated with emotional control and improving the TP comorbid symptoms and perceived changes in the family environment; in the family atmosphere - and family perceptions of family burden caused by patient care, knowledge about the disease and perception of the environment.

**Results**

Patients reduce symptoms related to impulsivity and there appears to be an improvement in the ability to regulate their emotions. Meanwhile , the family seems to increase their knowledge about the disease , improve the perception of family environment and reduces the burden on the family who assumes the care of the patient. Finally, it is noted that improvement of the home environment is perceived for both: patients and family.

**Conclusions**

We conclude that the intervention with the family seems to favor the treatment. Specifically: the family intervention group appears to enhance the knowledge they have about the disease, it seems to promote understanding of it and both seem to improve the perception of the family atmosphere. This latter aspect is closely related to maintaining emotional stability of the patient and the consolidation of skills acquired throughout the therapeutic process.

**Key words**

Integral approach, treatment, personality disorders cluster B, comorbidity.

**Other authors:** Guillén, V.; Botella, C.; Baños, R. M.; García-Palacios, A.

**Iconic therapy: Origins and nowadays.**

**Speaker:** Silvia Hurtado

*Assistance centre San Juan de Dios. Málaga. Spain.*

**Objectives**

This therapy is originated from a cognitive- behavioral approach, but also integrates other fundamental therapeutic principles from several theoretical currents. It is targeted at those people who feel empty feeling, stress, disproportionated emotional reactivity, irritability, external attribution, low self-esteem or dicotomic thinking, thus, targeted not only at emotionally

destabilized persons.

**Method**

This therapy is organised upon an individual- grupal- familiar format consisting of an explicative model, a therapeutic model and especific guidelines of the vulnerability aspects that eases unstable behaviour apperance.

The icons represents either the therapeutic principles or the unstable behaviour that this kind of people usually show as well as the vulnerability aspects just mentioned. Icons reinforced by the visual memory, fosters the insight over oneself's behaviour, therapeutic principles comprehension or tackling strategies evocation at crisis or emotional alteration moments.

**Results**

Preliminary studies found a remarkable improvement in self-aggressive behavior, and in a lower proportion, towards the others or escape behaviour; in a similar way, they had improved adaptive behaviour in all the emotional, social or occupational perspective.

**Conclusions**

Either the relatives or the results of the evaluations find self-aggressive behavior to be the main positive effect of the Iconic Therapy. Certainly, users don't even usually think of harming him/herself anymore in spite of the remaining emotional alteration or the negative selftalking they still refer, but it is the aggressivity towards others that is the aspect that users can tell to have most improved

When escape behaviour exists, there usually appear a higher number of relapses bringing some other maladaptive behaviours with them.

Nowadays, an experimental design of cases and controls is being set up which will be followed up for a year.

**Key words**

IconicTherapy, emotional instability, frustration, impulsivity, irritability, coping.

**Other authors:** Santiago López, Soledad.

**Symposium: 314. From evidence to service policies: Feasibility and impact of pragmatic cluster randomized controlled trial testing the effectiveness of a multielement psychosocial intervention for First Episode Psychosis conducted in 10million inhabitants catchment area.**

Psychotic disorders are the most severely disabling of all mental illnesses, leading to great personal suffering for patients and their family members, due to still-persisting social stigma and repeated post-relapse hospitalizations. Most clinical and psychosocial deterioration in schizophrenia has been found to occur within the first 5 years of illness onset, suggesting this phase as a "critical period" for initiating treatment. Thus, the most recent research applications in the field have begun to focus on the aspects of early detection and intervention, with findings now revealing a direct relation between quality of clinical/social response and swiftness of treatment after psychosis onset. International treatment guidelines for first episode psychosis now recommend a prompt and integrated pharmacological and psychosocial approach, including cognitive behavioural psychotherapy for patients and psycho-educational intervention for their family members. Hence, policy planning must also be based on a combination of these different components in a

multi-element perspective. However, there is little knowledge on how these procedures can be best integrated into current clinical practices. The challenge is therefore that of learning how to effectively manage many inter-dependent organisational problems and to concurrently develop and implement intervention programmes that are targeted, effective, and tailored to patients and their family members. Moreover, all of this must be achieved in a context of great (patient, family, clinical, and social-relational) variability.

The Research Programme “Genetics Endophenotypes and Treatment: Understanding early Psychosis” (GET-UP) aims to apply innovative and targeted forms of early psychosis onset intervention and to test its effectiveness and feasibility in Italian Community Mental Health Centres. The randomised controlled trial launched in the frame of the GET UP research Programme is based on sophisticated epidemiological, clinical, biological, and neurocognitive investigations and involves 117 Mental Health Centres located throughout a 10 million-inhabitant catchment area, including two Regions (Veneto and Emilia Romagna) and the Bolzano, Florence, and Milan provinces. Workers in these catchment areas are trained in the above-mentioned forms of intervention. This is the largest Trial ever conducted so far in this field. This initiative is expected to produce scientific knowledge useful to activate a virtuous circle to foster the dissemination of early prevention and intervention practices—not only for psychoses, but also in other mental health spheres.

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### The feasibility and the effectiveness of a multielement psychosocial intervention for early psychosis conducted in the real world routine.

#### **Speaker:** Mirella Ruggeri

*Professor of Psychiatry. Director. Specialization School in Psychiatry. Section of Psychiatry. Department of Public Health and Community Medicine. University of Verona. Italy*

#### **Objectives**

Most multi-element research in early psychosis has been conducted in non-epidemiologically representative samples enrolled in experimental settings, thereby raising the risk of underestimating the complexities involved in treating First Episodes of Psychosis (FEP) in ‘real-world’ services. The GET UP PIANO (Psychosis early Intervention and Assessment of Needs and Outcome) trial has two overarching aims: 1) To compare, at 9 months, the effectiveness of a multi-component psychosocial intervention with that of treatment as usual (TAU) in a large epidemiologically based cohort of patients with FEP and their family members recruited from a 10 million-inhabitant catchment area; 2) To identify the barriers that may hinder its feasibility in

real-world routine clinical settings and patient/family conditions that may render this intervention ineffective or inappropriate. Primary outcomes were considered symptom reduction, increased social functioning, lower inpatient admission rates.

#### **Methods**

Participants were recruited from community mental health centers (CMHCs) operating for the Italian National Health Service and located in two entire regions of Italy (Veneto and Emilia Romagna), and in the cities of Florence, Milan and Bolzano. The PIANO trial had a pragmatic cluster randomized controlled design, which compared the effectiveness of TAU plus a multi-element psychosocial treatment for patients with FEP and their family members, versus TAU alone. The experimental additional treatment comprised : 1) cognitive behavioral therapy for psychosis (CBTp) for patients; 2) family intervention for psychosis (FIp); and 3) case management. It was expected that an optimal number of 20–30 CBT sessions per patient would be delivered during a time frame of 9 months, with weekly sessions held during the first 3 months and fortnightly during the subsequent 6 months. Family intervention consisted of an optimal number of 10–15 sessions over 9 months with each individual family: 6 sessions in the first 3 months, and at least 1 session/month during the subsequent 6 months. Every patient/ family had a case manager who coordinated all planned interventions.

#### **Results**

A total of 338 patients participated in the study: 172 patients in control condition and 272 patients in experimental condition. At baseline, the socio demographic characteristics of the patients did not differ between groups. One hundred and 89 patients have completed 10 or more CBT sessions and had their relatives complete 2 or more FI sessions. One hundred and 38 patients have completed over 20 CBT sessions; 24 people did not participate in the CBT treatment due to various reasons that included: withholding consent to treatment (13 patients), attrition before the start of CBT (3 patients) and others. Concerning Family Intervention, the largest group (n=121) have participated in 10-19 FI sessions; 52 patients’ relatives did not participate in FI due to various reasons such as: no relatives available (17 patients), patient refusal to grant consent to contact relatives (7 patients), no consent to CBT (13 patients), relatives not giving consent (7 relatives) and others. At follow-up subjects in the experimental group had significantly lower PANSS Total Score, lower GAF and Hamilton Score (treatment effect estimates based on random effects linear regression models) and lower number of days of admission.

#### **Conclusions**

This study proves that it is possible to apply evidence based interventions for early psychosis also in routine CMHCs, with an improvement – obtained with a treatment lasting for a short time – in clinical and social outcomes. Interventions proved to be acceptable to the vast majority of patients and their families. Knowledge produced by this study is to date unique in this field and greatly contribute to bridge the gap between research and clinical practice in the area of early interventions.

#### **Key words**

First episode psychosis; outcome assessment; pragmatic trials; schizophrenia; service evaluation; psychosocial interventions; community care.

**Other authors:** Bonetto, C.; Tosato, S.; De Santi, K.; Poli, S.; Cristofalo, D.; De Girolamo, G. ; Fioritti, A.; Rucci, P.; Santonastaso, P.; Neri, G.;

Pileggi, F.; Ghigi, D.; Miceli, M.; Scarone, S.; Cocchi, A.; Torresani, S.; Faravelli, C.; Zimmermann, C.; Meneghelli, A.; Cremonese, C.; Scocco, P.; Giubilini, F.; Leuci, E.; Mazzi, F.; Gennarelli, M.; Brambilla, P. Tansella, M.; Lasalvia, A.; and the GET UP GROUP.

**Predictors of treatment outcome in patients and their relatives of a multi-element psychosocial intervention for early psychosis.**

**Speaker:** Antonio Lasalvia

*Psychiatrist. U.O.C. Psichiatria. Azienda Ospedaliera Universitaria Integrata (AOUI) di Verona and Department of Public Health and Community Medicine. Section of Psychiatry. University of Verona. Italy.*

**Objectives**

Multi-element interventions for the treatment of patients with first-episode psychosis (FEP) are promising, but have mostly been conducted in non-epidemiologically representative samples, thereby raising the risk of underestimating the complexities involved in treating FEP in ‘real-world’ services. This study aims to investigate the predictors of good outcome in a large sample of FEP patients recruited in a multisite randomized trial assessing the effectiveness of an evidence-based multi-element psychosocial intervention and evaluate the clinical and social trajectories of those that recover.

**Method**

This study was conducted within the framework of the GET UP PIANO (Psychosis early Intervention and Assessment of Needs and Outcome) Trial, which was part of the larger research program “Genetics Endophenotypes and Treatment: Understanding early Psychosis” (GET UP). The PIANO cluster randomized controlled trial aimed to implement innovative and targeted forms of early psychosis intervention in routine practice and to test its effectiveness and feasibility in 117 Italian community mental health centres located throughout a 10 million-inhabitant catchment area.

**Results**

A total of 272 patients received over a 9-month period the experimental multi-element psychosocial intervention, which consisted of routine service intervention plus a package of evidence-based additional treatment comprising (1) cognitive behavioral therapy for psychosis (CBTp) for patients; (2) family intervention for psychosis (FIp); and (3) case management (CM). Results of a series of multivariate regression analyses to test the effect of the multi-element intervention on a set of putative predictors (e.g., family history for psychosis, pre-morbid functioning, pre-morbid IQ, DUP, ethnicity, age at onset, gender, psychiatric diagnosis) on both primary (i.e. changes in positive and negative symptoms and subjective appraisal of psychotic symptoms; relapse rates) and secondary outcomes (i.e. changes in social functioning, emotional wellbeing, service disengagement, needs for care, family expressed emotions, family burden, and service satisfaction) will be presented.

**Conclusions**

This study allows to gain a better insight into which typologies of FEP patients might best benefit from these interventions.

**Key words**

First episode psychosis; outcome assessment; pragmatic trials; schizophrenia; outcome predictors, community care; psychosocial interventions.

**Other authors:** Lasalvia, A.; Bonetto, C.; Bissoli, S.; Bertani, M.; Tosato, S.; De Santi, K.; Poli, S.; Cristofalo, D.; De Girolamo, G.; Fioritti,

A.; Rucci, P.; Santonastaso, P.; Neri, G.; Pileggi, F.; Ghigi, D.; Miceli, M.; Scarone, S.; Cocchi, A.; Torresani, S.; Faravelli, C.; Zimmermann, C.; Meneghelli, A.; Cremonese, C.; Scocco, P.; Giubilini, F.; Leuci, E.; Mazzi, F.; Gennarelli, M.; Brambilla, P.; Tansella, M.; Ruggeri, M1. and the GET UP GROUP.

**Building capacity to provide innovative interventions for early psychosis in mental health professionals.**

**Speaker:** Anna Meneghelli

*Department of Mental Health. Azienda Ospedaliera Ospedale Niguarda Ca’ Granda. Milano. Programma 2000. Italy.*

**Objectives**

The international literature shows a growing interest in innovative psychosocial interventions for early psychosis, with a particular focus on Cognitive Behavior Therapy (CBT). These interventions have been found to be associated with symptom remission, improved quality of life and global functioning, and reduction of long-term disability. However, there is still poor evidence on the effectiveness of their application in routine clinical settings, also due to the lack of skills that allow mental health professionals to provide them. This study aims to evaluate the efficacy of a specific training program to build capacity in CBT implemented in routine clinical practice and to assess the impact of trainee’s individual characteristics (age, profession, clinical experience, cultural background) on the acquisition of competence.

**Methods**

A specific CBT training program has been delivered to Mental health professionals (psychiatrist or psychologists) in 64 Community Mental Health Centers (CMHCs) and conducted as a preliminary phase of the GET UP PIANO (Psychosis early Intervention and Assessment of Needs and Outcome) Trial, as part of the larger research program “Genetics, Endophenotypes and Treatment: Understanding Early Psychosis” (GET UP) conducted in a 10 million inhabitant catchment area in Northern-Central Italy. The CBT training program has been developed as part of a post-graduate course promoted by the University of Verona, with the involvement as teachers of the leading experts in the field. It consisted of 112 hours of teaching and 30 hours of supervision in small groups and three months of practice training. Mental health professionals’ competences were measured at baseline and at the end of the course, using multi-choice questionnaires, case reports analysis and supervisors’ judgments. Professionals’ satisfaction towards the course has been also evaluated by an ad hoc questionnaire.

**Results**

A total of 127 mental health professionals (psychiatrists and psychologists) completed the training. Statistical analysis has been performed using a series of multivariate regression analyses taking into account cultural background, duration of previous clinical experience and profession as dependent variable, and engagement and competence as independent variables. Competence on CBT developed during the training was good to excellent in the vast majority of subjects. Questionnaires on professionals’ satisfaction, focused strengths and limits of the training program, with an overall medium to high satisfaction and good subjective perception of utility of the course in providing the basic skills to intervene with patients affected by psychosis.

**Conclusions**

The high participation and engagement, and the competencies

acquired in the CBT training proves the feasibility and utility of implementing specific training programs that build capacity in mental health professionals that work in everyday practice. This might be useful to fill the gap between evidence and routine clinical practice.

#### **Key words**

First episode psychosis; CBT, Capacity building,; pragmatic trials; schizophrenia; implementation.

**Other authors:** Meneghelli, A.; De Santi, K.; Alpi, A.; Bislenghi, L.; Bosis, T.; Colnaghi, F.; Fascendini, S.; Grignani, S.; Paglia, C.; Patelli, G.; Cristofalo, D.; Bonetto, C.; Ruggeri, M.; and the GET UP GROUP .

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#### **The impact of life events on the outcome of care in early psychosis.**

**Speaker:** Katia de Sant

*Department of Mental Health. Azienda Ospedaliera Ospedale Niguarda Ca' Granda. Milano. Programma 2000. Italy.*

#### **Objectives**

The aim of the present study is to evaluate the role of psychosocial stressors in a cohort of patients with first episode of psychosis, within the strategic research program Genetics Endophenotypes and Treatment: Understanding early Psychosis (GET UP).

#### **Methods**

348 early psychosis patients recruited in the GET UP PIANO Trial and 309 controls representative of the general population and matched to cases by sex, age and education were assessed for the occurrence of early and recent life events, the perception of early parenting, and the parental expressed emotions. Recent life events were evaluated by assessors not involved in the interview and blind the patient or control status. Independent events (outside the subject's control) were also evaluated.

#### **Results**

The comparisons between patients and controls revealed that childhood loss events (22.2% among patients vs 10.7% among controls  $\chi^2=10.96$   $p=.001$ ), recent life events (73.3% among patients vs 42.3% among controls  $\chi^2=45.95$   $p<.001$ ), parental rearing (e.g. mother care  $M=23.96\pm 8.22$  in patients vs  $M=28.66\pm 5.82$  in controls  $t=5.35$   $p<.001$ ) and family emotional climate ( $M=29.12\pm 6.97$  in patients vs  $M=10\pm 7$  in controls  $t=-30.84$   $p<.001$ ) were all strong risk factors for early psychosis. Independent recent events were more frequent among controls (53.7%) than among patients (23%;  $\chi^2=26.70$   $p<.001$ ).

#### **Conclusions**

Subjects affected by psychosis undergo more stressful life events in the year prior to the onset of psychosis. However, the number of events that are independent of the subject's behavior is lower than in controls. Are there maladaptive behaviours preceding the onset? Is there an active gene-environment correlation?

#### **Key words**

Life events, First episode psychosis; outcome assessment; pragmatic trials; schizophrenia; course of illness.

**Other authors:** De Santi, K.; Fioravanti, G.; Ruggeri, M; Di Paola, F.; Lo Sauro, C.; Talamba, G. A.; Rotella, F.; Casale, S.; Cristofalo, D.; De Girolamo, G.; Lasalvia, A.; Santonastaso, P.; Neri, G.; Pileggi, F.; Ghigi, D.; Miceli, M.; Scarone, S.; Cocchi, A.; Torresani, S.; Giubilini, F.; Faravelli, C.; The Get Up Group.

## ORAL PRESENTATIONS

### Oral Presentations 15: Mental Health and Economy.

#### **OP/241. The cost of mental health care provision for adults with intellectual disability and co-morbid mental disorders in Germany – Results from the multisite MEMENTA-study**

**Authors:**

Hans Joachim Salize.

**Work Center:**

Researcher. Central Institute of Mental Health Mannheim. Germany.

**Summary:**

**Introduction**

People with intellectual disability (ID) have a high risk for mental disorders but are not a core-clientele for psychiatry. In many countries persons with ID are cared for in a sector apart from community mental health care. As a consequence, mental disorders in people with ID are rarely assessed and little is known about the quality of mental health care provided in this area.

**Aims**

The study 'Mental healthcare provision for adults with intellectual disability and a mental disorder' (MEMENTA) is a cross-sectional multisite epidemiological study in Germany, whose overall aim was to assess the psychiatric prevalence in adults with ID, the quality of mental health care provided and the cost of care. The study was conducted from February 2012 to July 2014 in the Dresden, Ulm and Mannheim regions. Targeted were persons aged between 18 and 65 years with a mild or moderate ID.

**Methods**

The sample was recruited in services for people with ID (sheltered workshops or sheltered homes) by simple random sampling. In 402 persons with ID the mental disorder prevalence was assessed with the Psychiatric Assessment Schedule for Adults with Developmental Disability Checklist (PAS-ADD) and the Mini PAS-ADD. Health services utilization and costs were assessed with an adapted version of the Client Socio-Demographic and Service Receipt Inventory (CSSRI).

**Results**

21.1% of subjects had co-morbid mental disorders. Average overall cost of care (including sheltered workshops and sheltered accommodation) was 22,985 € per year in persons without co-morbid mental disorders and 26,322 € in persons with additional mental disorders (excluding the cost of psychopharmacological drug use).

**Conclusions**

Major cost-drivers were sheltered accommodation and sheltered workshops. Hospital cost played a minor role. Although cost of care of persons with ID with psychiatric co-morbidity exceeded those in persons without, mental health care utilization was not frequent.

Considering an extensive psychopharmacological drug prescription and consumption in both groups, the findings suggest an inappropriate mental health care provision. As a consequence, a stronger and guideline-oriented collaboration between com-

munity mental health care and the services and sectors for disabled persons should be discussed

#### **OP/259. Cost-effectiveness of early Intervention in psychosis in comparison to treatment as usual using the net benefit approach**

**Authors:**

Caragh Behan.

**Work Center:**

Clinical Research Fellow. DETECT Early Psychosis Service. Dublin.

**Summary:**

**Introduction**

Early intervention in psychosis (EIP) is an accepted policy internationally. There are improved outcomes in the short to medium term, and research has shown that EIP is cost-effective primarily from reductions in in-patient bed days. However, it is important to evaluate whether policies are applicable within a local context. There is limited economic evaluation in mental health in Ireland. There are a lack of patient level data.

**Aims**

The aim of this study is to perform a cost-effectiveness analysis of an EIP service in comparison to treatment as usual (TAU).

**Methods**

We examined two cohorts presenting with first-episode psychosis (FEP) between 2010 and 2012 (n=203). One presented to an EIP service covering three mental health catchment areas, the other to a best practice community mental health service offering TAU. Both FEP cohorts were aged 18-65. The EIP cohort received a rapid assessment, evidence-based phase specific interventions, and was followed up at one year. The TAU cohort had a similar structured assessment at baseline and one year and received best practice care as usual. The primary outcome measure was relapse requiring admission / homecare by one year. Secondary outcome measures included the proportion not in education or employment and engagement with services. We will use the net benefit approach to evaluate cost-effectiveness from a public health perspective.

**Results**

Preliminary analysis of the effects shows that the EIP cohort had a lower relapse rate requiring in-patient admission. Regression analysis is being performed. We will generate a cost-effectiveness acceptability curve showing the probability of EIP being cost-effective at varying values of willingness to pay. We will test the assumptions in the analysis using bootstrapping and sensitivity analysis.

**Conclusions**

Preliminary results are consistent with other studies internationally. Reduction in relapse requiring admission results in savings through reduction in in-patient days. It is difficult to generalize interventions shown to work in one country to other countries, as health service structures differ and there are both local and national variations in service structure and delivery. It is advisable to evaluate whether a policy is applicable within its local context.

**OP/261. Outcome measures in serious mental illness – is the preferred preference-based measure penalising people with psychosis?**

**Authors:**

Caragh Behan.

**Work Center:**

Clinical Research Fellow. DETECT Early Psychosis Service. Dublin.

**Summary:**

**Introduction**

Decision making bodies internationally recommend that cost-utility analysis (CUA) using the EQ-5D be used as the reference case in outcome studies evaluating interventions. Use of the Quality Adjusted Life Year (QALY) implies that interventions can be compared using a standard outcome measure. However, there is concern that the EQ-5D is not fit for purpose in generating reliable and valid measures of utility in people with serious mental illness. This is particularly applicable in psychosis without an affective component.

**Aims**

The aim of this study is to evaluate the EQ-5D in comparison to another preference based measure and to disease specific measures in a sample of people in their first episode of psychosis (FEP).

**Methods**

We examined a cohort of people with FEP who presented to five catchment areas in Ireland between 2011 and 2013. The sample is aged 18-65 with a DSM-IV diagnosis of psychosis. The sample is from both rural and urban catchment areas in Ireland. The sample were assessed at baseline and one year using structured diagnostic interviews (the SCID-IV), and a range of clinical outcome measures including symptoms (SAPS, SANS, Calgary scale for depression). A sample of the cohort had the EQ-5D measured at baseline and one year. A portion of the sample had the EQ-5D and another preference based measure, the AQoL-8D, measured at one year.

**Results**

We will use measures of correlation to show the association between the two preference-based measures and between the EQ-5D and the disease specific measures. We will use subgroup analysis to show in which group of people with psychosis the QALY is useful, and which group it is not. Preliminary analysis shows the expected ceiling effect using the EQ-5D. Much of the variability in scores is attributable to the presence of an affective component.

**Conclusions**

The emphasis on use of QALYs as the preferred outcome measure for many decision making bodies penalises interventions developed for people with serious mental health problems. The ceiling effect and distribution characteristics of the EQ-5D limit its usefulness for generating QALYs in people with functional psychosis.

**OP/310. Income-related inequalities in mental illness-related morbidity, well-being/resilience and service utilisation: A systematic review**

**Authors:**

(1) Wagner Silva Ribeiro; (1) Marianna York-Smith; (2) Pedro Mário Pan; (1) Sara Evans-Lacko.

**Work Center:**

(1) London School of Economics and Political Science - Personal Social Services Research Unity; (2) Universidade Federal de São Paulo - Departamento de Psiquiatria.

**Summary:**

**Introduction**

Empirical studies have shown mixed findings when assessing the effect of income-related inequality on mental illness-related morbidity and access to mental health care. The objectives of this systematic review are: 1) To examine income-related inequalities in mental illness-related morbidity. Specifically we will examine whether there is a relationship between income inequalities and i) prevalence of any mental illness and ii) prevalence of severe mental health problems; 2) To examine income-related inequalities in mental wellbeing and/or resilience; 3) To describe income-related inequalities in mental health service utilization.

**Methods**

This is a systematic review based on a comprehensive search in the following electronic databases: Medline, PsychInfo, Cochrane Library, Cumulative index to Nursing and Allied Health Literature (CINAHL), Social Science Citation Index (SSCI), LILACS, Scileo and Global Health. In addition we searched grey literature databases. The searches were not limited by language. Electronic searches were supplemented by manual checks of the reference lists of relevant articles and of known relevant reviews and through consultation with experts. The search strategy included terms relating to (i) income-related inequality (i.e., inequality, gini, income), (ii) mental disorders and (iii) study design. Six quality criteria were used, adapted from the Evidence for Policy and Practice Information and Coordinating Centre: (1) aims clearly stated, (2) design appropriate to the stated objectives, (3) justification given for sample size, (4) evidence provided of reliability or validity of measures used, (5) statistics were accurately reported, (6) sample selection was relatively unbiased.

**Results**

Findings from this systematic review will provide robust evidence on whether or not income-related inequality is associated with mental illness-related morbidity and with access to mental health care.

**Conclusions**

If income-related inequality is associated with mental disorders and with access to mental health care, as it has been hypothesized, reducing income inequality can lead to a substantial improvement on the general population's mental health and wellbeing.

**OP/86. Processes of Mortgage-Related Eviction: Perceived Mental Health, Psychosocial Wellbeing and Role of Civil Society Engagement**

**Authors:**

(1) María Isabel Tamayo Velázquez; (2) Amets Suess; (1) Ainhoa Ruiz Azarola; (1) Noelia García Toyos; (1) Manuela López Doblaz; (1) Nuria Luque Martín; (2) Isabel Ruiz Pérez.

**Work Center:**

(1) Andalusian School of Public Health, Granada, Spain; (2) Andalusian School of Public Health, Granada, Spain; Centre for Biomedical Network Research – Epidemiology and Public Health (CIBERESP), Spain.

**Summary:**

**Introduction**

In the current moment of economic and systemic crisis, unemployment and mortgage-related eviction rates have increased significantly in Spain. As a response to this situation, a civil society movement has emerged in defense of the rights of people in eviction processes. The observation of a deterioration of the living conditions of the affected population raises the question regarding their mental health and psychosocial wellbeing, as well as the role of civil society engagement.

**Aims**

The research project aims to 1. Analyze the relation between mortgage-related eviction processes and the perceived health and psychosocial wellbeing of people at risk of losing their house, 2. Explore the perspective and recommendations of active participants in civil society platforms related to the topic, 3. Analyze the news on mortgage-related eviction and health in the written digital press.

**Methods**

Qualitative design. Part 1: Semi-structured interviews with people in eviction processes in Andalusia. Part 2: Focus groups with active members of civil society platforms in Andalusia. Part 3: Press analysis. Analysis of results: Qualitative content analysis and triangulation of results among the members of the research team.

**Results**

Participants report signs of anxiety, stress, depression, insomnia and suicidal thoughts during the process of mortgage-related eviction, as well as psychosomatic symptoms and a deterioration of chronic diseases. Furthermore, they observe a frequent impact of the situation on family members, including children. The contact with civil society platforms is identified as an important source for information, psychosocial support and empowerment by most of the interviewees. The opportunity for an open communication about the eviction process is underlined as a relevant aspect in the contact with health care providers and social services. The portrayal of suicide cases related to eviction processes in the written press opens up a reflection on the role, impact and ethics of journalism in the field of mental health.

**Conclusions**

The frequent perception of a deterioration of the health and psychosocial wellbeing of people in process of mortgage-related eviction indicates the need for an adequate response from the health care system in general, and specifically from mental health providers and general practitioners.

**Oral Presentations 1: Care Management in Child and Adolescent Mental Health.**

**OP/146. OMSORG – Dealing With Bereavement, Working with Training Groups for Bereaved Children**

**Authors:**

(1) Jes Dige; (2) Per Bøge.

**Work Center:**

(1) Danish Cancer Society. Denmark. The Netherlands; (2) Head of Section, Danish Cancer Society. Denmark.

**Summary:**

**Introduction**

Every year more than 2,500 Danish children under the age of 18 experience the loss of a parent by death. Another 42,000 children experience that their mum or dad is acute hospitalized with a severe illness.

**Aims**

One of the basic conditions in working with children in loss and grief is that the responsible adult person involved in the child's unbearable situation makes space for the child to be heard, seen and understood.

**Methods**

A very efficient way of helping grieving children in coping with the sad feelings of loss and despair is to establish Training Groups lead by responsible adults.

In the group the children can meet peers who are in a situation very similar to their own. They listen to one another, discuss similarities, differences and problems. For once they can be in a context where everyone can look at one another and freely say: "I know exactly how you feel".

Since the early start in 2000 OmSorg has managed to start or support others to establish more than 220 training groups nationwide. This is still far too few to meet the needs of all grieving children, but it is a successful beginning.

**Results**

In the 25 years the programme has existed, more than 250 groups are established all over the country. This means more than 2500 children under the age of 18 every year get help from participating in group, but still a large number of children has to live without this possibility.

**Conclusions**

The presentation will present some details from the work, point out some of the benefits and outcomes for the child to be part of the group, and finally give a short presentation on our future plans.

In addition we will show a few samples from a TV-documentary describing the work done in one of the training Groups, and statements from the children will close the session.

**OP/37. Focus groups with relevant stakeholder groups: Exploring views on secrecy vs disclosure of mental illness in adolescents**

**Authors:**

(1) Nadine Koslowski; (2) Nicolas Rüschi; (2) Philipp Bayha; (3) Sabine Müller; (4) Isabel Böge; (5) Vehbi Sakar; (2) Silvia Krumm.

**Work Center:**

(1) PhD Student. Department of Psychiatry II, Ulm University. Ulm; (2) Department of Psychiatry II, Ulm University, Bezirkskrankenhaus Günzburg, Germany.; (3) Clinic for Child and Adolescent Psychiatry, University Hospital Ulm, Germany.; (4) Clinic for Child and Adolescent Psychiatry, Centre for Psychiatry Ravensburg Weissenau, Germany.; (5) Clinic for Child and Adolescent Psychiatry, Augsburg, Germany.

**Summary:**

**Introduction**

Many adolescents with mental illness face the decision between disclosing their illness or keeping their condition a secret. Secrecy can help in the short term to protect individuals from public stigma, but usually it has negative long-term consequences

such as social isolation, distress and unemployment. Disclosure, on the other hand, carries the risk of being discriminated by others, but can reduce the burden of secrecy, lead to support by others and reduce public stigma.

Coming Out Proud (COP) is a peer-led group program to support people with mental illness in their decision to disclose or not to disclose their mental illness. A recent pilot randomized controlled trial (RCT) of COP among adults showed positive effects on stigma stress and disclosure distress; COP also reduced secrecy. While COP has shown promising results among adults, its adaptability and efficacy among adolescents is unknown.

**Aims**

Aim of the study is to explore views of adolescents (ages 13-18 years) and relevant stakeholder groups on secrecy vs disclosure of their mental illness as well as on adapting the COP program for their age group.

**Methods**

In separate focus groups (adolescents with mental illness, parents, teacher, professionals and adolescents without mental illness) participants' views will be explored about mental illness, starting with the pros and cons of disclosure vs secrecy, including COP.

All groups will be audio-taped and transcribed verbatim. The transcripts will be analyzed using thematic analysis and major themes will be identified. The results will serve to adapt the COP program for adolescents.

**Results**

Major themes regarding focus groups collective views on mental illness among adolescents with mental illness, stigma as well as pros and cons of disclosure vs secrecy will be presented.

**Conclusions**

Implications of the qualitative findings from different focus groups regarding secrecy vs disclosure of mental illness in adolescents and the adaptation of the COP program for adolescents will be discussed.

**OP/144. OmSorg – Dealing with Bereavement – Implementing Action Plans in all Danish Public Schools and Kindergartens**

**Authors:**

Per Bøge.

**Work Center:**

Head of Section, Danish Cancer Society. Denmark.

**Summary:**

**Introduction**

The Bare Facts

Every year more than 2,000 Danish children under the age of 18 experience the loss of a parent by death. Another 42,000 children experience that their mum or dad is acute hospitalized with a severe illness.

**Aims**

The Effort

For more than 20 years the project OmSorg (Dealing with Bereavement) has been a nationwide practical founded school and kindergarten based intervention towards children in loss and grief.

The aim is to secure responsible adult help to grieving children

– no matter the cause of the grief. The main effort has been to inspire and support teachers and kindergarten staff in attending to these difficult matters. This is done by offering educational materials, giving lectures, consultation and courses, establishing training groups for bereaved children, working with the media and by political lobbying.

**Methods**

Action Plans

One of the basic conditions when working with children in loss and grief is that the teachers share a common approach to what their basic responsibilities are.

Therefore one of the main tasks has been (and still is) to encourage the teachers in establishing Action Plans for how to provide proper help towards children in loss and grief.

**Results**

During the 18 years Action Plan intervention, we are happy to learn that the schools have realised the necessity and benefit from establishing these plans. And further more that the kindergartens now follow the same positive trend.

An annual randomised survey among all Danish Public Schools (since 1997) and Kindergartens (since 2003) show the development on the following issue:

“Do you have a written Action Plan on how to comply with children in loss and grief?”

Schools	Kindergartens
1997: 4%	2003: 23%
2015: 98%	2015: 90%

**Conclusions**

“Speech is Golden”

The key on how to help a bereaved child is to this work is to denounce the part of our upbringing that taught us that silence is golden. Grief is not an illness, but on the contrary a very tough condition of life. If we realise that SPEECH is golden, we can help the child continue life in spite of the wounds in the soul that big grief causes.

**OP/76. Strongest Families: A Population-based telephone coach and web-based parent training intervention for disruptive behavior at age four**

**Authors:**

Andre Sourander; Terja Ristkari; Jukka Huttunen; Malin Kinnunen; Jenni Vuorio.

**Work Center:**

Department of Child Psychiatry. University of Turku. Finland.

**Summary:**

**Introduction**

The most common disruptive behavior disorder and the one that drives long term problems is Oppositional Defiant Disorder (ODD). Disruptive behavior disorders are among the most costly of early childhood psychiatric disorders. Parent training is the most effective approach to the prevention and treatment of disruptive behavior.

**Aims**

The objective of the Strongest Families Smart Website intervention research program is to evaluate the effectiveness of an affordable and accessible secondary prevention parent training program for disruptive behaviour in preschoolers to prevent the negative sequelae of ODD.

**Methods**

Intervention program is delivered via a Smart Website family training application supplemented with weekly telephone coaching. Intervention program consists of 11 weekly themes. Effectiveness is evaluated with a population-based RCT of high risk 4-year olds in the Southwest Finland (n=460 subjects). Children will be screened for the risk of ODD using SDQ. The high-risk group is asked to participate in the RCT. Outcome measures include questionnaires for disruptive behaviour, parental distress, parenting skills. Follow-up will be performed at 6, 12 and 24 months post-randomization.

**Results**

Both intervention and control group improved at 6-month follow-up. According to intention-to-treat analyses intervention group showed better improvement than control group in CBCL total (p<0.001), externalizing (0.001) and internalizing scores (0.013); in five out of eight syndrome scales including aggression (0.001), sleep (0.002), withdrawal (0.025), (0.013) and other (0.011), in four out of five DSM subscores including affective (0.008), anxiety (p<0.001), pervasive developmental (0.006) and oppositional problems (0.001), and in self-reported parenting skills (<0.001).

**Conclusions**

The study demonstrates the effectiveness and feasibility of remote parent training intervention offered for parents of pre-school children with disruptive behavior problems screened from the whole population. The strategy of population-based screening of children at an early age, offering parent training using telephone coaches and digital technology is a promising public health strategy for providing early intervention for a variety of child mental health problems.

**Oral Presentations 2: Care Management in Target Groups: Affective Disorders.**

**OP/153. Men’s subjective perspectives on depression. Results of a qualitative meta-synthesis.**

**Authors:**

Silvia Krumm.

**Work Center:**

Department of Psychiatry II, Ulm University, Bezirkskrankenhaus Günzburg, Germany.

**Summary:**

**Introduction**

Although depression appears twice as often in women compared to men, the latter show significantly higher suicide rates. This “gender-paradox” of depression supports the hypothesis that depression in men is underdiagnosed and undertreated due to male specific mental health behavior and “gender blindness” of mental health service. In order to develop specific services for men, it is pivotal to understand men’s subjective perspectives on depression and their coping strategies. In recent years, several qualitative studies have been conducted focusing on depression among men.

**Aims**

To synthesise findings of qualitative studies on men’s subjective perspectives on depression.

**Methods**

A systematic literature search is conducted to identify qualitative studies on men’s subjective experiences with and/or perceptions of depression over the course of illness, including help-seeking and illness coping. Meta-synthesis methodology including comparison and contrasting is used to summarize and assess qualitative findings and to synthesise key concepts.

**Results**

Based on 23 eligible studies, over-arching themes of men’s subjective perspectives on depression and mental health behaviour including meaning of depression and masculinity, expressions of depressive symptoms, attributions, coping and help-seeking will be presented.

**Conclusions**

Implications for clinical practice in providing specific gender-sensitive mental health services for depressed men will be addressed.

**OP/160. Mild depressive symptoms predict mortality from heart failure in elderly men but not in women**

**Authors:**

(1) Claudia Sikorski; (2) Edelgard Mösch; (3) Birgitt Wiese; (4) Michael Pentzek; (5) Hans-Helmut König; (6) Martin Scherer; (7) Wolfgang Maier; (8) Siegfried Weyerer; (9) Steffi G. Riedel-Heller.

**Work Center:**

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**Summary:**

**Introduction**

Depression in the elderly is common and it is associated with a lower quality of life, impairment and an elevated non-suicidal mortality. Especially cardio-vascular disease has been linked to late-life depression. Within this bi-directional association, depression has an effect on the development of cardiac disease which may therefore be associated to a major cause of death in the elderly: cardiac mortality.

**Aims**

To investigate the impact of depressive symptoms on cardiac mortality in a sample of over 75-year-olds.

**Methods**

The data were derived from the longitudinal German study on Ageing, Cognition and Dementia in Primary Care Patients (AgeCoDe).

The sample includes n = 1,815 primary care patients aged 75+ years who were interviewed in person at 1.5year time intervals. 112 respondents died due to heart failure during the six-year-follow-up time period. Depression was defined as four or more

points on the Geriatric Depression Scale and it served as the main independent variable in Cox regression models. Covariates included cardio-vascular comorbidities, smoking and socio-demographic variables.

**Results**

Myocardial infarction, diabetes, stroke and higher age at baseline were associated with a higher risk of dying because of heart failure. While depression itself had no effect on mortality risk, being male and having depressive symptoms was associated with a higher risk of dying (HR = 1.91, p = 0.049), compared to men and women without depressive symptoms.

**Conclusions**

This study replicates finding from a meta-analysis in younger cohorts – men have a substantially elevated mortality risk from depression compared to women. A close monitoring in this group of patients is necessary to abate the negative effects of depression in these patients.

**OP/23. Gender differences in depressive symptoms in patients diagnosed with colorectal cancer and pre-surgical stage**

**Authors:**

(1) Amelia Villena Jimena; (2) Ana Isabel Masedo-Gutiérrez; (3) Manuel Ruiz López; (4) Trinidad Bergero Miguel; (5) Nicolás Sánchez Álvarez; (6) Yolanda De Diego Otero; (7) Lucía Pérez Costillas.

**Work Center:**

(1) Clinical Management Unit of Mental Health University Regional Hospital of Málaga, Spain; (2) Psychologist. Associate Lecturer. School of Psychology. University of Málaga. Spain.; (3) Digestive Surgeon. Digestive Surgery Clinical Management Unit. University Regional Hospital of Málaga. Málaga, Spain; (4) Clinical Psychologist. Mental Health Clinical Management Unit. University Regional Hospital of Málaga. Málaga, Spain.; (5) Psychologist. Research at FIMABIS. Málaga, Spain; (6) Psychologist. Clinical Psychologist trainee. Mental Health Clinical Management Unit. University Regional Hospital of Málaga. Málaga, Spain; (7) Psychiatrist. Mental Health Clinical Management Unit. University Regional Hospital of Málaga. Málaga, Spain.

**Summary:**

**Introduction**

Adjustment disorders, Depression and Anxiety disorders are the most prevalent psychological problems in patients with cancer (Holland & Alici, 2010). Detecting and treating psychological difficulties of these patients is particularly important for their psychological well-being and to ensure adherence to cancer treatment (Zabora, BrintzenhofeSzoc, Curbow, Hooker & Piantadosi, 2001) and appropriate levels of competition and decision making (Holland & Alici, 2010). Although in women depressive disorders are more frequent, men are more likely to experience greater distress in the long term (Holland & Goen-Piels, 2003). However, gender differences in patients with colorectal cancer still remain unclear.

**Aims**

1) To determine the prevalence and severity of depressive symptoms in a group of patients diagnosed with colorectal cancer after gastrointestinal surgery, 2) To determine whether there are gender differences in depressive symptoms in this group of patients

**Methods**

65 participants, 41 men and 24 women (mean age = 69.53, SD

= 11.11, range = 40-90) recruit from Digestive Surgery Clinical Management Unit. They were administered sociodemographic structured interview and Beck Depression Inventory II. Descriptive and correlational analysis.

**Results**

All patients achieved a score greater than 19, exceeding the cut-off for “mild depression”. 20 of these patients achieved a score above 30, which corresponds with “severe depression”. In the group of women was more prevalent “severe depression” and in the group of men, “mild depression”. These differences were statistically significant (t (1) = 17.98, df = 1, p > 0.000).

**Conclusions**

It is remarkable that all patients have important depressive symptoms. There is an important number of studies that indicate the distress and depression implications in various aspects of the disease, even in life expectancy (Evans et al., 2005). Consequently, the presence of early and systematic psychological assistance is needed both at diagnosis and during the disease’s progression and treatment. So far, this type of psychological assistance is not available in the health organization of Andalusia.

**OP/281. Effectiveness of a depression collaborative care model adapted to the Italian national health system**

**Authors:**

(1) Marco Menchetti; (2) Cecilia Sighinolfi; (3) Vittorio Di Michele; (4) Paolo Peloso; (5) Domenico Berardi.

**Work Center:**

(1) Psychiatrist. Assistant Professor. Department of Medical and Surgical Sciences. University of Bologna. Bologna, Italy; (2) Psychologist. Post-doctoral research assistant. Department of Medical and Surgical Sciences. University of Bologna. Bologna, Italy; (3) Psychiatrist. Head physician. Mental Health Department ASL3 Pescara. Pescara. Italy; (4) Psychiatrist. Head physician. Department of Mental Health. ASL 3 Genovese. Genoa, Italy; (5) Psychiatrist. Full Professor. Department of Medical and Surgical Sciences, University of Bologna. Bologna, Italy.

**Summary:**

**Introduction**

It has been suggested that strategies to improve depression care in medical settings should be based on efficient and structured integration between primary care and mental health services. Recent reviews have identified Collaborative Care programs as the most effective of these approaches. Despite the growing body of evidence that Collaborative Care models improve outcome of depression, available data are limited to few countries and not univocal.

**Aims**

The present multicenter cluster-randomized controlled trial evaluated a Collaborative Care programme for depression management adapted to Italian National Health Care System compared to the Usual depression Care provided by Primary Care Physician (PCP).

**Methods**

Patients with a new onset of depressive symptoms who screened positive on the first two items of the Patient Health Questionnaire-9 (PHQ-9) were recruited by PCPs of 8 Health Districts of 3 Italian regions. PCPs of the intervention group received a specific collaborative care program including 2 days of

intensive training, implementation of a stepped care protocol, depression management toolkit and scheduled meetings with a dedicated consultant psychiatrist. Main outcome was clinical remission as expressed on PHQ-9 <5 at 3 months. In addition, changes in PCPs' opinion, confidence and adherence to guidelines were assessed at 1 year follow-up.

**Results**

A total of 227 patients were enrolled: 128 in collaborative care arm, 99 in the usual care arm. At 3 months visit, the proportion of patients who achieved remission was higher in the collaborative care group. When considering only patients with minor/major depression, collaborative care appeared to be more effective than usual care (p=.015). PCPs allocated to the intervention group resulted to be more adherent to the treatment guidelines at the baseline (54.7% vs. 39.4%, p=0.022) and to prescribe more double action antidepressants (22.2% vs. 9.9%, p=0.037) compared to their colleagues of the control group. No significant differences emerged in the PCPs' opinions and attitude.

**Conclusions**

The present intervention for managing depression in primary care, designed to be applicable to the Italian context, appears to be effective and feasible. Our findings also showed a modest influence on PCPs' clinical practice and adherence to the treatment guidelines.

**Oral Presentations 3: Mental Health in the Legal Context.**

**OP/161. An evaluation of a Street Triage Pilot in the UK**

**Authors:**

(1) Margaret Heslin; (2) Lynne Callaghan; (3) Sarah Byford.

**Work Center:**

(1) Research Associate, Centre for the Economics of Mental and Physical Health, KCL. UK.; (2) Research Fellow, Plymouth University Peninsula Schools of Medicine and Dentistry, UK.; (3) Professor, Centre for the Economics of Mental and Physical Health, KCL. UK.

**Summary:**

**Introduction**

Street triage has been recommended for facilitating appropriate assessment and support and improving people's experience of the interface between criminal justice and mental health services, and reducing the use of Section 136 of the Mental Health Act (s136: a law allowing the police to take a person from a public place to a place of safety). Street triage has been piloted in numerous locations in the UK but there has been no formal evaluation.

**Aims**

We aimed to evaluate whether street triage can: reduce the number of s136 detentions; reduce the number of s136 detentions in police custody; and reduce the cost associated with s136 detentions.

**Methods**

Using a before and after design, we compared the occurrence of s136 detentions before and after the implementation of street triage in a well-defined geographical area in South England.

The sample consisted of all people who were detained under s136 over the two specified time periods. A cost-saving analysis was performed in the context of a decision analytic model from an NHS and criminal justice services perspective including the following costs: police attendance; custody; mental health act assessments; inpatient services; street triage; referral to other services.

**Results**

Data will be presented on the difference in the before and after arm of the study on: the total number of people detained under section 136; the total number of people detained in custody under s136; the total cost.

**Conclusions**

Street triage could have profound implications for the experience and treatment of service users who come into contact with the police. The economic implications are also of vital importance in terms of roll-out.

**OP/162. Formative evaluation of the Engager mental health intervention for men with common mental health problems near to and after release from prison: What works, for whom, and in what way?**

**Authors:**

(1) Amy Stewart; (2) Richard Byng; (3) Cath Quinn.

**Work Center:**

(1) ; (2) Professor of Primary Care Research, Centre for Clinical Trials and Population Studies. Plymouth University Peninsula Schools of Medicine and Dentistry. Plymouth. UK; (3) Senior Research Fellow. Plymouth University Peninsula Schools of Medicine and Dentistry. Plymouth. UK.

**Summary:**

**Introduction**

The Engager intervention aims to improve the mental health of men near to and after release from prison who have one or more of anxiety, depression, substance misuse, markers of personality disorder. This marginalised group have limited access to primary care services despite relatively high rates of common mental health problems. Intervention components include: a mentalisation-based approach to work with rapid changes in emotion, engagement to develop trust, collaborative care, and through the gate working. The latest guidelines in intervention development (MRC guidelines for Process Evaluation of Complex Interventions, 2014) were used to evaluate and refine the intervention. We used a realist approach to understand what works, for whom, and in what context.

**Aims**

To understand whether the Engager intervention is working, who for, and why, and to refine the intervention and its delivery (manual, training, supervision) for a subsequent RCT.

**Methods**

A logic model (developed from pilot work, PPI work, Realist Review, case studies, focus groups) outlined the mechanisms, contexts and behaviours theorised as important for the intervention to create change. Data was collected in two sites from interviews (Engager practitioners=9, participants=30), audio recordings of sessions, practitioner notes, and prison health records. Framework Analysis collated the data and behaviours, contexts and mechanisms of interest were explored.

### Results

Practitioners believed in the Engager model, and felt inspired and empowered to work in new ways. Role uncertainty, greater familiarity with practiced ways of behaving in challenging situations, and local cultural/practical difficulties, meant practitioner behaviour was slow to change. Offenders trusted and engaged with Engager practitioners, against the expectations of some other services, describing their practitioner as a 'mate with good contacts'. Refinements included clarification of roles and why Engager practitioners should work in new ways, engagement and goal-setting timings, practitioner self-care, balancing 'following a thread' versus crisis management, and 'good endings'.

### Conclusions

The realist formative evaluation of Engager provided rich information about what was and was not working in the Engager intervention, who it was or was not working for, and in what context/s. This fed in to refinements of the Engager manual, training, and supervision for the main Engager RCT.

## OP/189. Managing victimization risks attached to societal participation by people with severe mental illness.

### Authors:

(1) Yolanda Nijssen; (2) Lies Korevaar; (3) Diana Roeg; (4) Roland Van de Sande; (5) Inge Bongers; (6) Jaap van Weeghel.

### Work Center:

(1) *Researcher. Department Research & Development Dijk en Duin Mental Health Care and department Tranzo. Tilburg university. The Netherlands;* (2) *Professor of Rehabilitation. Hanzehogeschool Groningen. University of Applied Sciences. The Netherlands;* (3) *PhD. Department Research & Development Mental Health Care institute Eindhoven and department Tranzo. Tilburg university. The Netherlands;* (4) *Academic Mental Health Nurse. Dijk en Duin Mental Health Care. The Netherlands;* (5) *Research Programme leader. Department Research & Development Mental Health Care institute Eindhoven and Professor. Department Tranzo. Tilburg university. The Netherlands;* (6) *Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.*

### Summary:

#### Introduction

People with severe mental illness (SMI) in the Netherlands are more often victims than perpetrators of violence, and are also more often victimized than other Dutch citizens (based on studies financed by the Dutch NWO research programme Violence against Psychiatric Patients). This victimization appears to be one of the risks that these service users of mental health care have to deal with in their efforts to participate in the community. Other risks in societal participation are rejection, failure, loss and social stigma with possible adverse consequences.

#### Aims

Aim of the project is to develop and evaluate a supportive intervention for service users with SMI in taking acceptable risks in their recovery process, notably in their participation in the community.

#### Methods

In collaboration with staff of Flexible Assertive Community Treatment (FACT) teams, peer support workers and other experts in recovery and rehabilitation we have developed a methodology comprising two modules that are currently tested in practice.

The focus of this pilot is to test the content, applicability, user friendliness and feasibility of the modules.

From 2016 onwards, the modules will be tested in a RCT with a research grant of the second round of the aforementioned NWO programme.

### Results

The first module of the methodology aims at exploring the victimization experiences or other forms of adversity that service users have experienced in societal participation (in the field of housing, employment, daily activities and social relations). The other module focuses on the evaluation of crises, with specific attention to the social context in which the crisis has occurred and environmental triggers that brought the service user off balance. In the presentation we will present the preliminary pilot results.

### Conclusions

Application of the modules makes FACT team members and service users aware of victimization experiences and victimization risks. By using the experiential knowledge, the strengths and resources of service users to reduce victimization and to support the rehabilitation of service users, a switch is made from a problem oriented way of working to focusing on personal and social recovery.

## OP/249. Evaluating a complex intervention for offenders with common mental health problems: learning from a pilot trial (Engager)

### Authors:

Timothy Kirkpatrick.

### Work Center:

University.

### Summary:

#### Introduction

Prisoners with common mental health problems have complex needs that can be particularly challenging within a clinical trial context. High levels of distrust and chaotic lifestyles can impact on retention. Previous research indicated a range of outcome domains are important but specific measures have not been tested.

#### Aims

We report the findings and learning from a pilot trial that tested trial procedures and potential outcome measures. Our aim was to develop a scientifically robust trial protocol to evaluate the Engager Intervention for male offenders with common mental health problems, near to and after release.

#### Methods

Two Cohorts of 60 participants were recruited across two prisons and attempts made to follow-up in the community at 3 months post release. In Cohort 1, outcomes measure relating to mental health problems, social inclusion and substance misuse were tested for acceptability and psychometric viability. A stakeholder consensus group made decisions on which outcome measures to use. In Cohort 2, a pilot trial, participants were randomised and received either the Engager Intervention or Treatment as Usual; the pilot is nearing completion.

#### Results

Cohort 1 data indicated many of the measures tested were not

psychometrically viable for use in a trial. Ceiling effects were evident on subjective ratings of social inclusion, and insufficient numbers achieved 'caseness' on disorder specific mental health problem measures. The consensus group were split between the CORE-OM and CAN-FOR, but the former was selected as a primary to reduce likelihood of bias. Retention was only 50% at three months and adaptations to procedures have been made. In Cohort 2, 87% agreed to be screened, and of the 55% screening in all agreed to be randomized. Maintaining blinding of researchers has been almost impossible. Intervention acceptability is good, with 22 of the 25 randomised to the intervention and released for at least a month having met with their practitioner in the community.

**Conclusions**

The pilot trial demonstrated that proportions entering the study are high, that the intervention is acceptable, and that retention is likely to be the biggest challenge. We suggest this provides evidence to support a definitive trial.

**OP/74. Preventing the use of force in social psychiatric residential facilities**

**Authors:**

(1) Finn Blickfeldt Juliussen; (2) Britt Bergstedt.

**Work Center:**

(1) The National Board of Social Services; (2) The National Board of Social Services Denmark.

**Summary:**

**Introduction**

Research shows that 46 percent of all specialized social-workers in Denmark have been threatened within the last twelve months, and 38 percent have been subjected to violence.

**Aims**

A reduction in the extent of threats, violence and use of force

**Methods**

The project initiatives encourage the use of methods which 1) partly train solution-focused communication skills for both staff and citizen, and 2) partly train preventive practices. By using the methods Low Arousal and Feedback Informed Treatment (FIT).

**Results**

The education starts in may 2015 as a smaller pilot-project. The broader part of the project-initiative starts in fall 2015

**Conclusions**

The project will facilitate a culture change: increased dialogue orientation to support the goals of the citizens in relation to well-being and living the good life (personal recovery). We are confident that this may lead to a reduction in the extent of threats, violence and use of force in psychiatric residential facilities

**Oral Presentations 4: Empowering Service Users and Carers: Recovery.**

**OP/219. Working with WRAP; an RCT on effects on sustainable work of Supported Employment combined with Wellness Recovery Action Planning**

**Authors:**

(1) Harry Michon; (1) Manja Van Wezep; (1) Nicole Van Erp; (2) Jaap van Weeghel; (1) Hans Kroon.

**Work Center:**

(1) Trimbos Institute; (2) Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.

**Summary:**

**Introduction**

Supported Employment effectively improves employment outcomes for persons with severe mental illnesses (SMI). However, many people with SMI have trouble staying employed. Recently an effective self-management training was developed to enhance recovery in people with SMI: Wellness Recovery Action Planning (WRAP; Copeland 2002). WRAP leads to diminished symptoms and an increase in self-perceived recovery (Cook et al 2012).

**Aims**

To evaluate whether receiving WRAP could enhance employability (functioning well as a worker) and sustainable employment in people with SMI, in addition to employment support.

**Methods**

A randomised clinical trial was carried out, combined with a qualitative study. Clients of multidisciplinary community mental health teams for persons with SMI of four non adjacent sites could enrol in the study if they were in paid employment and received work-related support. After being informed potential respondents were randomised to either a WRAP course added to support and usual care (EXP) or no course additional to support and usual care (CON). Follow-up measurements took place 6 and 12 months after baseline. The main outcome, sustainable employment, is explored according to measuring objective employment status at follow-up as well as self-perceived work functioning (the SF-36 emotional role functioning subscale; Indiana job satisfaction scale). Secondary outcomes were assessed with the mental health self-confidence scale (Carpinello et al 2000) and the Dutch empowerment scale (sub-scales 'being in charge' and 'self-management').

**Results**

32 people with SMI meeting the inclusion criteria participated in the study during the entire follow-up (13 EXP – 19 CON; mean age 41; 75% men). No outcome differences were observed between groups regarding developments in the objective employment situation: 90% was still employed, 22 hours per week on average. The EXP-group had improved more strongly than the CON-group in emotional role functioning and self-management (p .01, .03; Mann-Whitney) at t6-mnths. At t12 the EXP-group showed an increase in job satisfaction compared to the CON-group (p =.05; Mann-Whitney).

**Conclusions**

These preliminary analyses suggest that WRAP seems to enhance self-judged employability. Final results and main conclusions will be ready to present and discuss at the conference.

**OP/135. Supporting the Implementation of Recovery focused practice in mental health services: an organizational change methodology**

**Authors:**

(1) Geoff Shepherd; (2) Julie Repper.

**Work Center:**

(1) Centre for Mental Health. London. United Kingdom.; (2) Programme Director - ImROC (Implementing Recovery through Organisational change). London. United Kingdom.

**Summary:**

**Aims**

Through a series of national seminars it became apparent that one of the barriers to supporting Recovery in mental health services was the organisational culture of services. There remained an assumption that the expertise and power was held by professionals whilst people using services were expected to be passive recipients of care and treatment provided.

**Methods**

Those organisations providing mental health services that provided the most Recovery focused support had implemented a number of developments and changes that seemed to be effective in transforming care delivery. These interventions were incorporated in a list of ‘ten organisational challenges’ which were introduced to services in a participatory action research approach. Each organisation selected three of the challenges and used a ‘plan-do-study-act’ (PDSA cycle) to achieve desired changes with the support of ImROC consultants and action learning sets.

**Results**

The methodology has now been used with over 30 organisations in the UK and all have made progress on achieving their targets. Various changes have been observed including: the number of Recovery Colleges in England has risen from 0 to 32, the number of peer support workers has risen from 0 to 350 or more, the use of restraint has reduced by over 50% in organisations focusing on this target (with corresponding reductions in staff sickness absence).

**Conclusions**

The organisational change methodology utilised within ImROC has proven effective in changing the delivery of services. More research is required to assess what changes this is having on the outcome of people using those services.

**OP/235. PRIME an investigation of the IMR-program’s effect on client’s recovery**

**Authors:**

Sofie Bratberg Jensen.

**Work Center:**

Mental Health Center. Copenhagen. Denmark.

**Summary:**

**Introduction**

The focus of this presentation is on the effect on clients’ personal recovery and clinical recovery 21 months after attending the IMR-program. Illness management and recovery (IMR) is a curriculum-based rehabilitation program based on five empirically psychosocial intervention;1) Psycho-education, 2) Cognitive-behavioral approach, 3) Relapse prevention, 4) Social skills training and 5) Coping skills training. The hypothesis behind IMR is that if the psychosocial interventions are practised as an integrated and intensive program, the combined effect will be greater on the clients’ illness-self-management skills than the sum of the individual interventions. Clinical and personal recovery can occur

after a considerable period of time. The focus of the RCT is the clients’ level of functioning in the community, socially, and vocationally as well as their level of symptoms as indicators of clinical recovery. IMR’s foundation is based on motivation, setting and achieving personal recovery goals. Empirical evidence is equivocal regarding the efficacy of goal setting as well as to set recovery goals in different approaches to rehabilitation.

**Aims**

The overall aim of the Ph.D. study is to explore the effects of IMR on the participants, which includes three sub-aims:

- To study the effect of IMR on standardized outcomes in an assessor-blinded randomized controlled trial design 12 months after attending the IMR-program.
- To explore the clients’ experiences of participating in IMR and how the program affects their idea of recovery.
- To explore and compare clients’ experiences setting goals in IMR as well as setting Action Plans in social psychiatric residential.

**Methods**

The study employs a mixed method design that includes randomized controlled trial (RCT) with standardized outcomes, and qualitative, interviews focusing on the following themes: goals, hope, recovery, personal responsibility. Furthermore, two research assistants with lived experiences are participating in designing the two qualitative studies.

**Results**

We will present the preliminary results of the 21 month’s follow-up RCT study on IMR at the conference.

**Conclusions**

We will present the preliminary results of the 21 month’s follow-up RCT study on IMR at the conference.

**OP/5. REFOCUS Programme: developing a recovery focus in community mental health services**

**Authors:**

Mike Slade.

**Work Center:**

Professor of Health Services Research, King’s College London, London. United Kingdom.

**Summary:**

**Introduction**

A recovery orientation is national policy in many countries.

**Aims**

To strengthen the evidence base for community mental health service support for recovery.

**Methods**

We undertook a programme of work from 2009 until 2014, comprising a two phase, mixed methods study taking place across six mental health Trusts in England. In Phase 1 (theory) involved seven systematic reviews (develop a conceptual framework for recovery; establish its cross-cultural validity; develop a recovery practice framework; review measures of recovery measures; recovery support measures; strengths measures; staff understanding of recovery), development and evaluation of three new measures (INSPIRE for recovery support; IOM for individualised measurement of recovery; SAFE for feasibility assessment), evaluation of existing recovery measure (QPR), na-

tional survey, three qualitative studies (conceptual framework validation, staff recovery-oriented practice, black service users), and development of a new manualised REFOCUS intervention. Phase 2 involved a two-site cluster randomised controlled trial of the REFOCUS intervention, with a nested secondary outcome study, process and economic evaluation, interrupted time series analysis, sub-group analysis of black service users, and outcomes comparison. The impact of PPI on the programme was also empirically evaluated.

**Results**

Overall, 741 community mental health service users with a psychosis diagnosis, 1,169 mental health staff and 54 expert stakeholders were involved. The key findings will be presented, including: the systematic review and narrative synthesis underpinning a conceptual framework for recovery; a recovery practice framework which is the basis for national mental health policy in Australia; a new measure of recovery support called INSPIRE (downloadable at [researchintorecovery.com/inspire](http://researchintorecovery.com/inspire)) which is being translated and used in several languages; and a new intervention to increase community mental health team support for recovery. The REFOCUS intervention was evaluated in a cluster randomised controlled trial of 29 community mental health teams, and the main outcome, economic and process evaluation findings will be presented.

**Conclusions**

The REFOCUS programme provides a theoretically and empirically defensible evidence base for recovery research. The REFOCUS intervention (free to download from [researchintorecovery.com/refocus](http://researchintorecovery.com/refocus)) is a team-level intervention to increase recovery support.

**OP/60. Establishing a Recovery Orientation in Swedish Mental Health Services; From attitudes to instruments.**

**Authors:**

(1) David Rosenberg; (2) Ulla-Karin Schön; (3) Petra Svedberg.

**Work Center:**

(1) Assistant professor, Department of Social Work, Umeå University, Umeå, Sweden; (2) School of Health and Social Work, Dalarna University, Sweden; (3) School of Social and Health Sciences, Halmstad University, Sweden.

**Summary:**

**Introduction**

Although there has been an emphasis on developing knowledge of recovery in Sweden, it is unclear to what extent this has been translated into a recovery orientation in the provision of mental health services. Educational initiatives focused primarily on changing attitudes have not produced concrete outcomes. Instruments that define the components of recovery as measurable dimensions of change may provide a framework for implementing recovery-oriented services.

**Aims**

The aim of this study was to investigate whether the use of instruments which measure a recovery orientation in services could provide program level outcome indicators, that could point to concrete needs for change. An additional aim was to study the contribution of peer support workers to this process.

**Methods**

Two internationally tested and validated instruments were distributed to 85 clients from 6 community mental health services targeting people with a diagnosis of psychosis in a municipality in Sweden. These focused on the recovery orientation of services (RSA) and the recovery orientation of relationships with the primary contact person (Inspire). An additional instrument (RKI) was distributed to all staff to assess their knowledge of recovery paradigms. Peer support workers participated in the translation, administration and reporting of results.

**Results**

The instruments were translated to Swedish, tested and found to have acceptable psychometric properties. The reports produced from these instruments highlighted specific areas for improvement which these user assessments had indicated. These included for example; opportunities to influence services and care plans, to receive support for activities outside of psychiatry, to have their strengths included in assessments and to have more access to experience-based knowledge. The peer support workers provided valuable support to the process and were additionally seen by the clinic staff as a valuable resource in future work.

**Conclusions**

Instruments which measure a recovery orientation in mental health services can contribute to a focus on specific knowledge, attitudinal and skill gaps that service organisations can target in their quality development activities. In the present study, staff were more accepting of this feedback since it came directly from their clients and was collected and presented systematically.

**Oral Presentation 5: Mental Health Systems.**

**OP/105. Closing the gap between psychiatric care and social service - evaluation of a Swedish model**

**Authors:**

(1) Helena Forslund; (2) Jerker Hanson; (3) Claes- Göran Stefansson.

**Work Center:**

(1) Municipality of Södertälje; (2) Psychiatrist, Stockholm; (3) epidemiologist, stockholm.

**Summary:**

**Introduction**

Due to a reform 1994, Swedish municipalities (social services) are responsible for housing, employment and overall planning for severe mentally ill persons while county councils (psychiatry) are responsible for treatment. As a result, many persons in the target group were transferred from long-stay in mental hospital/psychiatric nursing homes to own or sheltered housing. The shared responsibility implies that psychiatric units and social services must find ways jointly to provide care and support to the target group in all areas of life. Unfortunately, this has often not been the case.

In Södertälje municipality (90 000 inhabitants) the Psychiatric clinic and the Social services have formed an integrated model of cooperation. The individual's need for continuity and long-term contacts are central to the model. In five joint outpatient rehabilitation units a professional team gives treatment and care to about 700 individuals. Care plans are established jointly together with the individual. This flexible and "seamless" care enables most of the individuals to live in their own homes.

Aims

To find out whether this model has been positive and cost effective for the target group.

Methods

CAN was followed yearly. Outcome for patients in Södertälje was compared with outcome in two other equivalent municipalities in Sweden. Regional and national data were analyzed.

Results

CAN-data: "unmet needs" decreased (especially close relations, emotional disturbances, serious psychiatric symptoms, social contacts). "Serious lodging problems" decreased from 4-5 % to 1-3 %. 79 % were satisfied with the support given. Comparison with two municipalities: own housing was more frequent in Södertälje, however, also costly specialized lodging. A wide range of well coordinated interventions at low costs per service item was offered. There were comparatively few inpatient occasions and many outpatient visits after discharge. Comparison with regional and national data: Few beds and few inpatient occasions made these services comparatively more expensive per item – not well seen by purchasers. More outpatient contacts per patient made these cheap. Differences between sexes were small. Complaints were comparatively less frequent than average in the Stockholm area.

Conclusions

The "Södertälje model" entails comparatively high quality "seamless" care- cost effective and appreciated by users.

**OP/142. Incorporation of evidence-based programs in local contexts - Components of importance for implementation, fidelity and sustainability.**

Authors:

(1) Magnus Bergmark; (2) Ulrika Bejerholm; (3) Urban Markström; (4) Bengt Svensson.

Work Center:

(1) PhD student. Department of Social Work. Umeå University, Sweden.; (2) Lund University. Sweden; (3) Department of social work. Umeå University. Sweden.; (4) Assistant Professor. Center for Evidence based Psychosocial Interventions (CEPI). Lunds University. Sweden.

Summary:

Introduction

The trend toward evidence-based practice has led to an increased use of internationally tested programs. This development has been questioned because of translation problems, including the lack of fit with national welfare systems and local organizations. This study has followed the implementation process of 14 programs in Sweden providing Individual Placement and Support (IPS) to users in municipalities that have received national stimulus startup grants.

Aims

The overarching aim was to explore whether a high fidelity implementation of IPS in a real life Swedish context is possible. The focus in the study was directed towards implementation components at different organizational levels, program fidelity, and the sustainability of the initiatives.

Methods

Fourteen IPS programs that started during 2012 were selected.

Based on research findings that described essential implementation components, an interview protocol and an analysis scale were developed and used. The Sustainable Implementation Scale (SIS) includes components at an organizational level, team level, and continuous support. Representatives from the IPS programs were interviewed at baseline, after 12 and 24 months. The 24-month follow-up was conducted 6 months after the disbursement of stimulus grants had ended; therefore questions about the programs' sustainability were included. The Supported Employment Fidelity Scale (SEFS) was used to monitor program fidelity after 12 and 24 months.

Results

At the 24-month follow-up, five of the municipalities with IPS programs had shut them down, while 3 municipalities had partly integrated IPS in regular programs. Six of the programs were fully integrated in the organizations' regular activities. These 6 programs were characterized by high scores in SIS, primarily on the components concerning recruitment of staff, management, education and access to support structures. There was a significant correlation between the scores on SEFS, SIS, and the sustainability of the program. Collaboration between authorities was a challenge for the programs. An engaged, joint steering group and strategies for local financing were important for the survival of the initiatives.

Conclusions

A high fidelity, real-life implementation of IPS in Sweden is possible, but requires a strong focus on essential implementation components and strategies that address contextual barriers. The SIS is a promising tool for monitoring implementation.

**OP/17. Structure-Process-Outcome of Mental Health Care in a Psychiatric Department in Portugal.**

Authors:

(1) Natasha de Oliveira; (2) Graça Cardoso.

Work Center:

(1) Department of Psychiatry. Hospital Prof. Dr. Fernando Fonseca. Amadora. Portugal; (2) Professor. CEDOC and Department of Mental Health. NOVA Medical School, New University of Lisbon. Lisboa. Portugal.

Summary:

Introduction

Mental health disorders are common, universal, and associated with heavy personal, family, social, and economic burden. Mental health services should adequately address patients' and families' needs at clinical and social levels. The current study was carried out at a time of great transformation in the health and mental health systems in Portugal, in a Psychiatric Department developed taking in consideration of the WHO principles.

Aims

The main aims were assessing: 1) the Psychiatric Department's functional units; 2) first-admissions to the inpatient unit; 3) the use of community mental health services post-discharge; and 4) the department's quality indicators.

Methods

This retrospective cohort study included all first-admissions between 2008 and 2010. The clinical records and the hospital's database were reviewed to obtain sociodemographic and clinical

data and information during follow-up. Instruments used were: WHO International Classification of Mental Health Care (ICMHC) to characterize the department; the Initial Nurses' Assessment in Mental Health and Psychiatry (AIESMP) for sociodemographic data; and the Verona Service Satisfaction Scale (VSSS) to assess satisfaction with care received. The model used was Donabedian's Structure-Process-Outcome. Statistical analysis included descriptive, quantitative and qualitative analysis of the data.

**Results**

The Department's Units revealed high levels of articulation, and were consistent with patients' needs for psychiatric care and psychosocial rehabilitation. First-admitted patients (n=543) were mainly female (56.9%), Caucasian (81.2%), diagnosed with mood disorders (66.3%), voluntary admissions (59.7%), and had a mean age of 45.1 years. Involuntary admissions were significantly higher in males (54.7%). Dropout rates during follow-up were 4.2% and readmission rates in the fortnight following discharge 2.9%. Overall patients' satisfaction with mental health care was positive, with a mean 3.7 score on a 5-point Likert scale.

**Conclusions**

The care delivered was effective, adapted and based on the patients' specific needs and problems. Continuity and comprehensiveness of care was endorsed and maintained throughout the care process. Drop-out and readmission rates were lower than standards in international literature. This department may be considered an example of both humane and effective treatment, and a reference for future psychiatric care.

**OP/211. Mental health service networks to strengthen community-based care integration and patient's recovery: results from the Belgian psychiatric reform**

**Authors:**

(1) Pablo Nicaise; (1) Adeline Grard; (2) Vincent Lorant.

**Work Center:**

(1) Researcher. Institute of Health and Society (IRSS). Université catholique de Louvain; (2) Professor. Institute of Health and Society (IRSS). Université catholique de Louvain.

**Summary:**

**Introduction**

The Belgian health-care system is characterised by a large autonomy of health providers and extensive freedom of choice for patients. It lacks of mechanisms supporting care continuity, such as local health authorities, organised referrals, and pooled funding. Belgium also has a high number of psychiatric beds in hospitals. However, since 2011, a reform of the mental-health care delivery system is ongoing. Psychiatric hospitals were proposed to set up networks with community-based services to strengthen care in the community, supply integrated care pathways, and support patient's recovery. Networks were free to include any type of partner and developed their own governance mechanisms.

**Aims**

Hence, within a nation-wide evaluation process that goes with the reform, we assessed how these networks were structured and whether they were likely to reach the reform's aims.

**Methods**

Each service member of a network received an online questionnaire that included items on clinical contacts between services

(referrals, information exchange), contacts on network organisation activities, and preferred partners. Network structure was measured using Social Network Analysis metrics: density of ties, centralisation, and homophily.

**Results**

Off 990 services identified within 19 networks, 519 (53%) participated to the survey. Networks varied greatly in terms of size and service types: they included 11 to 118 services (median=41); nine networks included mostly community services, whereas ten networks were centred on hospitals. Density of ties also varied greatly (mean=0.45 sd=0.14) and was negatively associated (r=-0.25) to centralisation (mean=0.11 sd=0.07). Services had more contacts with services of the same type. Social services were more cited in clinical than in organisational contacts. Psychiatric hospitals were cited as privileged partners for all functions of care.

**Conclusions**

There is a wide variety of local network partnerships, hampering homogenous effects of the reform across the country. Indeed, the literature shows that network density facilitates care individualisation whereas centralisation facilitates coordination. The influence of hospitals remains high and may hinder community care development. The position of social services in network organisation has to be strengthened to support patient's recovery. Hence, it remains unclear whether one network structure is adapted to reach the multiple reform aims simultaneously.

**OP/227. Development of a mental health service based on the WHO mhGAP intervention guide in the district of Uige in Angola**

**Authors:**

(1) Francesco Gardellin; (2) Walter Padoani; (3) Francesco Piazza; (4) Alessandra Sala; (5) Ilunga Kabela Leonardo.

**Work Center:**

(1) Psychiatrist. Mental Health Department. Vicenza; (2) Psychiatrist. PhD. Mental Health Department. Camposampiero-Cittadella (Pd). Italy; (3) Psychiatrist. Vicenza. Italy; (4) Psychiatrist. Mental Health Department. Vicenza. Italy; (5) Clinical Director. Hospital of Negage. Angola.

**Summary:**

**Introduction**

Notwithstanding that over the last few years Angola has begun developing a mental health programme, Uige district, with its 1.5 million inhabitants, doesn't have any first- or second-level facilities for mental, neurological and substance use disorders or any skilled personnel.

**Aims**

Following on from a previous humanitarian project implemented between 2012 and 2014, a pilot project has been developed in Uige district, coordinating the work between four entities: an Italian volunteer medical association, a religious organisation that works in local health, district health officers and the local governmental authority. The project needs to be implemented in two phases: the training of non-specialised staff to intervene in psychiatric cases in 3 municipal hospitals and the spread of the same model throughout the 11 hospitals of the district.

**Methods**

The training program based on the WHO mhGAP intervention guide, adapted to local needs and translated in Portuguese was

developed by the Italian psychiatric team. Assessment procedures and tools were processed and discussed and clinical interventions were carried out.

**Results**

At present the following work has been done: a series of coordinated meetings at district level with health officers for a preliminary assessment of the mental health needs of the local population; a training program for non-specialised health-care providers to build up a local team to manage mental health cases; drawing up of plans to set up a primary care service dedicated to mental health disorders in the district. An initial group of 100 patients were evaluated. In 70% was detected a psychiatric disorder: in 38% a Mood disorder, in 29,5% a Psychotic disorder, in 11,3% an Anxiety disorder, in 21,2% other diagnoses. The clinical work also allowed the visiting team to train local staff, including the establishment of the assessment procedures to be used.

**Conclusions**

87,3% of patients had a medical prescription and the application of mhGAP guide allowed to start a program of regular follow-up. This work points out the feasibility and cost-effectiveness of delivery of pharmacological and psychosocial interventions in non-specialised health-care settings for mental health disorders.

**Oral Presentations 6: Personalized Care: Shared Decision Making in Mental Health.**

**OP/154. DECIDE Study: Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: Interim analysis**

**Authors:**

(1) José Ildefonso Pérez Revuelta; (2) Miriam Ayerbe de Celis; (2) Manuel Pavón García; (3) Francisco González Sáiz; (4) María José García del Río; (5) Jose María Villagrán Moreno.

**Work Center:**

(1) Psychiatrist - Investigator. Inpatient Mental Health Unit - Hospital General Jerez. Jerez de la Frontera. Spain; (2) Psychiatrist MIR. Mental Health Clinical Unit of "Jerez, Sierra y costa noroeste". Jerez de la Fra. Spain; (3) Psychiatrist. Community Mental Health Unit of Villamartin Coordinator, Mental Health Clinical Unit of "Jerez, Sierra y costa noroeste". Villamartin. Spain; (4) Nurse. Inpatient Mental Health Unit, Nursery Coordinator. Jerez General Hospital. Mental Health Clinical Unit of "Jerez, Sierra y costa noroeste". Jerez de la Fra. Spain; (5) Psychiatrist. Inpatient Mental Health Unit of Jerez General Hospital Coordinator, Mental Health Clinical Unit of "Jerez, Sierra y costa noroeste". Jerez de la Fra. Spain.

**Summary:**

**Introduction**

Shared decision making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses such as diabetes, cancer or cardiac pathology, but surprisingly not in severe psychiatric disorders such as schizophrenia. However, the great majority of schizophrenics are capable of understanding treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health

outcomes is needed. Hamann et al conducted a few years ago a randomized controlled trial with schizophrenic inpatients and found increased knowledge and perceived involvement in decisions about antipsychotic treatment at discharge by the experimental group, but not clear beneficial effects on long term outcomes. The present communication introduces the DECIDE study.

**Aims**

This study attempts to replicate and overcome the limitations of Hamann's study and find support to the hypothesis of better adherence to treatment and fewer rehospitalizations when adopting strategies of shared decision making with antipsychotic treatment.

**Objectives:**

- Of the study: To demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge in a sample of schizophrenics hospitalized after an acute episode of their disorder.
- Of the oral presentation: To present the study design. To make an interim report of the data obtained at the moment of the congress.

**Methods**

Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

**Results**

Currently in the recruiting phase with 40 patients included in the study. An interim analysis of an expected number of 60 patients, half of the target sample size.

**Conclusions**

We will show the study design and decision tools employed. Conclusions in relation to the effectiveness (adherence and readmissions) and subjective perception.

**OP/63. Measuring client's experiences of shared decision making in psychiatric services.**

**Authors:**

(1) Petra Svedberg; (2) Ulla-Karin Schön; (3) Katarina Grim; (4) David Rosenberg.

**Work Center:**

(1) Halmstad University; (2) Dalarna University; (3) Karlstad University; (4) Umeå University.

**Summary:**

**Introduction**

While increased democratization and user participation are strongly emphasized political and ideological goals within the entire healthcare sector, research-based knowledge about how to achieve these goals is limited, not least in the psychiatric field. Shared decision-making, SDM, is an internationally described method which seeks to increase users' involvement in health care decisions. However, knowledge of SDM as a method is limited, and research has focused primarily on SDM in medical decisions in somatic care. Despite the potential impact of SDM on users satisfaction with care and the quality in health care de-

isions, there is a lack of competence and skills in how to work with SDM among health care providers. Validated measures of SDM can play a critical role in supporting healthcare providers to increase their knowledge and skills in order to promote patient participation in healthcare.

**Aims**

This project intends to increase knowledge regarding how SDM can be effectively evaluated in psychiatric services in Sweden.

**Methods**

The present study has a methodological design where the translated version of the instruments Dyadic option, SURE and CollaboRATE were psychometrically investigated. It was carried out in 2014 at 19 municipal social psychiatry units in Sweden. The study sample consisted of 105 clients in contact with these services and the criteria for inclusion were that the clients were over 18 years of age and had experience of a decision having been taken.

**Results**

A Swedish version of Dyadic option, SURE and CollaboRATE are acceptable in terms of face and content validity, internal consistency and stability. The concurrent validity of Dyadic option was demonstrated with positive correlations with SURE and CollaboRATE. However, there was no correlation between SURE and CollaboRATE.

**Conclusions**

In the presentation, the findings of the evaluation of the SDM process in psychiatric care will be discussed. Furthermore, we will also discuss how the use of instruments that measure SDM in psychiatric health care can provide a tool for contributing to a structured person-centered dialogue between clients and staff, as well as how evaluations of SDM can contribute to the quality of the decision and ensure informed consent.

**OP/91. Prediction of treatment outcome in daily generalized mental health care practice: a step towards personalized treatment by clinical decision support**

**Authors:**

(1) Bea Tiemens; (2) Koen Böcker; (3) Margot Kloos.

**Work Center:**

(1) Pro Persona Centre for Education and Science. The Netherlands; (2) Alan Turing Institute Almere, The Netherlands; (3) Pro Persona Centre for Education and Science, Renkum, The Netherlands.

**Summary:**

**Introduction**

Results from prediction studies are often of limited value because potential predictors are measured with instruments that are not routinely used, the results are presented in terms that are difficult to translate to individual patients and the relations between predictors and outcome are complex.

**Aims**

To derive decision trees for classification using information routinely accessed for intake purposes and treatment monitoring.

**Methods**

Positive treatment outcome was defined as symptom improvement, measured with the symptom distress scale of the Outcome Questionnaire (OQ-45.2). The analysis process consisted

of three phases, derivation of possible decision trees, selection of the best ten trees and assessment of classification performance after integration of these ten trees (integrated classifier). This analysis was performed three times, for all patients without any missing data on the predictors (N=456), for the full set of patients (N=870), and for the patients in which intermediate outcome data were available (N=269).

**Results**

The integrated classifier based on patients with full intake information had a fair prediction performance (AUC of 0.75). The predictive performance of the integrated classifier in the complete sample including patients with missing variables was poor (AUC of 0.68). Finally, the prediction performance of integrated classifier that included early response as predictor was good (AUC of 0.83).

In all three integrated classifiers not only the severity of symptoms at the start of treatment was predictive for outcome, but the living situation as well. In the model without missing variables the top-3 predictors also included having paid work and the extent thereof (the number of days a week). Complex interactions between these variables were found.

**Conclusions**

The present study shows the need for registration of clinical and sociodemographic variables (including outcome monitoring during treatment) in a systematic way to prevent missing variables. Furthermore, it shows the importance of early/intermediate symptom trends and finally that complex interactions between these variables should be considered for outcome prediction. This will require automated decision support systems.

**OP/65. Exploring psychiatric users' decisional and information needs in Shared Decision Making in the light of Elwyn's three-step model for Clinical practice**

**Authors:**

(1) Katarina Grim; (2) Ulla-Karin Schön; (3) Petra Svedberg; (4) David Rosenberg.

**Work Center:**

(1) Research assistant. The County Council of Värmland, Sweden; (2) Associate Professor, Department of Health and Social Studies, Dalarna University. Falun, Sweden; (3) Associate Professor, Department of Health and Welfare, Halmstad University. Halmstad, Sweden; (4) Assistant professor, Department of Social Work, Umeå University. Umeå, Sweden.

**Summary:**

**Introduction**

Using medication and participating in psychosocial interventions are active processes that often involve complex decision-making. Shared decision making, SDM, provides a model for user and practitioner to cooperatively assess a treatment's advantages and disadvantages.

Decision aid tools adapted to the needs of users have the potential to restructure how people with mental illness and staff work together to arrive at shared decisions about the next steps in treatment or support.

**Aims**

The objective of this study is to investigate decisional and information needs among users with mental illness as a pre-requisite for the design and development of a decision aid aimed at sup-

porting user participation in SDM.

**Methods**

Needs and preferences regarding information transfer in SDM were explored through semi-structured focus group interviews. Participants were adults with psychiatric diagnoses and experience of psychiatric services or close relatives to someone with a psychiatric illness.

Qualitative content analysis was used to analyze the data. The transcriptions were initially analyzed in accordance with a conventional, inductive approach. A directed content analysis was then utilized, with Elwyn's three step model for SDM as a theoretical framework from which to further operationalize the categories rendered in the first step of analysis.

**Results**

The majority of the findings were easily integrated within Elwyn's categories. However, some elements which emerged in the data and which are worth noting were not encompassed within Elwyn's model, such as the wish for information prior to the meeting regarding the time frame and agenda. The importance of heeding the prior knowledge of the user as valuable for the decision process and not solely checking it in order to correct possible misinformation was frequently expressed, as was the value of follow-ups.

**Conclusions**

Even though Elwyn's model is constructed as a pedagogic tool to be used by staff, while our focus is directed towards creating a tool for users, the application of the model upon our data was indeed helpful in rendering clearly defined and distinguishable codes from our categories. We therefore consider it to be a suitable model to continue to build upon in the development of a decision aid.

**OP/49. Psychosocial interventions; collaboration and shared decision-making? A participatory research project to develop and implement shared decision-making in psychiatric services**

**Authors:**

Ulla-Karin Schön.

**Work Center:**

Dalarna University.

**Summary:**

**Introduction**

The involvement of persons with lived experience of mental illness and service use is increasingly viewed as key to improving the relevance and utility of mental health research and service innovation. Shared decision making, SDM, provides an evidence based model to assess a treatment's advantages and disadvantages within the context of recovering a life after a diagnosis of severe mental illness. The extensive knowledge about SDM presents three basic prerequisites for successful SDM in care settings; (1) staff has the ability and is willing to include the patient in decisions (skills and attitude). (2) patients are willing and have the ability to actively participate in the decisions. (3) decision support to patients is available to facilitate the SDM process.

**Aims**

From a focused clinical perspective on SDM as well as from a wider implementation research horizon, the need for enhancing knowledge on how to translate this evidence into practice

is an urgent issue. Thus, this project intends to increase knowledge of how SDM can be successfully implemented in psychiatric services, including a process evaluation to identify facilitators and obstacles with SDM and its implementation in the psychiatric services.

**Methods**

The project has a community-based participatory design in which researchers and users work together. The project includes two psychiatric outpatient services with approximately 650 active users in the designated area. A decision aid will be developed and tested in the first part of the study through a community based participatory design. This tool, which will support users in their ability to participate in shared decision-making, will then be included in a multifaceted intervention, which will also include staff training and the use of local facilitators. The implementation study includes both (I) process and (II) impact evaluation. This process orientation and efficacy focus will encompass both the target of implementing SDM and the perceived effects of this intervention on users and staff.

**Results**

Findings of the implementation of the SDM intervention will be discussed, including the iterative design process of the decision tool.

**Conclusions**

The implications for future implementation of shared decision-making in psychiatric services will be discussed.

**OP/224. Case Management for cross-sectoral, post discharge rehabilitative services in rural northern Germany. A qualitative study.**

**Authors:**

Julian Schwarz.

**Work Center:**

Institute for Social Medicine, Epidemiology and Health Economics. Berlin. Germany.

**Summary:**

**Introduction**

The division of medical care across different sectors impedes the provision of patient-centred care in the community, especially the provision of individualised psychiatric care. Since 2000, various models of integrated care have been developed in the German healthcare system in order to facilitate the provision of more appropriate patient-centred services. One such innovative model has seen the establishment of a psychiatric community care unit in Dithmarschen (Schleswig-Holstein) as a pilot project. At this unit, case management is led by health-care providers, case managers employed by the municipality, and service users. At the same time, the community care unit is a central contact point for people with psychosocial counselling needs and facilitates access to low-threshold, complementary services, which are not inevitably related to additional costs.

**Aims**

The study seeks to investigate the individual experiences of stakeholders at a centre for psychiatric care using a case management approach. From a professional point of view, it aims to illuminate how case management inhibits or promotes collaboration between stakeholders.

**Methods**

Nine users were questioned using a semi structured interview guide and nine narrative interviews were conducted with mental health workers from different professions. All interviews were digitally recorded, transcribed and analyzed using content analysis.

**Results**

Service users criticise the insufficient visibility of the community mental health unit. From the case manager’s perspective, health workers and patients are more closely involved, which leads to more medically justified and user-driven decision processes, instead of these being dependent on the occupancy rate of the facility. Professionals demand more involvement by providers of post-discharge rehabilitative services in order to accelerate the creation of ambulatory capacity and reduce residential services. Post-discharge service providers are concerned that a switch to ambulatory service provision could incur financial loss.

**Conclusions**

Integrated case management seems to reduce miscommunication and leads to decisions being made by consensus between stakeholders. In order to increase ambulatory capacity, it would appear advisable to offer service providers (financial) incentives to stimulate the conversion of inpatient beds to ambulatory facilities.

**Oral Presentations 7: Implementation of mental health care.**

**OP/289. Service providers illuminating multifamily psychoeducation – a model facing resistance**

**Authors:**

(1) Karin Ingvarsdotter; (2) Karin Persson; (3) Fredrik Hjärthag; (4) Margareta Östman.

**Work Center:**

(1) Lecturer. Faculty of Health and Society. Malmö University. Malmö. Sweden; (2) Lecturer. Faculty of Health and Society. Malmö University. Sweden; (3) Lecturer. Faculty of Arts and Social Sciences. Karlstad University. Sweden; (4) Professor. Faculty of Health and Society. Malmö University. Malmö.

**Summary:**

**Introduction**

Families of people suffering from severe mental illness (SMI) experience great burden in different areas of family life. Despite that the Swedish Board of Health and Welfare has recommended the implementation of family interventions for people of SMI the inclusion of close relatives in support and treatment has been infrequently implemented in clinical practice. In order to explore how multifamily psychoeducation works in Sweden, a multi-centre randomized control family intervention study was initiated. Fourteen facilitators participated in a five-day training program. Due to different reasons they all discontinued their involvement in the project.

**Aims**

The aim of this study was to illuminate professionals’ experiences of introducing multifamily psychoeducation in Sweden.

**Methods**

Semi-structured interviews were carried out with eleven participants who had all taken part in the research project as manag-

ers or trained facilitators. The qualitative method followed Lincoln and Guba’s naturalistic inquiry.

**Results**

The two main categories of the findings could be described as a defensive culture and an unsuitable model. Attitudes of resistance were found both among individual informants and in the structure of their work place. Allocating resources was perceived as one of several problems and the specific model was considered too broad and time consuming. The multifamily psychoeducation was also perceived as inappropriate for the target group as well as for the organizations in being too rigid and not possible to adjust to the needs of either patients, family, or facilitators and their organizations.

**Conclusions**

Despite good evidence for the intervention this study has demonstrated difficulties in introducing multifamily psychoeducation in clinical practice. The possibility of implementing interventions should be examined prior to inserting them into national guidelines.

**OP/4. Do Routine Outcome Monitoring results translate to clinical practice? An exploratory study in patients with a psychotic disorder**

**Authors:**

Magda Tasma.

**Work Center:**

Lentis Psychiatric Institute. Groningen. The Netherlands.

**Summary:**

**Introduction**

The use of Routine Outcome Monitoring (ROM) in mental health care has increased tremendously during the past decade. Little is known, however, on the implementation of ROM outcome in daily clinical practice. In the Netherlands, an extensive ROM-protocol for patients with psychotic disorders has been implemented since 2007 (ROM-Phamous). The current exploratory study investigated to what extent ROM results translate to daily clinical practice. Therefore, we investigated whether clinical problems as identified with ROM were detected and used in the treatment of patients with a psychotic disorder.

**Aims**

This study investigated the influence of ROM in clinical practice. More specifically, we investigated whether clinical problems as identified with ROM were treated in accordance with guidelines for patients with schizophrenia.

**Methods**

Out of the ROM database of 2010 (n = 1040), a random sample of 100 patients diagnosed with a psychotic disorder was drawn. Data from a physical examination, laboratory tests, interviews and standardized questionnaires were used to determine the prevalence of cardiovascular risk factors, psychosocial problems and sexual dysfunctions. The treatment plans of patients were used to investigate whether the appropriate interventions had been offered. Next, we investigated whether these problems, as identified with ROM, were reflected in the treatment plans of patients, as an indication of the use of ROM in clinical practice.

**Results**

The sample consisted of 63 males and 37 females. The average

age was 44 and the average duration of illness was 17.7 years. The prevalence of positive and negative symptoms, psychosocial problems and cardiovascular risk factors ranged from 11% to 86%. In the majority of cases, problems as identified with ROM were not reflected in the treatment plans of patients and vice versa.

**Conclusions**

We found a substantial discrepancy between the ROM measurements and the treatment plans, i.e. low rates of detection of symptoms, psychosocial problems and cardiovascular risk factors in the treatment plans, even though these problems were identified with ROM. The opposite occurred as well, where problems were reflected in the treatment plans but not identified with ROM. Thus, ROM and daily clinical practice appear to be two separate processes, whereas ideally they should be integrated. Therefore, efforts should be made to establish a better integration of ROM and treatment that patients receive. This may help to provide patients with adequate and customized care and simultaneously minimize under- and over-treatment of patients.

Keywords: Routine Outcome Monitoring; implementation; psychotic disorders; non-detection; psychosocial problems; cardiovascular risk factors

**OP/72. Introducing joint crisis plans into clinical practice: lessons from implementing change.**

**Authors:**

(1) Geoffrey Smith; (2) Theresa Williams.

**Work Center:**

(1) Psychiatrist, Medical Director, Western Australian Centre for Mental Health Policy Research, Perth, Australia; (2) Clinical Psychologist, Director, Western Australian Centre for Mental Health Policy Research, Perth, Australia.

**Summary:**

**Introduction**

Joint crisis planning involves consumers working together with service providers to develop personal crisis plans aimed at empowering consumers, enhancing the therapeutic alliance and reducing relapse through early detection and treatment. A number of studies of Joint Crisis Plans (JCPs) have provided evidence of their effectiveness with both consumers and clinicians expressing positive views about this intervention.

**Aims**

The aim of the study was to evaluate the implementation of JCPs in four pilot sites with a view to rolling the program out into routine clinical practice across Western Australia. In this presentation, we use the study to illustrate lessons learned from the change process.

**Methods**

Two metropolitan and two country based community mental health services were invited to participate in a one-year project to field test the implementation of JCPs. Extensive training and support was provided by an implementation team to maximize staff engagement. A target of 40 completed JCPs was set for each site. The evaluation took the form of a measure of the number of completed JCPs and an analysis of their potential usefulness, focus groups with stakeholders and an online survey of participating clinicians.

**Results**

Consumers experienced the process as both empowering and therapeutic. The survey showed that 62% of staff thought that JCPs increased their understanding of consumers' needs. Despite the overall positive feedback, only 83 out of the target of 160 JCPs (52%) were completed. The most striking finding was the marked difference in the number of completed JCPs at the four sites; 38, 28, 17 and 0 respectively.

**Conclusions**

Despite what generally would be considered a thorough implementation process, the results of the study highlight the critical importance of addressing the context and culture of each individual service in which a new intervention is being introduced. We argue that 'organizational readiness', a concept which we intend to unpack in this presentation, was a major factor in the differential uptake of JCPs between sites. The design and implementation of change strategies need to be tailored to take account of variations between services.

**OP/56. Empowering women experiencing domestic violence and mental ill health**

**Authors:**

Shulamit Ramon.

**Work Center:**

University of Hertfordshire. Cambridge. UK.

**Summary:**

**Introduction**

Women experiencing domestic violence and mental ill health suffer from double stigma and trauma. They are more vulnerable than other women in the same age group due to the mixture of shame, blame and guilt, especially if they have children. Furthermore, if they have to leave their home they become financially poorer, and if they move to a refuge they are also deprived of the support system they had prior to the move. Hence their need for empowerment is high, yet the context militates against their empowerment.

**Aims**

- 1.to outline a European project in five countries, which provided three training programmes, each focused on different aspects of empowerment.
- 2.share knowledge of the processes of empowerment of the women and of their mental health providers.
- 3.share the conceptual framework,value system, and methods of training for empowerment
- 4.share outcomes, barriers and facilitators analysis.

**Methods**

Three training programmes were provided:

- 1.educational therapeutic programme for women
- 2.skills training for co-facilitation of support groups for women
- 3.training providers to facilitate disclosure of domestic violence, to be less judgemental towards the women, to be more skilled in listening to them and in demonstrating empathy.

Sample: referrals from community support and mental health services (151 women)

Mixed methods evaluation: pre programme, immediately post programme, and at follow up

**Results**

Women:

- 1.High level of satisfaction from the women's training pro-

- gramme
  - 2. reported increase in self confidence and readiness to undertake new activities in the community
  - 3. reduction of hospitalisation
  - 4. increase in repertoire of coping strategies
- Providers:  
Increased awareness of the issues the women face  
Reduction of judgemental responses

**Conclusions**

Empowerment programmes for women experiencing domestic violence and mental ill health can be effective, though attention is required to cultural and educational context issues. There is a need to enable a longer period in which the gains from the training is reinforced through periodical meetings and opportunities to exercise the skills learned. Providers too need opportunities for reinforcement of the learned attitudes and skills.

**Oral Presentations 8: Empowerment, Attitudes and Stigma.**

**OP/124. Stigma: A study about mental health's perception in a population of healthcare workers.**

**Authors:**

(1) Carmen Barrionuevo Baeza; (2) Manuel López Arroyo; (3) Manuel José Martín Esquinas; (3) Alvaro José Doña Díaz.

**Work Center:**

(1) Psychiatrist in training. Unidad Gestión Clínica Salud Mental Hospital Universitario Virgen de la Victoria; (2) Psychiatrist in training. Unidad Gestión Clínica Salud Mental Hospital Universitario Virgen de la Victoria, Málaga.; (3) Psychiatrist. Unidad Gestión Clínica Salud Mental Hospital Universitario Virgen de la Victoria, Málaga.

**Summary:**

**Introduction**

Stigma, being understood as a mark of disgrace or discredit caused by mental illness which sets a person apart from others, comes from the stereotype that society, through history, has gradually developed and established on a base made of incomprehension and fear. Unfortunately, nowadays, stigma keeps on generating discriminatory practices; this way, people suffering from mental illness are treated as inferiors and are socially rejected, situations that are against their rights.

**Aims**

Our main aim is to know the different beliefs and perceptions about mental health in our population.

**Methods**

This work, using a 14 items selfassessment Likert scale questionnaire, has measured stigma main edges through cognitive, affective and behavioral points in a population of workers at Hospital Universitario Virgen de la Victoria, Málaga. 200 questionnaires have been answered by different kind of professionals like security staff, office clerks, attendants, nurses, physicians and psychologists.

**Results**

We have found that in our sample there is an strong presence of "stigmatizing" thoughts related neither to having previous contact with mental illness nor related to professional category.

**Conclusions**

As conclusions we can define our results as highly "stigmatizing", considering then, that specific interventions targeted to healthcare environment are needed to avoid discriminatory situations.

**OP/126. How to cope with stigma and discrimination: Evidence from secondary mental health service users in England**

**Authors:**

(1) Alexandra Isaksson; (2) Elizabeth Corker; (3) Jessica Cotney; (4) Sarah Hamilton; (5) Claire Henderson; (6) Vanessa Pinfold; (7) Diana Rose; (8) Nicolas Rüsck; (9) Graham Thornicroft; (10) Sara Evans-Lacko.

**Work Center:**

(1) Psychiatrist, Department of Psychiatry and Psychotherapy, University Freiburg; (2) Research worker, Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; (3) Researcher, The McPin Foundation, London, UK; (4) Research manager, The McPin Foundation, London, UK; (5) Clinical Senior Lecturer in Psychiatry, Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; (6) Research director, The McPin Foundation, London, UK; (7) Professor of User-Led Research, Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; (8) Department of Psychiatry II, Ulm University, Bezirkskrankenhaus Günzburg, Germany.; (9) Professor of Community Psychiatry, Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; (10) London School of Economics and Political Science - Personal Social Services Research Unity.

**Summary:**

**Introduction**

Stigma and discrimination can be described through a stress and coping framework, with the stressor being a threat to social identity (Major & O'Brian, 2005), impeding help-seeking (Clement et al., 2014) and recovery (Livingston & Boyd, 2010). Coping strategies may include: "Concealing mental health problems" from others, "Educating others" about their mental illness and "Challenging others" about their stigmatizing behavior (Link et al., 2002).

**Aims**

We describe the use of these stigma coping strategies in a sample of English secondary mental health service users and determine how they relate to a) sociodemographic and clinical characteristics, b) anticipated and experienced discrimination and c) the confidence and ability to cope with stigma.

**Methods**

This cross sectional study is based on the Viewpoint survey of mental health service users' experiences of discrimination in England during 2011-2013 (n=3005 participants). We assessed stigma coping strategies with the revised Stigma Coping Scale (Link et al., 2004). The Discrimination and Stigma Scale (DISC-12) assessed experienced and anticipated discrimination (Brohan et al., 2013) and additional items measured the ability and confidence to cope with stigma. Linear regression models were used to estimate factors associated with different coping strategies.

**Results**

Findings will be presented for (i) patterns of stigma coping strat-

egies applied in British secondary mental health service users and (ii) associated factors of stigma coping strategies within linear regression models.

**Conclusions**

When experiencing discrimination, challenging others may be a more effective coping strategy than concealing mental health problems for increasing personal empowerment. The influence on health outcomes and the effectiveness of those strategies by different types of discriminating experiences should be investigated in longitudinal studies.

**OP/138. Longitudinal Evaluation of a programme aimed to erase stigma associated to mental illness through direct contact with people with live experience of bipolar disorder within a population of adolescents**

**Authors:**

(1) Lorena de Simon Alonso; (2) Agustín Madoz Gúrpide; (3) Cristina García Aguayo.

**Work Center:**

(1) Psychiatrist. Burlada Mental Health Center. Navarra. Spain; (2) Psychiatrist. San Blas Mental Health Center. Madrid.Spain; (3) User. Burlada Mental Health Center. Navarra. Spain.

**Summary:**

**Introduction**

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. The combination of education and direct contact with people with lived experience has proved to be an efficient strategy within young people, who are a priority target. These kinds of interventions could be a strategy to increase recognition of and help seeking for mental health problems.

**Aims**

To evaluate a programme based on education and direct contact with people with lived experience of bipolar disorder, within a sample group of adolescents.

**Methods**

An interventional pilot programme is proposed, with longitudinal follow-up, quasi-experimental and with control group. Its efficiency is to be measured on the Revised Attribution Questionnaire to Measure Mental Illness Stigma in Adolescents (r-AQ-8C) in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

**Results**

The intervention consists of two work-shops (55 minutes each), drawing upon two strategies: education and direct contact. As a complement to the direct dialogue, a video starring by the self-experts has been recorded (english subtitles) (<http://youtu.be/OqcDvmGynRY>).

A total of 531 students (n=531) participated from four state secondary schools in Navarra. Significant differences were observed (IC95%), for the total score (t=9.317; p=0.000) and for five of eight items in the intrasubjects comparative scale, carried out at baseline and immediately after the intervention: (t= 8.012, p=0.000), Blame (t=2.160, p=0.031), Segregation (t=12.370, p=0.000), Help (t=-2.852, p=0.005) and Avoidance (t=5.364, p=0.000. Significant differences were found (IC90%) for Danger (t= 1,682, p=0.093) and Anger (t=1.708, p=0.089).

Significant differences were sustained (IC 95%) on 6 months follow-up for the global (t=4.268, p=0.000) and for Pity (t=5.840, p=0.000), Blame (t= 2.171, p=0.031) and Segregation (t=5.794, p=0.000).

**Conclusions**

The intervention was proved to be effective in the reduction of prejudices, stereotypes and social distance immediately after the intervention and on a 6-month follow-up. Effects are likely to lessen with time. Continued exposure could sustain benefits and build on the positive attitude changes achieved by first intervention.

**OP/221. Employment & stigma in people with severe mental illnesses: new data from a national panel in the Netherlands**

**Authors:**

Caroline Place; Lex Hulsbosch; Hans Kroon; Harry Michon.

**Work Center:**

Trimbos Institute.

**Summary:**

**Introduction**

While societal participation of people with severe mental illnesses (SMI) is an important aspect of their empowerment and recovery, little is known on a national level about this topic. To fill this gap the Trimbos Institute has developed a national panel of people with SMI. Aim was to gain more knowledge about how persons in this group live, work and participate in society. Data about panel members and their opinions are analysed and made available to national and regional policymakers as well as other interested parties such as service providers and client organisations. The panel started in 2010 and consists of over 900 members.

**Aims**

After a short description of the panel design and its population longitudinal outcomes are presented concerning work and work-related cognitions such as ambitions and (self)stigma considering work.

**Methods**

Panel members are recruited both in mental health services and in public by several means (social media, conferences). The panel conducts surveys amongst members, using online or paper-and-pencil questionnaires, following members' own preferences. To signal trends the national data from 2010 and 2013 are compared using generalized estimating equation and mixed models.

**Results**

The analyses reveal that 21% of the panel members work competitively, far less than in the national population (appr. 70%). 29% of the unemployed members express a desire to work. Working members report a significantly higher quality of life compared to unemployed members. In general, 32% of the members felt discriminated in the past year. In particular 24% experienced discrimination and stigma either in finding employment or at work. 54% do not tell about their mental disorder (in general) because of the fear for negative reactions from others. 20% of members do not try to find a job because of this reason. These results and trends between 2010 and 2013 will be presented.

**Conclusions**

The panel confirms that people with SMI continue to be disproportionately deprived of employment, which hinders their recovery and empowerment. The panel data suggest that stigma and discrimination (in general and related to work) are important barriers to tackle and a serious challenge for policy makers and services.

**OP/3. Service Users' Experiences of Stigma and Diagnostic Overshadowing when seeking help with physical problems.**

**Authors:**

Michael Nash.

**Work Center:**

Assistant Professor Mental Health Nursing. School of Nursing & Midwifery. Trinity College Dublin. Ireland.

**Summary:**

**Introduction**

Mental health service users (MHSUs) have poor physical health. MHSUs experience stigma associated with mental illness. Stigma leads to negative stereotypes which can become potential barriers to physical healthcare.

**Aims**

1. To explore MHSUs experiences of stigma when seeking help for physical health problems
2. To examine the impact of stigma on help seeking behaviour

**Methods**

Descriptive Survey using SurveyMonkey

**Results**

Sample size=126

Response rate = 69 (55%)

61% had a current physical condition

57% reported being dissatisfied with their general physical health

54% were unhappy with the management of their physical problem

- Higher level of general dissatisfaction (33%) in participants when compared to general population estimates of satisfaction - 9% of inpatients, 13% of outpatients, 3% of GP and 11% of other community service patients rated the experience as fair or poor (HSE 2007).

Participants experienced stigma in the form of

- Diagnostic overshadowing – where the mental illness overshadows the person resulting in physical health complaints being attributed to their mental health problem (56%)
  - Practitioner doubt about the veracity of symptom reports - 41% agreed that health professionals doubted their physical complaints because of their mental illness,
  - 55% felt sometimes health professionals did not believe their reports of being physically unwell,
  - Being treated differently- 52% felt they had been treated differently by health professionals because of mental illness
- However, for a small majority stigma did not appear to affect help seeking behaviour
- 55% of respondents disagreed that they had not asked for help with physical problems because they felt health professionals would not believe them

- 56% of respondents reported that they would seek medical help even though their mental illness might be brought up

**Conclusions**

Experiencing stigma did not appear to negatively affect help seeking behaviour. However, for some it did and this group would be particularly vulnerable to poor health outcomes if they disengaged from health services due to perceived stigma. MHSUs experience stigma in the form of diagnostic overshadowing when seeking help for physical problems. Primary care practitioners require training in this area.

**OP/307. Attitudes towards mental illness: assessing stigma among undergraduate health students in different countries. A Maristan Network Study.**

**Authors:**

- (1) Miguel Xavier; (2) Alexis Vladimir Vielma Aguilera; (3) Ana Isabel Masedo-Gutiérrez; (4) Sandra Saldivia; (5) Pedro Mateus; (6) Pamela Grandón Fernández; (7) Berta Moreno-Küstner.

**Work Center:**

(1) Department of Mental Health NOVA Medical School - UNL. Lisboa. Portugal; (2) Department of Psychiatry and Mental Health. Faculty of Medicine. University of Concepcion. Chile; (3) Assistant Professor. Department of Personality, Assessment and Psychological Treatment. University of Malaga. Spain; (4) Psychologist. Professor. Department of Psychiatry and Mental Health. University of Concepción. Executive Secretary of Red Maristan. Chile.; (5) University of Concepción. Chile.; (6) Department of Psychology. Faculty of Social Sciences. University of Concepcion. Chile; (7) University of Malaga. Spain.

**Summary:**

**Introduction**

Stigma is a major cause of suffering in people with severe mental illness (SMI), given its deep social implications. Stigma towards mental illness is highly prevalent not only across the general population, but also among the health professionals and health students (eg, medicine, psychology, nursing, social work, etc). Given that professional stigma may undermine the delivery of care to people with psychiatric problems, evaluation of attitudes might be a crucial step to tackle stigma, and should be started at the undergraduate level. Despite this, standardized assessment of stigma is almost never conducted in medical, psychology or nursing schools. On the other side, available data about these issues comes mostly from English-speaking countries, highlighting the need to have sound data from countries with different socio-cultural backgrounds.

Our objective was to assess the presence of stigma in future professionals in the area of health and related studies in universities from Chile, Spain and Portugal.

**Methods**

Longitudinal study, with a pre-post design. The population was the students of careers in Medicine, Psychology, Nursing and Social Work of universities from Chile, Spain and Portugal before and after of a Mental Health Internship. Every student agreeing to participate was requested to answer the "Mental Illness: Clinicians' Attitudes Scale MICA-2, version for medical students", designed by the Health Service and Population Research Department (Institute of Psychiatry, King's College London). The instrument was to be filled in on the first and last days of the intership.

**Results**

In Portugal, data obtained in this evaluation reveal that the

internship had a favourable general impact on the undergraduate student's attitude towards the dimensions covered by the MICA-2. It is expected to compare results obtained with similar research carried out in Spain and Chile.

**Conclusions**

These results are in line with previous studies showing an improvement of attitudes among the students after the internship, conducted in several places and settings- Tracking attitudes toward mental illness can serve as an indicator of the undergraduate students' mental health literacy, and should be implemented in the undergraduate health schools.

**Oral Presentations 9: Mental Health Systems.**

**OP/232. Day Care Centre In Russia, Central Asia, Baltic**

**Authors:**

Ilfira Temirbulatova.

**Work Center:**

*Clinical Psychologist. Non Governmental Organisation (NGO) Empatia. Bishkek. Kyrgyzstan.*

**Summary:**

**Introduction**

The book "Rehabilitation and Recovery", (Authors Jean Pierre Wilken & Dirk den Hollander) in Russian should help to develop knowledge about day care centre, rehabilitation, multidiscipline team in countries where people can speak Russian.

**Aims**

1. Project of translation of the book "Rehabilitation and Recovery", (Authors Jean Pierre Wilken & Dirk den Hollander). Global Initiative on Psychiatry and Fund Storm Rehabilitation support this project.
2. Distribution of this book in Russia, Central Asia, Baltic.
3. Research the form, type of day care centre in these countries

**Methods**

Gathering of information, conversation, discussion.

**Results**

Books were distributed and information was gathered

**Conclusions**

Conclusion. These countries have day care centres or rehabilitation departments in the main Mental Health hospitals. Day care centre development is very low and poor. Many specialists would like to create day care centres but they do not have knowledge or finances.

**OP/303. The local mental health system in New South Wales: comparison with community care models in Europe**

**Authors:**

- (1) Luis Salvador-Carulla; (2) Ana Fernández Sánchez; (3) Cailin Maas; (4) Thomas Astell-Burt; (5) Xiaoqi Feng.

**Work Center:**

*(1) Psychiatrist. Professor of Disability and Mental Health. University of Sydney. Australia.; (2) Mental Health Policy Unit. BMRI. University of*

*Sydney; (3) Mental Health Policy Unit, BMRI, University of Sydney; (4) University of Western Sydney; (5) University of Wollongong.*

**Summary:**

**Introduction**

International comparisons are useful for: 1) learning about national systems and policies; 2) learning why they take the forms they do; and 3) learning lessons from other countries for application elsewhere. However, in order to do meaningful comparisons, it is important to use a standardised tool that goes beyond terminological variability. The aim of this study is to compare the local mental health system in NSW with different community care models in Europe.

**Methods**

The "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC)<sup>2</sup>. This is based on a taxonomy tree and coding system that allows the classification of services in a defined catchment area according to the main care structure/activity offered as well as their level of availability and utilisation. We mapped all the services for people experiencing mental ill-health (children and adults) in 2 Local health Districts in New South Wales: an urban area in metropolitan Sydney (Western Sydney) and a rural and remote region (Far West). We compared them with urban and rural areas in Finland, Norway, and Spain.

**Results**

After comparing the mental health system in NSW with the different local examples of European models, three main care gaps were found in urban areas: 1) absence of high intensity day care; 2) absence of acute and non-acute residential care provided outside the hospital but with 24-h physician cover; and 3) absence of non-acute, 24 h support (but not medical support) residential care. Although feasible, the comparison of rural areas is more complex and requires further analysis.

**Conclusions**

The international comparison of the local pattern of mental health care is highly relevant from a mental health policy perspective. The local health districts in New South Wales show gaps in their community care system that have not been identified before and that require confirmation in other districts and states in Australia. Gaps in rural and remote areas require a separate analysis and more refined geographic information systems.

**OP/58. Australian national health insurance and support to mental health care provision; a systematic examination of problems with equity of delivery.**

**Authors:**

Graham Meadows.

**Work Center:**

*Principal Investigator. PULSAR. Monash University. Australia.*

**Summary:**

**Introduction**

There is concern in Australia about problems with equity of mental health care as supported by universal national health insurance.

**Aims**

To examine associations of adult utilisation of mental health ser-

vices subsidised by Australian national health insurance claims with population estimates of need for mental health care.

**Methods**

Analysis of national Medicare data from 2007 to 2011 involved 25,146,558 individual records of postcodes with associated item activity rates. Findings from this were linked with statistics derived from the National Health Survey (NHS) 2011-2012. The NHS provided estimates of need for care based on Kessler 10 (K10) score bands. K10 bands, indicative of psychological distress and likelihood of psychiatric disorder were: low (10-15); moderate (16-21); high (22-29) and very-high (30-50). Data from the NHS for 12,604 adults aged 18-64 years were analysed for sub-populations defined by demographics and characteristics of area of residence.

We calculated service utilisation rates followed by assessment of inequity involving the Concentration Curve and Concentration Index. Proportional utilisation rates and concentration curves were calculated against population need as derived from estimation based on the NHS findings.

**Results**

Apart from primary care medical usage, higher socio-economic disadvantage in areas was typically associated with lower usage; e.g. clinical psychologist consultation was 68, 40 and 23 (per 1000 population) in the highest, middle and lowest advantaged quintiles respectively; non-Better Access psychiatry items was 117, 55, 45 (per 1000 population) in the highest, middle and lowest advantaged quintiles respectively. From the NHS we found that the sub-population percentage for high/very-high distress in the most disadvantaged IRSD quintile at 18.2% (95% CI: 16.6–19.7) was double that in the least disadvantaged quintile (9.1%, 95% CI: 8.2–10.0). Based on quintiles of disadvantage, use of MBS-funded mental health care was up to six times greater in more advantaged areas compared with more disadvantaged areas.

**Conclusions**

Our results highlight important socio-economic and geographical disparities associated with utilisation of MBS services. With significant media attention to this developing work program, the research findings are having significant translational impact in contributing to public debate around the future of mental health care funding in Australia.

**OP/61. Mental Health reform in Belgium: towards a more recovery oriented practice?**

**Authors:**

(1) Eva Helmer; (2) Chantal Van Audenhove.

**Work Center:**

(1) LUCAS KU Leuven; (2) Professor and head of LUCAS KU Leuven. Belgium.

**Summary:**

**Introduction**

The current reform of the Belgian mental health care stimulates the transition into more balanced care with focus on recovery. This requires services to pay specific attention to recovery oriented practices including self-care, empowerment and participation of people with mental health problems.

**Aims**

We aimed to study the extent to which the vision and practice

of recovery in residential services for long stay in Belgium has changed over a one-year period (2013-2014).

**Methods**

The Recovery Oriented Practices Index (ROPI) was used to assess recovery oriented practices in seven residential services in 2013 and 2014. A ROPI consists of four interviews with different panels (patients, managers, clinicians and members of the accompanying team) and the examination of service documents (brochures etc.) and anonymous treatment plans. Integrating these data allows the scoring of eight ROPI dimensions reflecting several aspects of recovery oriented practice in a service, e.g., stimulating social contacts, patient participation.

**Results**

Over a one-year period, ROPI scores have increased in six services and for seven ROPI dimensions. Remarkably increases were seen for the dimensions ‘social contacts’ (i.e. promotion of patients’ social networks, involvement of family members in patient’s treatment and prevention of stigma, +15%), and ‘addressing patients basal care needs’ (+ 11%). Patients perceive the therapy offer as varied, but guidance is often suboptimal. Patient participation and empowerment in the development of the treatment plans and the determination of patient’s wishes and good qualities is rather an exception. The organization of working groups on recovery or mutual support, the employment of people with lived experience or the formulation of a service recovery vision, are still rare. However, some services have invested in recovery training for care givers and attention is paid in supporting patients’ personal recovery process.

**Conclusions**

Over a one year-period, services for long stay have invested in the implementation of recovery oriented care. Yet, services should engage more in patient participation, empowerment, and in formulating and acting according to a strong service vision on recovery. Recovery oriented training programs for team members of residential services and the exchange of good practices between services are recommended.

**OP/80. Compulsory community care in Sweden – a pedagogical reform for caregivers?**

**Authors:**

(1) Liv Zetterberg; (2) Urban Markström; (1) Stefan Sjöström.

**Work Center:**

(1) Department of Social Work, Umeå University, Sweden; (2) Department of social work. Umeå University. Sweden.

**Summary:**

**Introduction**

This presentation discusses the implementation in Sweden of a policy idea that has diffused over the industrialized world during the last couple of decades – compulsory community care (CCC) for people with mental illness. CCC allows for compulsory care outside of hospital settings and patients under CCC are subjected to “special provisions”, e.g. taking medication. A notable feature of CCC is that the decision-making responsibilities rest within a psychiatric clinic, while the everyday provision of services largely is executed by social service organizations. As in many other countries, the coordination of various kinds of treatments and supports provided by different providers has been identified as a major challenge.

**Aims**

The aim is to investigate what happens when a new policy is introduced on a mental health field divided between two major authorities which each have considerable discretion, what happens in and between these organizations as they begin to apply the new legislation?

**Methods**

Three different purposive selected geographical areas were selected and 15 semi-structured interviews were conducted with professionals in key positions within psychiatric and social services respectively. We adopt a constructivist form of institutional theory that treats organizational change as the travel of ideas. Ideas are dispersed through an on-going process of translation in which reality is created and recreated. The focus is on how the idea is presented, understood and negotiated in different organizational contexts.

**Results**

The implementation process has been characterized by soft governance and a great deal of discretion for the implementing organizations. According to respondents, the “collaborative care plan” that has to be drawn up for each patient has been the main contribution off CCC and most of the work to prepare for the new legislation was to design a fill-out form for this care plan. Constructing the coordinated care plan as a form is coherent with institutional expectations and norms and can therefore be received as a rational and legitimate interpretation of the original idea. Materialization the idea as a form further means that there exists a physical object that can be exhibited, assessed and developed when the need arises. The shared interpretation and materialization of the idea as fill-out form could perhaps be seen as logical consequence of the structure and organizational patterns that public organizations such as social and psychiatric services have in common. Respondents say that the collaborative care plan has contributed to clarifying the responsibilities and improve the collaboration between the care givers. In turn, this has improved the collaboration and coordination also for other patients that are not on CCC, according to the respondents. Professionals from both psychiatric services and social services say that thanks to CCC, the attitude to collaboration has changed, staff from both organization has got to know each other’s and the organizational infrastructure has improved.

**Conclusions**

When a policy on coercive care is translated as most of all being a pedagogical reform for the care givers to make them collaborate it is inevitable to highlight some ethical questions. Is coercive care a reasonable price for the individual to pay to clarifying the responsibilities and improve the collaboration between the care givers?

**OP/233. PULSAR – Principles Unite Local Services Assisting Recovery. Evaluation of Personal Recovery training to Clinical, Community and Primary care sectors.**

**Authors:**

(1) Graham Meadows; (2) Vrinda Edan; (3) Grant Russell; (4) Lisa Brophy; (5) Annie Bruxner.

**Work Center:**

(1) Principal Investigator. PULSAR. Monash University. Australia.; (2) Consumer Researcher. Monash University. Australia.; (3) Investigator. PULSAR. Monash University. Australia.; (4) Investigator. PULSAR. Mel-

bourne University and Mind Australia. Australia.; (5) Research Fellow. PULSAR. Monash University. Australia.

**Summary:**

**Introduction**

The Victorian mental health sector is undergoing a system-wide transformation by adopting recovery oriented practice through policy and legislation. However, such transformation requires responding to challenges that arise from a need to change culture and staff attitudes that will support consumers to have choice and control in their lives. As demonstrated in some American and British NHS services, meeting these challenges is done best by having a recovery oriented approach that is clearly operationalized, documented, tailored to the specifics of the regional environment, and robustly evaluated.

**Aims**

PULSAR (Principles Unite Local Services Assisting Recovery) recognises the need for recovery-oriented principles, as articulated by Slade and researched in REFOCUS (London), to be brought into practical application.

**Methods**

With significant Victorian government funding, the PULSAR research project aims to respond to this need by exploring the impact of a recovery focussed training intervention, co-facilitated by a consumer educator and a worker trainer, on the outcomes for primary and secondary mental health service consumers. PULSAR is being undertaken in the Southern Metropolitan region of Melbourne, led by Monash University and includes partnerships with Monash Health, Ermha and Mind Australia. [www.pulsarrecovery.org.au](http://www.pulsarrecovery.org.au)

**Results**

To date baseline data has been collected from consumers of services; evaluation of training is underway.

**Conclusions**

This paper will give a brief outline of

- background to the project funding
- PULSAR project development and design including partnership arrangements both local and international organisations.
- Benefits and challenges with adaption from the English study and delivery of training
- Challenges of recruitment across primary and secondary sectors and how PULSAR managed these
- and progress to date.

**Oral Presentations 10: Suicide.**

**OP/188. Suicide Revisited: Significant reduction of suicide rate over the last two decades – a replication study of a Dutch incidence cohort with recent onset psychosis.**

**Authors:**

Stynke Castelein.

**Work Center:**

Lentis Psychiatric Institute.

**Summary:**

**Introduction**

Suicide remains an important cause of premature death in pa-

tients with psychotic disorders. In early studies, the lifetime suicide risk for schizophrenia was established at approximately 10%.

**Aims**

This study aims to compare the suicide risk over the past decade following recent onset psychosis to findings from the eighties and nineties in the same catchment area and to identify predictors of suicide in the context of the Psychosis Recent Onset Groningen- Survey (PROGR-S).

**Methods**

A medical file search was carried out to determine the current status of all patients admitted between 2000 and 2009. The suicide rate was compared with a study executed in 1973-1988 in the same catchment area. Predictors of suicide were investigated using Cox regression.

**Results**

The status of 424 of the 614 patients was known in July 2014. Suicide occurred in 2.4% of patients with psychosis disorders (n=10; mean follow-up 5.6 years); 6 out of 10 suicides took place within two years. Within two decades, the suicide rate dropped from 11% (follow-up 15 years, 8.5% after 5 years) to 2.4%. The Standardized Mortality Rate (SMR) of suicides compared with the general population was 41.6. A higher age was the only significant predictor for suicide. Neuroticism, living situation, disorganized and negative symptoms, and passive coping style all showed a trend for significance.

**Conclusions**

A significant reduction in the suicide rate was found for people with psychosis over the past decades. Given the high SMR, suicide research should be given the highest priority. Identifying predictors may contribute to further reduction of suicide among patients with psychosis.

**OP/265. Suicidal behavior among Spanish University Students. Preliminary results from UNIVERSAL project: "University and Mental Health"**

**Authors:**

(1) Maria Jesús Blasco Cubedo; (2) Pere Castellví; (3) Gemma Vilagut; (4) Victoria Soto; (5) Enrique Echeburúa; (6) Margarida Vives; (6) Albert Sesé; (7) José Almenara; (8) Jordi Alonso.

**Work Center:**

(1) IMIM. Hospital del Mar Medical Research Institute. Barcelona.; (2) CIBER Epidemiology and Public Health CIBERESP. Barcelona.; (3) IMIM. Hospital del Mar Medical Research Institute. CIBER Epidemiology and Public Health CIBERESP. Barcelona; (4) Universidad Miguel Hernández. UMH. Elche; (5) Universidad del País Vasco. UPV-EHU; (6) Rediaapp IUNICS/IDISPA. Universitat de les Illes Balears. UIB.; (7) Universidad de Cádiz. UCA. Cádiz; (8) (On behalf of UNIVERSAL project investigators) IMIM. Hospital del Mar Medical Research Institute. CIBER Epidemiology and Public Health CIBERESP. Barcelona.

**Summary:**

**Introduction**

Suicide is the second leading cause of death in young people. Identifying risk factors is essential to design prevention programs.

**Aims**

To estimate the prevalence of suicidal behavior-ideation, plans or attempts- and related factors among freshmen Spanish University students.

**Methods**

UNIVERSAL is a multicenter, observational, and prospective study during 2 years of follow-up among students between 18 and 24 years from 5 universities (Cádiz, Illes Balears, Miguel Hernández, Basque Country and Pompeu Fabra). Data collection: performed via a confidential and secure online platform. Suicidal behaviour in the last 12 months is assessed with "Self-Injurious Thoughts and Behaviours Interview (SITBI)" Spanish version. Risk factors assessed: sociodemographic variables, personal history and psychological factors, among others. Lifetime prevalence of symptoms of mental disorder (ADHD, depression, bipolar, generalized anxiety and substance use) was evaluated by adapted screening items from: CIDI-SC, AUDIT and NIDA. Comparison of means,  $\chi^2$  was performed using contingency tables and logistic regression adjusted for sex, age and college were used.

**Results**

Preliminary baseline results from the first 2,049 participants are presented (about 11.4% of the total eligible sample). Mean age of 18.6 years (SD=1.2), 72.7% females, 31.6% and 26.7% students are from UPV-EHU and UPF, respectively.

12-month prevalence of any suicidal behaviour was 11.0% (10.4% had considered suicide, 6.5% had plans and 0.5 % had made any attempt). No statistically significant differences by sex or university were found.

In multivariate analysis, students with symptoms of lifetime mental disorder were more likely of any suicidal behaviour during the last 12 months: depression (OR=5.2 95%CI 3.8-7.1), generalized anxiety disorder (OR=3.1 95%CI 2.3-4.2), panic (OR=3.2 95%CI 2.2-4.7); bipolar (OR=2.7 95%CI 2.0-3.5), substance use (OR=2.1 95%CI 1.4-3.0), and ADHD (OR=2.1 95%CI 1.5-2.9).

**Conclusions**

A high prevalence of any suicidal behavior (ideation, plans or attempts) in first year undergraduate students was observed. Lifetime symptoms of mental disorder are associated with increased likelihood of suicidal behavior. Awareness about factors associated with suicidal behaviour must be raised to improve the prevention of suicidal behaviours.

Funding: This work was supported by grants from: DIUE, Generalitat de Catalunya (2014 SGR 748), ISCIII (CM14/00125), and ISCIII- FEDER (PI13/00343)

**OP/315. Reducing suicides in mental health inpatient units through improved systems of care: a study in NSW Australia.**

**Authors:**

(1) Peter Carter; (2) Prasuna Reddy.

**Work Center:**

(1) Director Mental Health Drug and Alcohol Services, NSW Ministry of Health, Australia.; (2) Professor of Mental Health Services, Research and Innovation, University of Newcastle. Australia.

**Summary:**

**Introduction**

Suicides in mental health inpatient units are a major public health concern, but potentially preventable.

**Aims**

This paper addresses systemic solutions for reducing suicide events in public mental health facilities in NSW Australia.

**Methods**

Recently, the NSW Ministry of Health commissioned a review of management of suicidal behaviour and evidence of models of care. The method included reviews of the literature, practice guidelines, primary studies, and expert opinion. This paper follows on from the review with recent case studies and policy recommendations.

**Results**

The review found lack of high quality evidence for management strategies for reducing suicidal behaviour in mental health inpatient units. Most management strategies were based on clinical or expert opinion in the individual hospitals. Recent case evidence of inpatient deaths due to suicide in NSW identified: absence of good practice in suicide risk assessment; and variability in protocols for managing suicidal ideation, and the application of these protocols.

**Conclusions**

It is clear that risk factor checklists or screening tools and individual hospital protocols are insufficient to predict a mental health inpatient's risk of suicide. Effective management ensures that a range of clinical services is provided and specific policies are developed for discrete clinical problems. Best practice involves not only practices focused on suicide, but ensures optimal general mental health care. This paper discusses the recent development of NSW Ministry of Health policy guidelines for clinical assessment and management of suicidal people arising from the review and subsequent case investigations. Keywords: Mental health inpatient suicide; policy guidelines suicide prevention

**OP/317. Cross sector approach of suicide prevention: the Regional Network for suicide prevention in the province of Malaga, Spain.**

**Authors:**

(1) Evelyn Huizing; (2) Sónsoles Patricia Sánchez-Muros Lozano; (3) Daniel Gutierrez Castillo; (4) Rafael del Pino López; (3) Israel Codina Fuillerat.

**Work Center:**

(1) Mental Health Programme. Andalusian Health System. Spain.; (2) PAI. Research Group SEJ-208. University of Granada. Spain.; (3) Psychiatrist. Mental Health Clinical Management Unit. Virgen de la Victoria University Hospital. Málaga. Spain.; (4) Psychiatrist. Head of Mental Health Clinical Management Unit. Virgen de la Victoria University Hospital. Málaga. Spain.

**Summary:**

**Introduction**

The Regional Network for suicide prevention in Malaga was built within the context of Euregenas, a three year project which received funding from the EU under the Public Health Programme 2008-2013. The overall objective was to contribute to the prevention of suicidality in Europe through the development and implementation of strategies for suicide prevention at regional level that can be of use to the European Community as examples of good practice.

Three target groups were defined: Decision and Policy makers; (Mental) Health professionals; NGO and Social Area. As all these stakeholders can play a crucial role in suicide prevention. We identified relevant stakeholders from the three groups in the province of Malaga through a mapping exercise. We consulted

them about their needs and invited them to participate in Regional Network Meetings (RNM).

**Aims**

Within the Euregenas project seven regions were responsible for setting up these RNM's, Andalusia among them. The main objectives of the RNM's were:

1. Facilitate cooperation, networking and exchange of information and experience between actors in the field of suicide prevention.
2. Contribute to the development of various suicide prevention strategies
3. Facilitate and promote the implementation and dissemination of the results of the project in the different work areas of the participants.

**Methods**

Mapping of relevant 20 stakeholders for assessment of needs and invitation to RNM. We counted with "Decision and policy makers" and "Front line staff" from all groups and had in mind their multiplier function.

**Results**

Four face to face meetings in Malaga (2013-2014) and exchange of information online between meetings. Sharing of experiences and feedback on draft documents of Euregenas. Including time for networking and mutual learning. Debate on dissemination and implementation documents and products. We obtained outcomes in different areas, among others: raised awareness of suicide prevention, scientific communication on obtained results, organisation of conferences on suicide prevention; piloting of implementation of the Euregenas toolkits; inclusion of specific suicide prevention strategies in blueprint III Comprehensive Mental Health Plan of Andalusia.

**Conclusions**

The lessons learnt were related to: 1) organization and timelines, 2) members, 3) coordination and 4) methodology and work environment.

**OP/47. Suicide and chronic abusive alcohol-related diseases mortality in São Paulo, Brazil**

**Authors:**

Andreia Nascimento.

**Work Center:**

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**Summary:**

**Introduction**

Since the 90's Brazilian Mental Health Policy has been based on community services. In spite of an increasing number of this type of units and the decrease in psychiatric beds, there are few studies assessing the effects of these changes on epidemiological indicators, such as suicide rates and diseases related to chronic abusive alcohol consumption.

**Aims**

To assess if community mental health services are available in areas with higher suicide and chronic alcohol-related diseases mortality rates in São Paulo, the largest city in Brazil.

**Methods**

We conducted an ecological study, assessing suicide (ICD-10

codes: X60-X84) and chronic abusive alcohol consumption diseases (mental and behavioral disorders due to use of alcohol [F10] and alcoholic liver disease [K70]) mortality rates in 2012. We also assessed the coverage of community mental health services (number of services/100,000 inhabitants) and socioeconomic data from the five administrative regions of the city. Correlations were assessed using Spearman's rank coefficients.

### Results

In 2012, there were 561 suicides in São Paulo (72.5% were male) and 924 deaths due to abusive chronic alcohol consumption (90.4% male). Standardized suicide mortality rates were 7.4 and 2.5 deaths/100,000 inhabitants for males and females, respectively; for alcohol, these rates were 14.9 and 1.4. Among the five regions of the city, male alcohol related mortality has varied from 9.4 to 21.8 deaths/100,000 inhabitants. Overall, community mental health services coverage in the city was 0.73 services/100,000 inhabitants (ranged from 0.62 to 0.81). There were no significant correlations between regional suicide and alcohol mortality rates and community mental health services coverage. Among males, alcohol mortality rates showed strong negative correlations with educational level ( $\rho = -1.00$ ;  $p < 0.001$ ) and income ( $\rho = -0.90$ ;  $p = 0.037$ ).

### Conclusions

There are important inequalities in mortality due to chronic alcohol abusive consumption. Although the coverage of community mental health services was good (according Brazilian Health Ministry parameters), areas with higher alcohol mortality rates (and with higher levels of poverty and lack of formal education) have not received more investment to increase the availability of services and to integrate them with other health units, in order to decrease these inequalities.

## OP/75. Suicidal behaviour among the Spanish population: a trend analysis in recent years

### Authors:

(1) Francisco Félix Caballero; (2) Marta Miret; (3) Natalia Martín; (4) Raúl Huerta-Ramírez; (5) Beatriz Olaya; (6) Somnath Chatterji; (7) Josep Maria Haro; (8) José Luis Ayuso-Mateos.

### Work Center:

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SAM, Hospital Universitario de La Princesa, Instituto de Investigación Sanitaria Princesa; Department of Psychiatry, Universidad Autónoma de Madrid. Madrid. Spain.

### Summary:

### Introduction

Suicide is a global phenomenon in all regions of the world and is among the leading causes of death for individuals aged 15-49 years. The recent economic recession has been expected to produce an increase in the suicide rates. In Spain, there are still no conclusive results.

### Aims

The aim of this study is to identify whether the suicidal behaviour and suicide rates have changed in Spain in the wake of the last economic crisis.

### Methods

A nationally representative sample of non-institutionalised adults ( $n=4583$ ) was interviewed in Spain within the COURAGE in Europe project. Participants were asked for their first suicidal ideation, planning of suicide, and suicide attempt, using an adapted version of the Composite International Diagnostic Interview. A methodology based on interrupted time series was employed in order to find the year in which a step change or a slope change in the time series started. The period 1990-2010 was considered and a linear mixed model was proposed for each possible interrupted year. Information on suicide deaths and population data were obtained from the Spanish Statistical Office. Age-standardised and gender-specific rates were calculated.

### Results

Regarding the first suicidal ideation, a slope change was identified in 2001 ( $p=0.001$ ). A step change in the time series was found in 2004 and 2005, respectively, for the first planning of suicide ( $p=0.046$ ) and the first suicide attempt ( $p=0.011$ ). A slightly decreasing trend in suicide rates across the period 2000-2010 was found. The lowest suicide rates were found in 2010 for females (2.90 per 100000 people) and in 2011 for males (10.46 per 100000 people). Considering the overall rates, a slope change was observed in 2010, the optimal interrupted year.

### Conclusions

Trend changes in suicidal behaviour were not found in the years after the 2008 economic downturn and suicide rates were similar or slightly lower than those found in the first years of the 21st century. The results obtained have to be interpreted taking into account that information about suicidal ideation and attempts was self-reported, and therefore, subject to recall bias and denial.

## OP/319. Suicidal behavior in outpatient emergency departments in Malaga (Spain)

### Authors:

(1) Ana Masedo-Gutiérrez; (2) Berta Moreno-Küstner; (1) Manuel Jiménez; (3) Jose Guzmán-Parra; (1) Serafina Castro; (1) Ana Isabel Martínez García; (1) Cristobalina Guillén Benítez.

### Work Center:

(1); (2) University of Malaga. Spain; (3) Clinical Psychologist. Mental Health Clinical Management Unit. University Regional Hospital. Málaga. Spain.

**Summary:**

**Introduction**

39% of all suicides are preceded by an attendance at an emergency department within the previous year (Garin et al., 2003).

**Aims**

The aim of this study is to analyse the characteristics of telephone calls made by individuals attempting suicide in comparison to those calls for psychiatric help made to the emergency services.

**Methods**

An observational, transversal study design. The study covers the province of Malaga (1.500.000 inhabitants approx.). The source of information is the database of the calls to the outpatient emergency service during on year. For the comparison of calls for suicidal behaviours against those for psychiatric reasons we used the chi square test and the ANOVA test, taking into account a 95% level of significance.

**Results**

With regards to the total number of calls (n=247,109), 0.5% was classified as suicide behaviour (n=1,380). In comparison with psychiatric help calls, the average age for suicidal behaviour calls was less (M=41.04 vs M=49.5) (p<.01), and the callers were, in the main, the police (9.7 vs 7%) (p<.01) and apart from those made by the patient (50.4% vs 63.8%) (p<.01), the incidents were resolved to a lesser extent by telephone (6.5% vs 33.4%) (p<.01).

**Conclusions**

Researchers and clinical professionals must consider these results of the use of emergency departments for detection and prevention of suicide.

Gairin I, House A, Owens D. Attendance at the accident and emergency department in the year before suicide: retrospective study. *Br J Psychiatry* Jul 2003;183:28–33).

**Oral Presentations 11: Personalized Care: Assertive Community Treatment.**

**OP/305. Doing more than ACT: the Dutch FACT model, Flexible Assertive Community Treatment**

**Authors:**

René Keet.

**Work Center:**

PhD. Psychiatrist. Director of the Department of Community Mental Health. Mental Health Service Organisation "GGZ Noord-Holland-Noord". Heiloo. The Netherlands.

**Summary:**

**Introduction**

Assertive Community Treatment (ACT), developed in USA in the 1970's has for many countries become the standard for providing integrated care for people with severe mental illnesses. Limitations of ACT are the lack of flexibility, the limited feasibility of implementation in rural areas, the limited population it can reach and the time-unlimited nature that in combination with the lack of an alternative for shared caseload results in the need of step down teams. To overcome these limitations a flexible model was developed in the Netherlands in 2003, called

Flexible Assertive Community Treatment (FACT). In this model a larger population is served by a multidisciplinary team and regular treatment can at any time be scaled up to full ACT within the same team by putting a patient on a shared digital board. The model is well described in a FACT manual and in the Netherlands a certification center organizes audits to test model fidelity. The model has been introduced to other countries, among others Sweden, Hong Kong, Montenegro and Moldova.

**Methods**

Three studies were done between 2006 and 2015 on the results of the introduction of FACT, 2 studies in The Netherlands and the third in the UK. In the Netherlands the use of the digital board was explored to study whether the board is used in accordance with the underlying model of care. At present we study transition to primary care.

**Results**

The outcomes in the Netherlands data show the effectiveness of FACT. Remission of schizophrenia increased from 19% to 31%. Bed use was reduced and quality of life improved. Effectiveness of FACT was also shown in the UK, where total patient time in hospital declined by half, even though the average time service providers spent with patients also declined. Collected data of the digitalized boards show that the board is used in accordance with the FACT model. Transition rate to primary care is 5-10% per year.

**Conclusions**

The introduction of FACT has been shown to benefit patients with severe mental illness and indicate the ability of to allocate human resources in mental health care more efficiently. We now study the transition of FACT to primary care. Introduction to other countries will be accompanied by research on the effectiveness and feasibility within other cultures.

**OP/33. Is ACT possible to implement in a highly sectorized system? A longitudinal analysis of outcomes and critical implementation components in a Nordic case**

**Authors:**

(1) Urban Markström; (2) Bengt Svensson; (3) Magnus Bergmark.

**Work Center:**

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**Summary:**

**Introduction**

Assertive Community Treatment (ACT) has, as an evidence-based model, been implemented in many parts of the Western world. The intensive and comprehensive form has been shown to be effective for a group of people with serious and complex needs. However, the integrated team organisation in ACT is often perceived as difficult to follow, especially in contexts, as in the Nordic countries, where the borders of responsibility between mental health services and social authorities are strict. In spite of the challenges, ACT is strongly recommended in Swedish national guidelines

**Aims**

The aim of the study was to examine to what extent ACT can be

implemented in a sectorized welfare setting, and identify circumstances of importance for process and outcomes. The study focused on implementation components at the organisational and team-level, organisational sustainability, target group characteristics, program fidelity and individual outcomes

**Methods**

A pilot program was followed for a period of three years. Interviews with managers, staff and various stakeholders were conducted at baseline, and after 16 and 28 months. Data was analysed through a model emphasizing critical implementation components that was developed in connection to the study. Program fidelity was measured at baseline, and after one and two years. Client data was collected through structured and qualitative interviews, and through register data.

**Results**

The pilot-ACT-program included a strong implementation process where important components at both the organisation and team level were put in place. It included basic organisational conditions and team factors as for example staff selection, training and supervision. Obstacles identified were primarily at the system level and consisted of a lack of clarity about administrative borders or official decision-making. The ACT team became in time a part of the regular services, and showed high program fidelity. The target group was exclusively clients with schizophrenia and complex needs.

**Conclusions**

ACT can be implemented with high program fidelity and for the right target group even in a country where the barriers at system level are significant. It requires however that many favourable implementation components are in place in both the responsible health care organisation and in the team that will provide the services

**OP/82. Hospitalisation before and after introduction of Assertive Community Treatment in Norway**

**Authors:**

(1) Hanne Kristin Clausen; (2) Anne Landheim; (2) Sigrun Odde; (1) Jurate Saltyte-Benth; (1) Kristin Sverdvik Heiervang; (2) Hanne Kilen Stuen; (3) Helen Killaspy; (1) Torleif Ruud.

**Work Center:**

(1) Akershus University Hospital, Norway; (2) National Centre for Dual Diagnosis, Innlandet Hospital Trust, Norway; (3) Professor of Rehabilitation Psychiatry. Division of Psychiatry. University College London. United Kingdom.

**Summary:**

**Introduction**

Assertive Community Treatment (ACT) teams provide outpatient services to people with severe mental illness, who often suffer comorbidities and have a low level of functioning. Many have long or frequent admissions to mental health hospitals. One of the primary aims of ACT is to improve community tenure and to reduce hospitalisation. In 2009 this service delivery model was introduced in Norway.

**Aims**

This study explored hospitalisation outcomes in the last 24 months before and the first 24 months with ACT and it compared two subgroups; those with (HU-group) and without (non-HU group) high inpatient service use before they were taken on by ACT.

**Methods**

Data from 142 service users from the first twelve Norwegian ACT teams were used in this study. The teams collected socio-demographic and clinical data regarding service users' situation at admission to ACT. Data on hospitalisation during the study period were obtained from the Norwegian Patient Registry.

**Results**

The majority of service users had been admitted to mental health hospitals in the 24 months before being taken on by ACT. During the first 24 months with ACT, fewer service users were admitted, there were fewer involuntary admissions, and both total number of days and days in involuntary hospitalisation were reduced. However, the changes in hospitalisation between the two groups were different. The HU-group had a significant reduction in both number of total days and days in involuntary hospitalisation after they were taken on by ACT. The non-HU group however, experienced a significant increase in total and involuntary days but this increase did only take place in the first year after they were taken on by ACT and there was a reduction in the following year. Both groups experienced no significant changes in the number of admissions before compared to after they were taken on by ACT.

**Conclusions**

The clinical implications of these findings will be discussed.

**OP/44. Implementation of Flexible Assertive Community Treatment (FACT) in a Swedish health care context**

**Authors:**

(1) Annika Lexén; (2) Lars Hansson; (3) Bengt Svensson.

**Work Center:**

(1) Philosophiae Doctor. Lund University. Lund. Sweden.; (2) Professor. Lund University. Lund. Sweden.; (3) Assistant Professor. Center for Evidence based Psychosocial Interventions (CEPI). Lunds University. Sweden.

**Summary:**

**Introduction**

During recent years in Sweden, interest in integrated teams/outreach community treatment has increased to better meet the needs of persons with severe mental illness (SMI). The Swedish Association of Local Authorities and Regions has taken measures to stimulate the establishment of outreach services with integrated care for persons with SMI. One prioritized service model is the Flexible Assertive Community Treatment (FACT).

**Aims**

The aim of the study was to identify facilitators and barriers to implementation of FACT in Sweden, investigate levels of program fidelity in the newly established FACT teams, and investigate client outcomes.

**Methods**

Currently, seven psychiatric teams and 80 clients are included. Data from baseline and 6-month follow-up assessments that include team leader interviews, fidelity assessments, and individual client data will be presented. Data collection will continue until 2016.

**Results**

Preliminary results show that the main facilitator for FACT im-

plementation is staff and team leader perception that they can take advantage of working with the FACT model in work procedures, quality of care, and psychosocial working environment. Knowledge of integrated treatment methods is another facilitator. All included teams reached good program fidelity at the 6-month follow-up. Preliminary results regarding client outcomes will also be presented.

**Conclusions**

Our preliminary conclusion is that, with the right pre-conditions in organisation and working methods, it is possible to implement high fidelity FACT in a Swedish setting within a 6-month time period.

**OP/322. Assertive Community Treatment - the Spanish model**

**Authors:**

Juan José Martínez Jambrina.

**Work Center:**

Psychiatrist. Director of Mental Health Service. San Agustin Hospital, Avilés, Asturias. Spain.

**Summary:**

**Introduction**

Assertive Community Treatment (ACT) is an internationally recognised, well defined form of intensive outreach for people with the most severe mental health problems who are high users of inpatient care and have difficulties engaging with standard community care. The international evidence for the efficacy of ACT is strong.

**Aims**

Objetives: This presentation will provide an overview of the history of implementation of ACT in Spain, the evidence for its effectiveness and the current status of this model of service delivery in our country.

Aims: To enhance the importance of home treatment in the interventions with severe mental illness

**Methods**

Review of trials evaluating ACT in Spain.

**Results**

Few studies of ACT have been carried out in Spain. However, the early Spanish trial developed in Aviles and subsequent evaluations reported an important number of positive outcomes including reduced hospital admissions and length of stay as well as improved functioning.

**Conclusions**

Spain has been severely affected by the global financial crisis and funding for mental health services has not kept pace with demand. Surprisingly, ACT teams continue to be established and maintained in some communities. There are 30 ACT teams working in Spain currently. Most of them have integrated critical ACT ingredients resulting in “diluted” versions of the ACT model which have not been rigorously evaluated.

We strongly believe that in an e-society without borders the psychiatric assistance to people with severe mental illness must be far from concepts such as “numbers of beds” or other related concepts. Some reflections about the changes needed to avoid the ossification of psychiatry are made.

**Oral Presentations 12: Care Management in Severe Mental Illness**

**OP/81. Tackling cannabis use amongst young people with a history of psychosis: could financial incentives help?**

**Authors:**

Luke Sheridan Rains.

**Work Center:**

Trial Manager, Division of Psychiatry, University College London.

**Summary:**

**Introduction**

Cannabis use amongst people with a history of psychosis has significant clinical and financial implications, including higher rates of relapse and clinical service use. To date various psychotherapy interventions have been trialled, but a recent Cochrane review concluded that there is little evidence that any of these therapies are reliably more effective than treatment as usual. Financial incentives have a strong evidence base as a way of encouraging adoption of new behaviours. However, there are no published randomised controlled trials examining their effectiveness for reducing cannabis use in people with a history of psychosis.

**Aims**

To investigate whether the cost of providing a financial incentive scheme to Early Intervention Service (EIS) users with a problematic history of cannabis use would be offset by the reduction in costs associated with clinical service use, receipt of state welfare, and other factors.

**Methods**

CIRCLE is a multi-centre RCT with two experimental groups. The intervention group is offered 12 weeks of financial incentives for abstaining from cannabis use. Participants are required to attend weekly appointments with a clinician who biometrically verifies their cannabis use over the previous week. Incentives are provided immediately following testing, and are offered according to a variable reward schedule. Participants in both experimental and control groups are also offered a psycho-education package delivered by an EIS clinician intended to provide an optimised version of routine clinical care. The primary outcome is time to relapse, defined as admission to an acute ward, crisis team, or similar, which we record for the 18 months following baseline. Qualitative interviews will investigate service user and clinician experiences of the trial and the acceptability of financial incentives.

**Results**

During qualitative interviews participants reported that the incentives were effective in reducing their cannabis use. Clinicians reported that they would be willing to adopt incentive based interventions in reducing cannabis if demonstrated to be effective.

**Conclusions**

Financial incentives have a strong evidence base. Despite this, questions remain over the acceptability of incentives to clinicians and the public. Potential benefits and limitations of offering financial incentives in this population will be considered.

### OP/234. Person With Mental Health Problem in Foreign Country, Far Far From Motherland

**Authors:**

Ilfira Temirbulatova.

**Work Center:**

Clinical Psychologist. Non Governmental Organisation (NGO) Empatia. Bishkek. Kyrgyzstan.

**Summary:**

**Introduction**

Russian postgraduate student in medical university in New Zealand. During his second year his mental health changed to a very poor condition.

**Aims**

This case showed

- a) vulnerable student and his method of adaption
- b) student with mental health problem and university
- c) problem to start the treatment for foreign citizen in mental health centre
- d) mentality and culture

**Methods**

Participant observation, cooperation Russian psychologist and NZ psychologist, cooperation psychologist and lawyer, cooperation psychologist and police.

**Results**

The foreign citizen with mental health problem had not treatment at the right time, he had problems with police, he could not come back home quickly.

**Conclusions**

Establish the international committee or department which will aim to give answers to the question in the situation: foreign citizen with mental health problem.

### OP/214. Functional remission of people with serious mental illness (SMI): Psychometric properties of a new ROM-instrument

**Authors:**

(1) Ellen Visser; (2) Durk Wiersma.

**Work Center:**

(1) Senior researcher. University Medical Center Groningen, Department of Psychiatry. Rob Giel research centre (RGOc), Groningen. The Netherlands; (2) University Medical Center Groningen, Department of Psychiatry, Rob Giel research centre (RGOc), Groningen, The Netherlands.

**Summary:**

**Introduction**

In the past, mental health research focused mainly on outcome measures such as symptoms (and symptomatic remission) in patients with psychotic disorders or other serious mental illnesses. However, the last decade, researchers and mental health workers have become more and more interested in psycho-social functioning and social participation of patients and, more specifically, in their recovery on these areas. An instrument to measure functional remission and that takes into account whether patients are able to function independently seems to be lacking. Therefore, the National Remission Committee of the Dutch Association of Psychiatry decided to develop the functional remission (FR) tool.

**Aims**

This study describes the development and testing of a new instrument of functional remission (FR) among people with a psychotic disorder or another serious mental disorder (SMI), in addition to the symptomatic remission (SR), according to international criteria.

**Methods**

The FR-assessment comprises a semi-structured interview with the patient and/or his family by a mental health professional together with patient file information on three areas of functioning: (I) living and self-care, (II) work, study, and household, and (III) social contacts. These areas are rated on a three-point scale of (0) independent, (1) partially independent, or (2) dependent. The period of assessment is a half year in accordance with the measurement of symptomatic remission and should be part of usual routine outcome monitoring procedures.

**Results**

The FR-instrument has been used in 2012 under 840 patients from eight Dutch mental care institutions and included a one year follow-up among 523 patients (response 62%). The FR-instrument appears to be easily completed and demonstrates relevance for clinical practice, although further research is needed because of the low response of the raters. Intra- and inter-rater reliability, discriminating and convergent validity, and sensitivity for change are sufficient to good.

**Conclusions**

The FR-instrument as part of regular ROM-procedures and as a measure of societal participation could be a useful addition to existing symptomatic remission measures.

### OP/104. Changes of psychosocial functioning of severely mentally ill persons: differences between networks and changes over time

**Authors:**

(1) Katja Kleine-Budde; (2) Erik Bauer; (3) Constance Stegbauer; (4) Beate Bestmann; (4) Anke Bramesfeld.

**Work Center:**

(1) Health Economist. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen; (2) Biometrician. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen; (3) Research assistent. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen; (4) Psychiatrist, public health researcher. AQUA – Institute for Applied Quality Improvement and Research in Health Care, Göttingen.

**Summary:**

**Introduction**

Within the scope of a study financed by the Federal Ministry of Health, determinants influencing patient related outcomes in integrated mental health care with home treatment are identified. Patients are recruited by a statutory health insurance based on claims data and a specific predictive risk model.

**Aims**

Are there differences in the psychosocial functioning of the patients over time and between the networks?

**Methods**

As of autumn 2013 throughout Germany 8,777 patients signed up for the program in 18 networks. Psychosocial functioning was assessed by the Health of the Nation Outcome Scale (HoNOS).

The routine assessment was performed at admission (t0) and every six months thereafter. The HoNOS defines functional and psychological impairment on a scale from 0 (no problems) to 5 (severe problems). The score is presented over the course of time and between networks and change is measured by t-tests.

**Results**

The mean age of patients was 45.6 years, 64.8% were female. A total of 3,566 patients with individual HoNOS data at t0 and t1 were available for analysis. The HoNOS changed from 12.28 points in t0 (SD=6,61) to 11,43 points in t1 (SD=6,64; p<0,05 paired t-test). Between the networks the HoNOS varied in t0 between 9,07 and 18,21 points. Over time, in 16 of 18 networks patients could improve.

**Conclusions**

The great differences in the HoNOS to t0 between the networks are striking, although all patients were selected with the same algorithm. This could be due to regional differences in health-care. It is also possible that routine data are not suitable to depict the severity of a mental illness. Whether the change of the HoNOS is due to different structures and processes in the networks has to be evaluated in a next step.

**OP/210. Cannabis use in psychosis: the effects on metabolic disorders**

**Authors:**

Jojanneke Bruins.

**Work Center:**

MSc, psychologist. Rob Giel onderzoekcentrum. University Center of Psychiatry. University Medical Center Groningen. The Netherlands.

**Summary:**

**Introduction**

Studies in the general population show cannabis use has a beneficial effect on metabolic disorders. Given the increased cardiometabolic risk in patients with severe mental illness, as well as their prevalent use of cannabis, we aim to investigate whether such effects are also evident in these patients.

**Aims**

Examine the association between cannabis use and metabolic disorders in patients with severe mental illness.

**Methods**

3167 patients with severe mental illness from mental health institutions in the Netherlands were included in the study. With multivariate regression analyses we examined the effects of cannabis use on metabolic risk factors; BMI, waist circumference, blood pressure (BP), cholesterol, HDL-C, LDL-C, triglycerides, glucose and HbA1c. Age, sex, smoking, alcohol use and antipsychotic drugs were included as confounders. Next, we examined change in metabolic risk factors after one-year follow up for cannabis users, non-users, discontinuers and starters.

**Results**

We found a significant negative association between cannabis use and BMI (p=0.003), waist circumference (p<0.001) and diastolic BP (p=0.022). One year later, patients who had discontinued their cannabis use had a greater increase of BMI (p=0.002) and waist circumference (p=0.011) than other patients. They also had a greater increase of diastolic BP than non-users (p=0.036) or starters (p=0.004).

**Conclusions**

Discontinuation of cannabis use increased metabolic risk. To stop cannabis use is often an important treatment goal, because it reduces psychotic symptoms. However, physicians should be aware of the increased metabolic risk in patients who discontinue the use of cannabis. Extra attention should be paid to monitoring and treatment of metabolic parameters in these patients to prevent cardiovascular diseases and premature cardiovascular mortality.

**Oral Presentations 13: Implementation on mental health care.**

**OP/100. How do general practitioners treat patients with problematic alcohol use?**

**Authors:**

(1) Inge Neyens; (2) Chantal Van Audenhove.

**Work Center:**

(1) Researcher, PhD. LUCAS KU Leuven. Belgium.; (2) .

**Summary:**

**Introduction**

Of all worldwide deaths, 5,9% are ascribed to harmful drinking (WHO, 2014). In 2012, 3,3 million people died as a result of alcohol abuse. Besides, alcohol is an important cause of social problems (e.g. conflicts, poverty, lower work productivity) and disease (e.g. cirrhosis of the liver and cancer) (Jones et al., 2008; Rehm et al., 2010). General practitioners play a central role in the care for people with problematic alcohol behavior.

**Aims**

This study, funded by Lundbeck, aims to identify how general practitioners deal with patients with problematic alcohol behavior. In particular, we study aspects related to (1) the diagnosis, (2) the treatment, (3) the referral, (4) the attitudes and (5) the knowledge and competences regarding problematic use of alcohol.

**Methods**

In this cross-sectional survey study, 560 Flemish general practitioners participated. Self-constructed measures were developed to assess the aspects mentioned above.

**Results**

This section presents the main results for each aspect.

1. **Diagnosis:** The majority of general practitioners (55%) experiences (many) difficulties with diagnosing alcohol abuse or –addiction.
2. **Treatment:** In case the physicians suspect problematic alcohol use, approximately 70% (i) explains the syndrome, (ii) explains the treatment and monitoring possibilities and/or (iii) gives a short advice.
3. **Referral:** The general practitioners mainly refer to self-help groups (68%).
4. **Attitudes:** No less than 1 out of 4 general practitioners finds it difficult to start a conversation about alcohol abuse. Moreover, 90% experiences problems with encouraging patients in therapy adherence.
5. **Knowledge and competence:** Many general practitioners consider their knowledge about diagnostic tools (62%), non-medical treatment options (47%) and recommended medi-

cation (46%) as too limited. Less than half of the respondents apply motivational interviewing techniques.

**Conclusions**

A substantial amount of general practitioners experiences diverse difficulties when dealing with patients with problematic alcohol use. Therefore, we recommend customized trainings for general practitioners to support them in dealing with these difficulties.

**OP/107. The effect of perceived assistance in realizing personal goals on psychosocial rehabilitation outcomes in persons with serious mental illnesses residing in hostels and sheltered housing facilities**

**Authors:**

Galia S. Moran.

**Work Center:**

Department of Social Work. Faculty of Humanities and Social Sciences. Ben-Gurion University of the Negev. Israel.

**Summary:**

**Introduction**

Recovery and rehabilitation are now formally embraced by mental health and rehabilitation policy makers and services in the world. The ability to formulate immediate and future personal goals is important constituent of the recovery process and psychosocial adjustment of mentally ill persons (e.g. Clarke et al., 2009). Following this approach, services in Israel are veering to becoming more personalized and recovery oriented.

**Aims**

This study was aimed to examine whether mental health consumers' perceived assistance of rehabilitation staff in realizing their personal goals, influences recovery and psychosocial rehabilitation outcomes in persons with serious mental illnesses residing in supported housing and sheltered housing facilities.

**Methods**

Participants were 899 persons living in hostels (group homes) and 1222 persons residing in sheltered housing (supported independent living) facilities. Data were collected by self-report questionnaires incorporated in a survey of satisfaction with different facets of psychosocial rehabilitation conducted during the years 2013-2014. Data were analyzed using SAS package employing regression analyses.

**Results**

Out of those residing in hostels, 72.4% reported having personal goals for the forthcoming year. The corresponding figure for the sheltered housing residents was 80%. Results of regression analyses showed that perceived assistance of the professional staff (e.g social workers, occupational therapists) and perceived assistance of rehabilitation mentors (para-professionals) was positively and significantly associated with satisfaction in regard to multiple outcomes including: satisfaction with social life, personal recovery state and perceived quality of life; while controlling for age, gender, educational level and self-reported mental health. The magnitude of the association varied with respect to the outcome studied, the type of provider and the residence category.

**Conclusions**

The outcomes point not only to the central role of personal

goals, but also to the importance of service recipients' subjective sense of support received by practitioners, in promoting their personal goals for multiple positive outcomes. As such this study empirically validates the links between personal goals and practitioner assistance in the context of recovery and rehabilitation. Future studies may target this area of investigation in pursuit of self-concordant types of goals, and multiple rehabilitation and recovery outcomes, to advance the understanding of person-centered recovery oriented practices is community services for mental health consumers.

**OP/197. Resilience: beating the odds whilst also changing the odds**

**Authors:**

(1) Angie Hart; (2) Suna Eryigit-Madzwamuse; (3) Josh Cameron; (3) Anne Rathbone; (4) Lisa Buttery.

**Work Center:**

(1) Health Research/CUPP. University of Brighton. Brighton. East Sussex. UK; (2) Centre for Health Research. University of Brighton. Brighton. East Sussex. UK; (3) School of Health Sciences. University of Brighton. Brighton. East Sussex. UK; (4) Boingboing Social Enterprise. Brighton. East Sussex. UK.

**Summary:**

**Introduction**

Resilience is a widely-used concept in the areas of mental health and wellbeing that helps to explain differences in how well people can overcome adversity, whilst also potentially change or even transform (aspects of) adversity conditions. Although much is known about the nature and circumstances that promote resilience to deal with adversity, empirical and practical efforts on its emancipatory function (i.e., challenging and transforming adversity conditions) are scarce.

**Aims**

We aim to test the impact of a community-university partnership intervention on developing resilience building opportunities for children, young people and adults with multiple adversity conditions. Specifically this intervention aims to improve individuals' understanding about the social context and larger structural factors influencing access to the conditions to thrive and become resilient.

**Methods**

The sample for this study is drawn from the UK Research Councils' funded Imagine Programme which includes development and evaluation of eleven international and multidisciplinary projects on resilience-building with a mixed-method design. Utilizing a social ecological perspective, the Imagine Programme uses a communities of practice (CoP) approach. CoPs are groups of people (i.e., academics, practitioners and service users) who work together to address a common concern, such as resilience.

**Results**

Data collection is in progress, data analyses for this particular study will be completed during July- August 2015. The results will include qualitative information which will reflect the experience of challenging an adversity condition via interviews and facilitator notes; and quantitative information which will assess whether the intervention process improved participants' overall resilience via structured surveys (i.e., Child and Youth Resilience Measure).

**Conclusions**

CoPs assume that a collaborative approach to knowledge generation will bring shared systems and motivation to implement new knowledge in practice. Shared learning is more likely to be internalized and sustainable beyond the life time of an intervention. At the interface between research and practice, this study will help to understand the impact of wider context emphasising active involvement of the individual within his/her community. We expect that this study will suggest sustainable changes in health and wellbeing of individuals that can be reached through challenging systemic risk factors.

**OP/9. Community-based centers for citizens in acute psychiatric crisis in 14 Danish municipalities**

**Authors:**

Anna Gillett.

**Work Center:**

*Anthropologist. Socialstyrelsen. Copenhagen. Denmark.*

**Summary:**

**Introduction**

In Denmark, as in other western countries, we experience an increase in citizens with mental health challenges. Nonetheless there are limited offers to citizens who live in their own home and experience a psychiatric crisis. Often the only possibility for a citizen in acute psychiatric crisis – if he/she is not already receiving a social service- is to try to handle the crisis on his/her own, or to seek psychiatric emergency care and/or hospitalization. This is not only very expensive – it is also an overwhelming and challenging experience for the citizen.

**Aims**

With the aim of offering citizens in acute psychiatric crisis an alternative to hospitalization the Danish state has allocated resources for the period of 2014-2017 to establish centers for citizens in acute psychiatric crisis in 14 Danish municipalities. The overall aim of the centers is that citizens with a mental health challenge can maintain a secure life in their own home. The assumption is that due to the establishment of the centers the number of citizens hospitalized in psychiatric hospitals as well as the amount of days they spend there should drop. Also days spent in Social Psychiatric Residential Institutions are expected to drop as the availability of the centers will make citizens feel more safe living in their own home.

**Methods**

The centers for citizens in acute psychiatric crisis are open and staffed 24 hours a day every day all year. There is no visitation and the centers can be reached anonymously by phone or by personal appearance. The citizen can stay overnight if needed.

**Results**

The 14 centers have operated since 1st of February 2015. At present data is collected and the results are still to be evaluated. The project is based on a pilot-project (2008-2011) which showed promising results.

**Conclusions**

We have great expectations that the centers for citizens in acute psychiatric crisis will improve the life of citizens with mental health challenges living in their own home as well as lower the expenses of the state related to this group. The presentation will focus on the preliminary results and experiences with the 14 centers.

**OP/101. Networks providing home treatment in mental health care: the association of structures and processes and the perceived work related effort and reward of case managers**

**Authors:**

(1) Constance Stegbauer; (2) Katja Kleine-Budde; (3) Erik Bauer; (4) Katja Goetz; (5) Anke Bramesfeld.

**Work Center:**

(1) *Research assistant. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen;* (2) *Health Economist. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen;* (3) *Biometrician. AQUA – Institute for Applied Quality Improvement and Research in Health Care. Göttingen;* (4) *Researcher. Department of General Practice and Health Services Research, University Hospital Heidelberg. Heidelberg;* (5) *Psychiatrist, public health researcher. AQUA – Institute for Applied Quality Improvement and Research in Health Care, Göttingen.*

**Summary:**

**Introduction**

Within the scope of a study financed by the Federal Ministry of Health, structures and processes contributing to good patient related outcomes in integrated mental health care with home treatment are evaluated. Therefore 18 networks that provide the same key features, e.g. home treatment, case management, where analyzed with regard to differences in their structures and processes and their association with patient related outcomes. Another outcome addressed in this study were the perceived work related effort and reward of case managers.

**Aims**

This research aimed at identifying structures and processes that contribute to good work conditions for case managers working in integrated care. This aim was addressed by the following question analyzed in 18 networks providing home treatment in Germany: What kind of work related structures and processes are associated with the perceived work related effort and reward of case managers?

**Methods**

A questionnaire to evaluate structures and processes was send to the case managers of the networks. The Effort-Reward-Imbalance Scale was also a part of the questionnaire. A correlation analysis was conducted to evaluate the association of the structures and processes and the perceived work related effort and reward of case managers.

**Results**

The questionnaire was send to 321 case managers, 191 (59.9 %) questionnaires were sent back. Of these 191 responses 178 questionnaires were included in the analysis. The correlation analysis showed that more hours of advanced training were associated with more effort ( $r=0.265$ ). More work experience in mental health care ( $r=0.223$ ) and in integrated care ( $r=0.174$ ), more direct contact with patients ( $r=0.282$ ), more hours of supervision ( $r=0.198$ ) and less indirect contact with patients ( $r=-0.244$ ) as well as less administrative and documentation tasks ( $r=0.372$ ) were associated with more reward. More hours of supervision were also associated with less overcommittment ( $r=-0.178$ ).

**Conclusions**

Beside hours of supervision and work experience, the amount

of different work tasks, i.e. direct and indirect patient contact, administrative and documentation tasks, is relevant for the perceived work related effort and reward of case managers.

## Oral Presentations 14: Closing the Gap in Mental Health Care: Home and Housing Interventions.

### OP/128. Quality in community based housing: Psychometric properties of the 'quality of psychiatric care – housing' (qpc-h) instrument.

#### Authors:

(1) Lars-Olov Lundqvist; (2) Mikael Rask; (3) David Brunt; (4) Ann-Britt Ivarsson; (5) Agneta Schröder.

#### Work Center:

(1) PhD. Associate Professor and Research Director. Centre for Rehabilitation Research. Faculty of Medicine and Health. Örebro University. Örebro. Sweden.; (2) PhD. Associate Professor. School of Health and Caring Sciences. Linnaeus University. Växjö. Sweden.; (3) PhD. Professor. School of Health and Caring Sciences. Linnaeus University. Växjö. Sweden.; (4) PhD. Professor. School of Health and Medical Sciences. Örebro University. Örebro. Sweden.; (5) PhD, Researcher. Psychiatric Research Centre. Faculty of Medicine and Health. Örebro University. Örebro. Sweden.

#### Summary:

#### Introduction

Housing is an important determinant of mental health. Yet there are few psychometrically evaluated instruments measuring residents' perception of the quality of housing. This limits evaluations whether housing service fulfills quality requirements and assurance that the residents are provided with high-quality and efficient service. The results from measurements can be used by decision-maker and staff in the improvement of mental health service.

#### Aims

The purpose of the study was to test the psychometric properties and dimensionality of the instrument Quality in Psychiatric Care – Housing (QPC-H) and to describe the residents perception of quality of housing service.

#### Methods

A sample of 174 residents, 76 men and 87 women, at 22 housing service units in nine Swedish municipalities completed the QPC-H. The 37 items in QPC-H covers 6 dimensions: Encounter, Participation, Support, Secluded Environment, Secure Environment and a Specific Housing dimension and are rated on 4-point Likert-type scales from totally disagree to totally agree. Confirmatory factor analysis (CFA) was used to test the tenability of the a priori proposed six-factor structure.

#### Results

Confirmatory factor analysis supported the proposed six-factor structure of QPC-H demonstrating that it largely corresponds to the factor structures found among the other instruments in the Quality in Psychiatric Care family of instruments. The internal consistency of the factors was acceptable except in the case of secure and secluded environment, probably due to few numbers of items. The resident's ratings of quality of housing service were generally high. The highest ratings were for secluded

environment, followed by encounter, support, housing specific, secure environment and finally participation. There were no age differences in any of the QPC-H dimensions scores. However, compared to men, women had significantly higher ratings of quality of encounter, and housing specific dimensions.

#### Conclusions

The QPC-H shows good construct validity and acceptable internal consistency. It includes important aspects of residents' assessment of quality of housing service and offers a simple and inexpensive way to evaluate housing service from the residents' perspective. Thus, QPC-H has the potential to contribute to the improvement of housing support services and to the development of theory within this area.

### OP/157. Balancing Everyday Life (BEL) – A Lifestyle Intervention for People with Mental Disorders

#### Authors:

(1) Elisabeth Argentzell; (2) Mona Eklund.

#### Work Center:

(1) Researcher. Occupational Therapist. Lund University, Department of Health Sciences. Lund, Sweden.; (2) Professor. Occupational Therapist. Lund University, Department of Health Sciences. Lund, Sweden.

#### Summary:

#### Introduction

Lifestyle interventions have been found effective for people with various forms of health problems. The BEL intervention was developed on the basis of previous research on lifestyle interventions and on occupational science and occupational therapy theory. A basic theoretical assumption is that meaningful everyday activities, as well as a balance between different types of activities, are essential for people's well-being. Another source of inspiration for the BEL intervention is research on recovery from mental illness.

#### Aims

To delineate the activity-based lifestyle intervention BEL, developed to enhance mental health, and present data from an RCT study.

#### Methods

The BEL intervention is a 16-week group-based but still individualized program which includes standardized exercises and homework performed between sessions. It is designed as a course where participants analyze their patterns of everyday activities and develop strategies for how to accomplish a more meaningful, active and balanced everyday life. The effectiveness of the BEL intervention is evaluated in a cluster RCT study. Up to today, about 90 % of the data collection has been completed.

#### Results

Before entering the BEL 36 % in the intervention group and 21 % in the comparison group reported a lack of everyday balance. Initial level of personal recovery was rated high in both groups, at 67 % of the maximum score. Preliminary findings show a trend towards a greater improvement on personal recovery in the BEL group than in the comparison group during the intervention period, although no statistically significant difference was found. Further preliminary outcomes regarding recovery and related factors will be presented, in terms of group differences and important correlates.

Conclusions

The preliminary findings show promising results in terms of a positive but statistically non-significant change in recovery for the BEL group before full statistical power was reached. Further data collection will be needed, however, to determine if this positive trend will manifest in a statistically significant difference between the groups regarding change in personal recovery.

**OP/159. Balancing Everyday Life (BEL) – Outcomes of a Lifestyle Intervention in Mental Health Care**

Authors:

(1) Mona Eklund; (2) Kristine Lund; (3) Elisabeth Argentzell.

Work Center:

(1) Professor. Lund University. Lund, Sweden.; (2) Occupational Therapist. PhD Student. Lund University, Department of Health Sciences. Lund, Sweden.; (3) Occupational Therapist. Researcher. Lund University, Department of Health Sciences. Lund, Sweden.

Summary:

Introduction

Balancing Everyday Life (BEL) is a 16-week lifestyle intervention for people with mental disorders. The intervention is devised as a course, which focuses on the balance between everyday activities and strategies for how to accomplish a better balance. The intervention has been implemented since 2012 in outpatient clinics and community-based psychiatry. It is being evaluated for outcomes in a study combining RCT and qualitative methodology.

Aims

To present preliminary findings from the RCT study based on data collected before and after the intervention concerning perceived balance between everyday activities and well-being.

Methods

About 25 units have been randomized to the BEL intervention or care as us usual (CAU). Approximately 100 persons per group have been included. This preliminary report is based on about 90 % of the final sample. Before and after the intervention, the study participants responded to various questionnaires regarding activity balance, engagement in everyday activities, satisfaction with activities, participation level and well-being. A six-month follow-up after the intervention end is included in the overall project but is not part of this abstract.

Results

Preliminary findings indicate that the BEL group improved more on engagement in everyday activities ( $p < .001$ ) and participation level ( $p = .045$ ) than the comparison group. There were also statistically non-significant tendencies of greater improvements in the BEL group on activity balance, self-esteem, quality of life, global functioning and social integration.

Conclusions

The preliminary findings are promising, but findings regarding the main outcome of activity balance were non-significant based on 90% of the final sample. It seems that the benefits of the BEL intervention concerned mainly a greater engagement in activities and an increased participation level. When full statistical power is reached these findings might need to be revised. It seems clear, however, that the BEL was effective in accomplishing increased engagement in activities, which according to research is important for well-being and recovery.

**OP/200. Computerized Physical activity training for persons with severe mental illness- experiences of implementation in communal supported housing**

Authors:

(1) Amanda Lundvik Gyllensten; (2) Karl Anton Forsberg.

Work Center:

(1) Lund University. Department of Health Sciences. Research group CEPI. Lund, Sweden; (2) Center for research development in Social Psychiatry in Västerbotten County, Umeå.

Summary:

Introduction

The relations between physical activity or physical fitness and coronary- heart disease, dementia, type 2 diabetes and common cancer diseases are high. Approximately at least one of ten untimely deaths is caused by physical inactivity. Persons with psychiatric disabilities are particularly exposed. A 10 month RCT study were performed 2013 -14 in 18 communal supported housing in northern Sweden using interactive data and TV-games where the games were controlled by the use of body movements. Control groups were equipped with ordinary controlled TV-games. Interviews of subject and staff were performed to find an explanation to the poor outcome

Aims

Aims: To study the effectiveness of interactive TV games compared to control conditions and identify factors crucial to a successful implementation or not?

Methods

Assessments of BMI, waist circumference, blood pressure, physical fitness, SF36, GAF and Social Interaction (ISSI) were collected at baseline and after 10 months. Five focus group interviews with 18 user informants and four focus group interviews of 11 staff informants were performed. Content analysis was used to analyze the data.

Results

No significant between –group differences were found at baseline or at follow-up concerning any of the assessments. Preliminary findings indicate that the poor use of the interactive TV-games, were related to lack of practice in modern It- technology both among subjects and staff. Content analysis revealed negative attitudes towards TV-games and It- technology among some staff. The video game console and the TV-games were perceived as complicated with several choices before subjects could start playing. The living rooms where the subjects were playing wasn't optimal. The staff did not see playing TV-games with the subjects as their duty

Conclusions

No significant results were found on health parameters after an intervention with computerized data games in 18 communal supported houses. Attitudes of the staff are important. To be able to use conceived new technology, intense education and practice is needed for both the staff and users. The researchers need to ensure the involvement of the staff in new technology.

**Oral Presentations 16: Attitudes and Stigma in Mental Health.**

**OP/19. Attitudes of Italian General Practitioners about people with schizophrenia: preliminary results**

**Authors:**

(1) Lorenza Magliano; (2) Roberta Acone; (2) Rosanna Punzo; (2) Antonella Strino.

**Work Center:**

(1) Associate Professor of Psychiatry, Dept. of Psychology, SUN, Caserta (Italy); (2) Graduate Student, Dept. of Psychology, SUN, Caserta (Italy).

**Summary:**

**Introduction**

Prejudice and discrimination towards People With Mental Illness (PWMI) are common, even among medical professionals, causing delays in treatments and substandard care. Negative attitudes may also make it more difficult for PWMI to talk about their physical problems with doctors. The situation is particularly serious in cases of schizophrenia, because of the extreme stigma associated with this diagnosis.

**Aims**

To explore the attitudes of Italian General Practitioners (GPs) about People With Schizophrenia (PWS) and whether attitudes vary in relation to GP's ability to identify schizophrenia in a clinical description.

**Methods**

Twenty-five percent of GPs working in Primary Care Department of Naples, Italy were randomly selected to participate in the survey. Those who gave informed consent were invited to read a ICD-10 clinical description of schizophrenia (without naming the diagnosis) and to fill in the Opinion on mental illness Questionnaire, in presence of a student researcher.

**Results**

One-hundred ninety-two (89%) GPs participated in the study. Heredity, use of drugs, and chemical imbalance were the most frequently reported causes of the clinical description. Eighty-nine percent of GPs stated that People with the Condition should be treated by psychiatrists, 53% by psychologists and 35% by GPs. 58% of GPs were firmly convinced that drugs are useful treatments for the Condition, and 59% that psychological interventions would be beneficial. Thirty-one percent of GPs believed that PWC can recover, 24% firmly believed that PWC are dangerous. 66% diagnosed the clinical condition as "schizophrenia". Compared to those who did not, GPs who identified schizophrenia were more pessimistic about recovery, more convinced of the usefulness of drug treatments, and more likely to believe that PWS were dangerous.

**Conclusions**

GPs are not immune from stigma. Educational initiatives for GPs are needed to increase the probability that PWS will receive appropriate medical interventions and are treated with the same respect as other patients in primary care settings.

**OP/247. Population attitudes towards psychiatric patients: did they change over 10 years?**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The attitudes, feelings and beliefs the general population holds towards people with psychiatric illnesses can be summarized as stigma. Over decades, efforts have been made to heighten awareness and knowledge, and address the prejudices of the general population toward psychiatric patients.

**Aims**

The aim of the present study was to examine if there had been change in attitudes, feelings and beliefs held by the general population regarding people suffering from psychiatric illness 1990-2001.

**Methods**

Data were from 1,260 respondents, aged 18 and above, participating in the longitudinal OsLof (Oslo and Lofoten) study. Personal questionnaire interviews were done 1990 and 2000-01. Questions on attitudes, feelings and beliefs towards people suffering from psychiatric illness were measured on a 1-5 likert scale, and collapsed into  $\leq 2.5$  Holds stigma,  $> 2.5$  No stigma. Questions of service use, attitudes towards and perceptions of mental health care services were asked. Education indicated SES. Somatic and mental illness was assessed. Social network and life satisfaction were measured by questionnaire indexes.

**Results**

In 1990, 18.5% of the respondents reported stigma towards the psychiatrically ill. By 2000-01, this reduced to 14.1%. There was no gender difference. Rural living (Lofoten), low education, somatic illness, poor social support, and low life satisfaction resulted in significantly more stigmatizing attitudes. In 1990, people having case-level HSCL-25 score ( $>= 1.75$ ) (anxiety/depression) held significantly more stigma than non-cases ( $\leq 1.54$ ). By 2001, this was no longer significant. Contrary, respondents having experienced diagnostic level symptoms of depression during the pre-interview 12 months were less likely to hold stigma (non-significant).

While 150 individuals (11.9%), who held stigma in 1990, did not in 2000-01, 95 (7.5%) who did not hold stigma in 1990 did so in 2000-01.

**Conclusions**

Stigmatic attitudes towards psychiatrically ill fell from 1990 till 2001. Respondents having personal (own or close relations) experience with psychiatric illness held less stigma. While educative interventions for better understanding and more openness were active in this period, severe violent episodes carried out by severely mentally ill individuals may have sustained stigma. General education and openness in presentation of mental health topics should be continued and intensified.

**OP/84. The Dutch version of the Evidence-Based Practice Attitude Scale (EBPAS) – psychometric properties and consequences for service planning and care.**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The Evidence-Based Practice Attitude Scale (EBPAS) was developed in the United States to assess attitudes of mental health and welfare professionals toward evidence-based practice. Although the EBPAS is translated in different languages and being used in several countries, all research on the psychometric properties of the EBPAS within youth care has been carried out in the United States.

**Aims**

The purpose of our study was to investigate the psychometric properties of the Dutch version of the EBPAS and discuss the consequences for service planning and care.

**Methods**

After translation into Dutch, the Dutch version of the EBPAS was examined in a diverse sample of 270 youth care professionals working in five institutions in the Netherlands. We examined the internal consistency reliability and factor structure with both an exploratory factor analysis and confirmatory factor analysis. We also conducted multiple linear regression analyses to examine the association of EBPAS scores with age, gender, and education level.

**Results**

The exploratory factor analysis suggested a four-factor solution according to the hypothesized dimensions: Requirements, Appeal, Openness, and Divergence. Cronbach's alphas ranged from .67 to .89, and the overall scale alpha was .72. The confirmatory factor analyses confirmed the factor structure and suggested that the lower order EBPAS factors are indicators of a higher order construct. The regression analyses showed that professionals with university education scored higher on Openness and lower on both Requirements and Divergence than professionals with higher vocational education. Males and older professionals reported more divergence than females and younger professionals.

**Conclusions**

This study provides strong support for a four-factor structure and internal consistency reliability of the Dutch version of the EBPAS in a diverse sample of youth care professionals. Hence the factor structure and reliability of the original version of the EBPAS seem generalizable to the Dutch version. The study provides support for ecological validity and supports the utility of the EBPAS in varied countries and settings. Using information obtained by the Dutch version of the EBPAS may ultimately enable a better tailoring of implementation efforts to the readiness of professionals to adopt EBP initiatives.

**OP/222. Give space to recovery – Mental health professionals' attitudes towards and knowledge about recovery**

**Authors:**

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**Summary:**

**Introduction**

People with mental illness need strengthened rights to receive care and their ability to participate in decisions about care must also be strengthened. We regard Shared decision making as a method coherent with a recovery orientation in mental health services. During 2014 mental health professionals from several different organizations participated in an educational intervention about Recovery, Shared decision making and coordinated planning. The intervention took place in various parts of Sweden. Persons with own experiences from being mental health users participated as lecturers and during the course, and also took part in workshop sessions.

**Aims**

- What does a short training intervention including training in Shared decision making for staff members mean in terms of recovery orientation?

**Methods**

A mixed method study was designed to evaluate changes towards attitudes and knowledge about recovery throughout the educational intervention. 87 participants in five different locations answered the Recovery Knowledge Inventory (RKI) before the intervention. Nine participants were chosen to take part in interviews where questions about experienced changes were asked regarding recovery.

**Results**

The results showed that there was a high level of recovery orientation among the participants before the intervention. A content analyses of the material collected after the intervention resulted in the categories: Theoretical knowledge, Changing attitudes about practical approach and Gaining greater knowledge about social factors in everyday life. The results showed that participants experienced new knowledge about Shared decision making and that they were strengthened in both theoretical and practical knowledge about recovery after the intervention.

**Conclusions**

Our results point at possible good outcomes from training staff members in recovery orientation/Shared decision making, but the important outcome is what is experienced by the users. We will try to capture this aspect in an ongoing study.

**OP/87. Could a short training intervention modify opinion about mental illness?**

**Authors:**

(1) Murielle Villani; (2) Viviane Kovess Masfety.

**Work Center:**

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**Summary:**

**Introduction**

Stigmatization against people with mental illness contributes to negative outcomes as well as perpetuating self-stigma and low self-esteem. As awareness about such discrimination has spread, a number of initiatives have attempted to analyze

trends in public attitudes on this subject.

**Aims**

Our research aims to evaluate if a short training can help to reduce stigma. This intervention consisted of a one-week workshop designed to improve attendees' knowledge about the multiple causes of mental illness, the clinical implications of psychosis and various mental health troubles, as well as the legal evolutions about patients' rights. The training was designed and given by psychiatrists in charge of mental health hospital services in France. It included live testimonies of patients.

**Methods**

Our population was formed of Public Health Services employees or future employees. In order to evaluate the impact of the training on participants' stigma about mental illness, we used a measure formerly developed in England and Scotland, Attitudes to Mental Illness. This 27-item measure itself derives from the Community Attitudes toward the Mentally Ill (CAMI) scale and the Opinions about Mental Illness scale.

**Results**

Among the 121 people who benefited from the intervention (70 in 2012 and 51 in 2014), 58 responded to the French translation of the Attitudes to Mental Illness scale before and after the training. Our results show a significant reduction of stigma after training ( $p=0,024$ ). The themes that changed the most were Fear and exclusion, with a decrease of 7.11 points, and Integrating people with mental illness into the community, with an increase of 11.5 points. The variables Gender and Type of students (Students in Initial Training / Employees in Advanced training) were not significantly related to the results, which can be explained by the fact that the samples of Men and of Employees were very small.

**Conclusions**

Further research would be needed to confirm our results, especially on a less specific and more diverse population. The main interest of this study is nevertheless to show the benefits of initiatives like a short intervention program on reducing the stigma about people suffering from mental illness.

**Oral Presentations 17: Implementation on Mental Health Care.**

**OP/18. Quality of Life and Service Satisfaction in Psychotic Patients: A Meta-analysis**

**Authors:**

Eleni Petkari; Jakob Pietschnig.

**Work Center:**

Middlesex University Dubai.

**Summary:**

**Introduction**

Over the last decades, the effectiveness of psychosocial services in psychosis has been increasingly evaluated regarding their potential to ameliorate patients' quality of life. However, the relationship between quality of life and perceived service satisfaction still remains unclear. Moreover, the use of different test measures for the assessment of either service satisfaction or quality of life lead to differing estimates of this relationship.

**Aims**

In the present study we conducted the first systematic meta-analysis of all published studies that examine the relationship between quality of life and service satisfaction.

**Methods**

In this vein, we provide effect estimates for associations between subjective as well as health-related quality of life and service satisfaction. Furthermore, we show moderating effects of treatment context (inpatients vs. outpatients), study design (cross-sectional vs. longitudinal), and quality of life domain.

**Results**

Overall weighted associations of quality of life and service satisfaction yielded a highly significant medium-sized effect ( $r = .30$ ,  $p < .001$ ). When limiting inclusion of effect sizes to subjective quality of life, a similar albeit somewhat stronger effect emerged which remained robust in longitudinal and cross-sectional associations. Although non-significant, a trend of treatment context to function as a moderator was also revealed. In contrast, the associations of service satisfaction with health-related quality of life were small.

**Conclusions**

Our results provide robust evidence of a link between perceived service satisfaction and quality of life and indicate that patient satisfaction substantially contributes to favorable long-term prognosis and treatment efficiency in psychotic patients.

**OP/223. Does staff-patient agreement on need for care predict a more favorable mental health outcome in unmet needs for care, quality of life and functioning?**

**Authors:**

(1) Wilma Swidens; (2) Renee Lepoutre; (3) Lennart Gorter; (3) Sascha Kwakernaak; (4) Sibe Doosje.

**Work Center:**

(1) Senior researcher Altrecht Mental Health Care Utrecht, the Netherlands; (2) Msc, Psychologist and researcher at Altrecht Mental Health Care Utrecht, the Netherlands; (3) Msc, Psychologist and researcher at Altrecht Mental Health Care Utrecht, the Netherlands.; (4) Phd, Associate professor of Clinical and Health Psychology, Utrecht University, the Netherlands.

**Summary:**

**Introduction**

In the last decade, mental healthcare services have been changing from supply-driven to a more demand and market-oriented service. This change increased the focus on specific needs of patients concerning their treatment. Previous research in this area has shown that unmet needs for care, seen from the point of view of both patients and staff separately, influence outcome measures of quality of life and functioning. Not much research has been done about the influence of staff-patient agreement on treatment outcome. Available research suggests better staff-patient agreement on need for care to be of a positive influence in treatment outcome, operationalized in met and unmet needs for care, quality of life and social and psychiatric functioning.

**Aims**

This research looks into the question if staff-patient agreement on needs for care has a positive influence on the number of (met and unmet) needs for care (according to staff and pa-

tients), quality of life and social and psychiatric functioning of patients with severe mental illness.

**Methods**

A six to eighteen month follow-up study in 519 outpatients in the Netherlands with a psychotic disorder was conducted. The Camberwell Assessment of Need (CAN two sided), the Manchester Short Assessment of Need (MANSA) and the Health of the Nation Outcome Scales (HoNOS) were used to measure the constructs of need for care, quality of life and social and psychiatric functioning.

**Results**

The hypotheses that baseline staff-patient agreement on need for care leads to less unmet needs for care (both patient and staff perspective), a higher quality of life and better functioning at follow-up, are confirmed by the results. Results are also presented for agreement on specific domains of needs for care, such as the health domain, the social domain, the functioning and the services domain.

**Conclusions**

Seeing that patients with a psychotic disorder are generally in need of long-term care, and the fact that this population has an impeded quality of life, it is important to know about the influence of staff-patient agreement on needs for care with respect to treatment outcome.

**OP/230. Offering a First Clinical Psychology Consultation within Primary Health Care: Evaluating the Effectiveness and Efficiency of a Multidisciplinary Collaborative Effort**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The last 30 years have seen several attempts to make mental health services more accessible, timely and efficient.

**Aims**

This presentation summarizes both the process of incorporating clinical psychology among the services available in primary health care settings, as well as the associated investigations which have been guiding this process. We also analyze the progressive incorporation of clinical psychology as a mental health profession and as a fundamental approach to treatments offered in the Basic Areas of Primary Healthcare.

**Methods**

Three quantitative descriptive studies have been carried out since 2009 in the Mental Health Community Center in East Málaga-Axarquía's administrative region, where a total of 597 users were asked to complete written questionnaires. Data was collected and analyzed on the reasons for referral; the psychosocial problems presented by primary health care users; previous treatment received by those individuals before been referred to specialists Mental Health Care Services; waiting times; the

user's view of the proposed access to psychological services within the context of primary health care and the levels of satisfaction with services provided as well as demographic data. We evaluate the impact of the treatments received by our patients before they are referred to mental health compared with those where the treatment takes place after the implementation of a program which makes clinical psychology available in primary care.

**Results**

We find that most patients prefer to be seen for first time at their Health Center and they voice their satisfaction with the treatment received. This is the case for both patients attending primary health care units and patients attending mental health care units.

More than half of the users could resolve their problems through making use of adequate primary health care psychological services which would save considerable time and resources and are regarded by the users as more convenient.

**Conclusions**

Access to psychology in primary health care will lower the chronification of presentations to first consultations; it will reduce relapses as well as the need for pharmacological interventions to reduce psychic suffering.

**OP/24. A work time study analysing differences in resource use between psychiatric inpatients**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

Prospective payment schemes are currently being implemented in the UK and Germany. Judgement about the adequacy of payment schemes requires an understanding of differences in resource use between patient groups.

**Aims**

The aim of this study was to analyse staff time allocation of psychiatrists, psychologists and nurses in inpatient mental health care and to use these data to analyse differences in per diem resource use between patient groups.

**Methods**

A self-reporting work-sampling study was carried out at a psychiatric teaching hospital. All of 36 psychiatrists, 23 psychologists and 106 nurses involved in clinical care during the study period participated in a two-week measurement of their work time.

**Results**

A total of 20,380 observations were collected, representing about 10,190 hours of work or 6.2 full-time-equivalent years. The average resource use in minutes of staff time per patient day was 227 minutes, representing 138 € of staff costs. The most resource intensive care was provided at the Psychiatric Intensive Care Unit and for geriatric patients with 334 and 266 minutes per patient day (192 € and 162 €), respectively. The least resource intensive care was provided for patients with substance-related disorders (197 minutes, 116 €). Substantial shares of clinical work time were dedicated to tasks without patient contact (58%). Nursing time was the main driver of total resource use, representing 70% of staff time and 60% of costs.

**Conclusions**

Presented differences in per diem resource use should inform discussions about the adequacy of reimbursement schemes. Tasks in the absence of the patient, such as documentation and administration, should be reduced to free resources for direct patient care.

**OP/288. Therapist self-disclosure in positive psychotherapy for psychosis**

**Authors:**

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**Summary:**

**Introduction**

The WELLFOCUS study used theory and a psychological model to modify and manualise a positive psychotherapy intervention (PPT) for psychosis. The resulting 11-session group therapy, called WELLFOCUS PPT, was tested in a pilot RCT at 6 sites in South London. A key component of WELLFOCUS PPT was therapist self-disclosure. Therapist self-disclosure was defined as any self-revealing statement made by therapists during WELLFOCUS PPT group therapy. WELLFOCUS PPT explicitly encouraged therapist self-disclosure about positive, rather than negative, things.

**Aims**

To understand trial therapists subjective experience of self-disclosing in WELLFOCUS PPT.

**Methods**

This is a two-part qualitative study, using interview data from trial therapists (N=7), to evaluate the trial therapists' views on their self-disclosures. Qualitative analysis was done in two stages. Stage 1 was a thematic analysis of a section of a general post-RCT feedback interview. Two researchers used this thematic analysis to develop a topic guide and questions for Stage 2 interviews. Stage 2 interviews examined therapists' views of self-disclosure in more detail. Nvivo9 was used to analyse all data.

**Results**

Stage 1 identified the broad elements of self-disclosure that trial therapists found more effective than others, such as normalising experiences and reducing the 'them and us' distinction. It also

focused on therapist pre-conceptions and identified key themes as challenges with personal subject matter, self-regulation, authenticity, setting/context, and power. Stage 2 developed a three part model of therapist self-disclosure in WELLFOCUS PPT. Part 1 identified Motivation to self-disclose and Positive Impact of self-disclosure as sub-themes associated with the act of self-disclosing. Part 2 identified Personal Content, Authenticity and Therapist Dispositions as factors impacting on the process of self-disclosure. Part 3 identified Modelling Positive Interactions, Client Engagement, Normalising Positive Experiences, and Reducing Power Imbalance as important consequences.

**Conclusions**

Traditional psychotherapy urges caution with therapist self-disclosure. Given the positive focus of WELLFOCUS PPT, therapist self-disclosure functioned to normalise experiences and reduce the 'them and us' distinction within the therapeutic alliance. Conversely, participants differed in the degree to which they were willing to self-disclose.

**Oral Presentations 18: Care Management in the Elderly.**

**OP/170. The assessment of needs in the oldest old with and without depression using the Camberwell Assessment of Need for the Elderly (CANE): Results of the AgeMooDe Study**

**Authors:**

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**Summary:**

**Introduction**

The current demographic aging and the growing number of older people suffering from common mental disorders in late life, such as depression, will lead to a significant increase of treatment and health care needs in the future. Undetected and unmet needs of older patients can lead to inadequate treatments or to suboptimal health care arrangements and are important target fields of health services research. The Camberwell Assessment of Need for the Elderly (CANE) was developed in the UK to accurately and comprehensively evaluate the physical, psychological and environment-related treatment and health care needs of older people in order to identify their unmet needs.

Aims

The aim of the present study was to identify the met and unmet needs in older primary care patients with or without depression using the current German version of the CANE. Furthermore, the evaluation of the impact of unmet needs as a predictor of depressive symptoms and the identification of groups at high risk were the focus.

Methods

As part of the study “Late-life depression in primary care: needs, health care utilization and costs (AgeMooDe)”, a large sample of primary care patients aged 75 years and older was assessed.

Results

Descriptive statistics, inference-statistical and regression analyses are currently in preparation and will be reported.

Conclusions

This study, for the first time in Germany, provides data of the distribution of met and unmet needs in depressive and non-depressive older primary care patients as well as information about high risk groups. Thus, the study results provide an important contribution to an effective and good-quality health and social care as well as to an appropriate allocation of health care resources in the elderly population.

**OP/293. Geriatric psychiatric inpatients with migration background and their health care usage in rural and urban areas in Germany**

Authors:

Friederike Tornau.

Work Center:

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Summary:

Introduction

Patients from different cultural backgrounds differ in many ways in the psychiatric characteristics (e.g. epidemiology, psychopathology, etiopathology). The discussed reasons for these differences are e.g. the socialization within the culture of origin, the migration process, and general experiences associated with the migration process. Taking this into account, it is not surprising that the health care usage behavior of patients with migration background shows differences to German patients. Apparently these differences are particularly striking in multi-morbid older patients with serious psychiatric disorders. Since this is an extremely vulnerable group there is a high necessity for research in this area.

Aims

The aim of the present study is to identify and compare the health care usage of geriatric psychiatric patients of different cultural backgrounds, who have reached a degree of severity in the psychiatric disease, which made a hospitalization indispensable.

Methods

In two psychiatric hospitals in Westphalia-Lippe data from approx. 1,500 patients over the age of 60 were screened, 220 patients with migration background were detected. Anonymized merging with ambulatory data from the statutory health insur-

ance (data base: Association of Statutory Health Insurance Physicians Westphalia-Lippe - KVWL) was realized via MD5-Hash-method.

Descriptive analyses of age and gender distribution in the subgroups (immigrants, resettlers, Germans and particular countries of origin) as well as analyses of diagnostic spectra were performed. Group comparisons of patients of different countries of origin and different diseases followed.

Results

Compared to German geriatric patients, patients with a migration background show similar health care usage behaviors. With regard to the diagnostic spectrum patients with a migration background showed an increased number of F1 and F4 diagnoses, which is accompanied by a changed health care usage behavior.

Conclusions

The results show differences in the diagnostic spectrum and the health care service utilization behavior in patients with different cultural backgrounds. Particularly with regard to the reasons of these differences, many questions remain open for further research.

**OP/308. Psychogeriatric epidemiological research: experiences in Primary Care**

Authors:

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Work Center:

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Summary:

Introduction

The collaboration between Primary Care and Mental Health in our province (Huesca) started in 2005. The project called PSICOTARD, Spanish acronym of Late Onset Psychopathology. The first research was about psychiatric symptoms in elderly people living in the community. For this work 293 elderly people were assessed by 24 family doctors around the province of Huesca.

Aims

The main objective was to detect the physical, psychological, socio-demographic, and functional factors that may involve risk to developing psychiatric symptoms in the elderly, to determine the magnitude of each factor and to do the groundwork for a future longitudinal study that will enable us to define the elderly with psychological fragility in the autonomous region and to design predictive models for mental deterioration in the elderly.

Methods

The study was supported by the Spanish Health Department (Fondo de Investigación Sanitaria- FIS). As a result of this study, some international and national articles, a Phd and several participations in national and international congresses were achieved. Some papers were “Prevalence of psychiatric symptoms and mental disorders detected in primary care in an el-

derly Spanish population. The PSICOTARD Study: preliminary findings” (Int J Geriatr Psychiatry, 2008), “Detecting psychogeriatric problems in primary care: factors related to psychiatric symptoms in older community patients”(Mental Health in Family Medicine, 2011)

**Results**

According to the information about social, physical, psychological and cognitive status collected in PSICOTARD I. A study about mortality in the elderly was conducted being the PSICOTARD II. The most important publication was “Psychiatric symptoms are not an independent mortality risk factor in community-living elderly people” (Int Psychogeriatrics, 2014).

**Conclusions**

At the moment, we are working in the PSICOTARD III, a prospective study (to five years) about frailty in elderly people and it carries on with the support of the Spanish Government. A sample of 400 elderly people (70 years and more) is going to be assessed by 90 family doctors in the province of Huesca. The main objective is to discover predictive factors around disability, functional dependence, institutionalization and death in the elderly. In this way, another objective is to make risk profiles and scales in order to assess individual risk for suffering disability in the elderly which can be use in Primary Care and other clinical settings to sift and prevent health problems in elderly people.

**OP/237. How efficient are clinicians making outcome predictions? A longitudinal study in a sample of geriatric patients**

**Authors:**

(1) Clarissa Ferrari; (2) Giulia Signorini; (3) Jessica Dagani; (2) Viola Bulgari; (4) Giovanni de Girolamo.

**Work Center:**

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**Summary:**

**Introduction**

Accurate prognosis represents an essential aspect of good clinical practice and for efficient health services, particularly for chronic and disabling diseases, as in geriatric populations.

**Aims**

This study aims to examine the accuracy of clinical prognostic predictions and to devise prediction models combining clinical variables and clinician’s prognosis in the context of a geriatric and psycho-geriatric patients sample.

**Methods**

In a sample of 329 consecutive older patients admitted to ten geriatric and psycho-geriatric units we evaluated the accuracy of clinicians’ prognosis regarding three outcomes observed at discharge: global functioning, length of hospital stay (LoS) and destination at discharge (DD). Furthermore, a comprehensive set of socio-demographic, clinical and treatment-related information was collected.

**Results**

Moderate predictive performance were found for all three outcomes: area under ROC curve of 0.79 and 0.78 for functioning and LoS respectively and moderate concordance, Cohen’s K=0.45, between predicted and observed DD. Predictive models found the Blaylock Risk Assessment Screening Score (BRASS) together with clinicians’ prediction as relevant factors for improving predictions of all outcomes (absolute improvement in adjusted and pseudo R2 until 19%).

**Conclusions**

Although clinicians’ estimates was an important factor in the prediction of functioning, LoS and DD, more research is needed on prognostic clinical indexes.

**OP/198. Headstart programme: a systems-wide, co-productive and ecological initiative to building emotional resilience in 10 to 14 years olds across England**

**Authors:**

Angie Hart.

**Work Center:**

Health Research/CUPP. University of Brighton. Brighton. East Sussex. UK.

**Summary:**

**Introduction**

Headstart is a Big Lottery Funded (BLF) £75 million experimental fund to build emotional resilience in 10-14 year olds. HeadStart aims to impact on the lives of 10,000 10-14 year olds, at the ‘test and learn’ stage. Further down the line, if the ambitions for HeadStart are realised, millions of English children will be positively impacted.

**Aims**

This presentation gives an overview of the content of the Phase 2 projects which varies between areas of Headstart with an emphasis on resilience approaches being developed through Headstart.

**Methods**

Twelve geographical areas in England are involved. They are being encouraged to implement a systems-wide, co-productive approach.

**Results**

Following development grants in Phase 1, each of the 12 areas was awarded £500,000 in summer 2014 for Phase 2, a ‘test and learn’ stage. They are experimenting with, and learning from different approaches, working ecologically with children, young people, their families, schools and wider systems. Areas are both targeting the needs of children at high risk of developing mental health issues, and also working with children more widely. Initiatives include: the running of licensed, school-based resilience programmes, mental health first aid, training of practitioners in resilience approaches, young people led resilience projects, community arts projects etc. The multi-stakeholder engagement aspect of this programme presents both opportunities and challenges, as does operationalising resilience in these contexts, and at this scale.

**Conclusions**

For HeadStart, resilience involves children and their supporters

navigating and negotiating their way to better mental health outcomes than they would otherwise have had. It also aims not only to beat the odds for individual children, but to change the odds for children more widely. Given the monetary investment, and the commitment of practitioners, policy makers, parents, young people, politicians and academics, the BLF is hoping that local systems changes occur in the twelve areas, demonstrating the potential for broader systems change. HeadStart has the potential to provide empirical demonstrations of 'fifth wave' resilience research. This builds on Masten's 4 waves, to an explicit consideration of the links between resilience and social determinants, and of how co-productive resilience-based approaches can affect wider social change.

## Oral Presentations 19: Care Management in Child and Adolescent Mental Health.

### OP/271. One Step Forward: Pathways to resilience for young people in care

**Authors:**

(1) Angie Hart; (2) Claire Stubbs; (3) Ross Beard.

**Work Center:**

(1) Professor of Child, Family and Community Health. School of Health Sciences. University of Brighton. Brighton; (2) Research Fellow. School of Health Sciences. University of Brighton. Brighton; (3) Particiaption Worker. Virtual School for Children in Care. Brighton.

**Summary:**

**Introduction**

Youth unemployment is significantly associated with mental health difficulties. This collaborative research project was conducted in Greece and in the UK. It aimed to understand the work aspirations of vulnerable young people in care and the barriers they face in terms of youth unemployment.

**Aims**

This collaborative presentation gives an overview of the project including the themes that emerged with respect to work aspirations, the barriers they face and resilient moves that supported them to overcome such hurdles. It also illustrates the resource that was produced by the young people, highlighting key messages from the research and practice considerations.

**Methods**

17 young people were involved in a participatory action research project within Greece and the UK. The young people decided what they wanted to do for this project and the adults involved supported their participation.

**Results**

The research demonstrated how mechanisms that support the young person's basic needs, a sense of belonging, learning, coping and their interpersonal needs are pivotal in empowering them to overcome barriers to unemployment and nurture their aspirations. In addition, being involved in a collaborative piece of work also impacted on their sense of belonging, self worth and aspirations for the future. The young people have produced a highly illustrated toolkit, with the design work led by a young care leaver. This resource is used by foster carers, parents and professionals both nationally and internationally. The project has also supported some young people to become resilience

trainers for foster carers, practitioners and other young people.

**Conclusions**

This project reinforces the notion that tackling youth unemployment from a resilience-based approach, that takes into consideration all aspects of the young person's life, increases the likelihood of change. It also emphasises the importance of working at an individual and social level to tackle youth unemployment, rather than solely focusing on the individual. This builds on Ann Masten's 4 waves of resilience research, towards a 5th wave, which encourages an explicit consideration of the links between resilience and social determinants, and of how co-productive resilience-based approaches can affect wider social change.

### OP/88. ADOCARE – Toward good mental health care for adolescents in Europe by a European collaborative network

**Authors:**

(1) Evelien Coppens; (2) Jeroen Knaeps; (3) Chantal Van Audenhove.

**Work Center:**

(1) Researcher, PhD. LUCAS KU Leuven. Belgium.; (2) Researcher, PhD. LUCAS KU Leuven. Leuven; (3) Professor and head of LUCAS KU Leuven. Belgium.

**Summary:**

**Introduction**

No less than 20% of the adolescents in Europe suffer from one or more mental health problems. Left without care, these problems may become chronic. Today, young people and their family often fail to find adequate help. Adapted mental health care facilities are rather scarce and traditional structures do not always take into account the specific characteristics of teens.

**Aims**

ADOCARE is a two-year project carried out in 10 EU-countries, funded by the European Commission (DG Sanco). The purpose of ADOCARE is to:

- Install a collaborative network of experts, stakeholders and policy makers in the field of adolescent mental health care
- Identify adapted mental health care facilities and good practices for adolescents
- Promote the creation of adapted care facilities for adolescents
- Develop guidelines for the creation and continuation of such facilities

**Methods**

In order to achieve these goals, a multifaceted research approach is used combining literature reviews, survey consultations, and panel discussions with policy makers, professionals, experts, and end-users.

**Results**

The survey findings and the output of the panel discussions are presented. These results provide insight into mental health problems among adolescents, the existing care facilities and good practices, the strengths and shortcomings of these initiatives, the legal framework regarding mental health care for adolescents, and the specific needs of adolescents.

**Conclusions**

Preliminary conclusions and recommendations for European policy makers will be presented and discussed.

**OP/34. Children as relatives of seriously ill parents: Implementing national recommendations in local medical contexts**

**Authors:**

Annemarie Dencker.

**Work Center:**

Danish Cancer Society, København, Denmark.

**Summary:**

**Introduction**

Health personnel's communication with seriously ill patients with dependent children and their adult relatives has not been addressed in official documents in Denmark until 2012 where Danish Health and Medicines Authority published national recommendations for health personnel's communication with relatives to seriously ill patients. In order to support the implementation of these recommendations a qualitative study was carried out in three hospital wards with the aim of developing a relevant and useful training program involving both doctors and nurses.

**Aims**

The aim of this presentation is to discuss how the medical context of hospital wards influenced the implementation of the national recommendations. We show that wards had different approaches to the presence of children which affected the communication with patients and relatives. The presentation addresses the overall challenge of implementing national recommendations in local contexts.

**Methods**

The presentation draws on material from 27 full days of observation and 64 interviews: 19 interviews with doctors, 30 interviews with nurses and 15 interviews with patients. Interviews and observations were conducted within neurointensive care, hematology and oncological gynecology. The study explored doctors' and nurses' clinical practice, experiences, attitudes and the ways in which they perceived the challenges encountering patients' with dependent children. We also investigated patient's experiences of communicating with health personnel about their children.

**Results**

Communication between health personnel and patients about patients' dependent children is influenced by ward specific factors and the patients' diagnosis such as: lack of physical contact between parent and children because of infection risk (hematology); risk that children are left alone with one parent unconscious and the other in acute crisis (neurointensive); explaining to children that their mother has cancer or is waiting for hospice (oncological gynecology). Communication has a different main focus: hematology (patient as a unit); neurointensive (relatives as substitutes); oncological gynecology (family as a whole).

**Conclusions**

National recommendations and training programmes considering children as relatives must take local medical contexts into account including specific diagnostic factors since these factors influence health personnel's communication as well as patients' experiences and needs.

**OP/57. Service use among Brazilian children with psychiatric disorders or victims of violence.**

**Authors:**

(1) Cristiane Silvestre De Paula; (2) John A Ronning; (3) Cristiane S Duarte; (4) Wagner Silva Ribeiro; (5) Andre Sourander; (6) Isabel AS Bordin.

**Work Center:**

(1) Associate Professor. Mackenzie Presbyterian University. São Paulo. Brazil.; (2) Professor. Pediatric Department, University of Tromsø, the Norwegian Arctic University. Tromsø. Norway.; (3) Professor. Columbia University. New York. United States of America.; (4) London School of Economics and Political Science - Personal Social Services Research Unity; (5) Professor in Child Psychiatry. Turku University. Turku. Finland.; (6) Affiliated Professor and Researcher. Department of Psychiatry - Universidade Federal de São Paulo. São Paulo, Brazil.

**Summary:**

**Introduction**

There is lack of data on child/adolescent mental health service use (MHSU) in Latin America. Because it is important to investigate factors that influence the process leading to receiving care.

**Aims**

Aims of this presentation are: (1) to identify barriers to MHSU among children/adolescents with psychiatric disorders, (2) to describe types of professional attention/informal care received in the past 12 months and barriers to receive attention/help among victims of violence.

**Methods**

Study 1: Cross-sectional study involving students from 4 Brazilian regions. In each region, a representative sample of elementary public school students was randomly selected (N=1,721). Child/adolescent MHSU was defined as being seen by a psychologist/psychiatrist/neurologist in the previous 12 months. Standardized instruments measured: (1) child/adolescent variables [psychiatric disorders (K-SADS-PL), neurodevelopmental problems (Ten Questions Screen), estimated IQ (two subtests of WISC-III), school performance (Academic Performance Test)]; (2) mother/main caregiver's variables [anxiety/depression (Self-Reporting Questionnaire)]; and family economic condition (questionnaire developed by the Brazilian Association of Research Companies). Study 2: Cross-sectional study involving a population-based sample of children/adolescents from a city near Rio de Janeiro, Brazil (N=1,400). Main variables of interest included mother report on types of formal/informal care received in the past year due to each type of violence investigated (in the household, school, community), and barriers to receive it.

**Results**

Study 1: Five factors were associated with lower rates of MHSU: female gender, adequate school performance, mother/main caregiver living with a partner, lower SES, residing in deprived Brazilian regions (multiple logistic regression modeling). Study 2: The profile of help seeking due to child's exposure to violence will be presented with details on types of professional attention/informal care received (professionals from the health/educational/social sectors, religious leaders/traditional healers, family/friends/neighbors). Stigma and structural barriers to receive professional help will also be presented.

**Conclusions**

Structural/psychosocial/demographic factors were associated

with uneven access to service for certain groups of children/adolescents with psychiatric disorders. These results call attention to the inequalities in access to care.

Reasons for not receiving the needed professional care due to violence exposure must be considered by policy makers when planning strategies to increase access to care among violence victims.

## Oral Presentations 20: Implementation in mental health care.

### OP/179. Are compassion and burnout affected by quality of working life? Findings from a survey among mental health staff in Italy

**Authors:**

(1) Gaia Cetrano; (2) Giorgio Gosetti; (3) Laura Rabbi; (4) Federico Tedeschi; (5) Dario Lamonaca; (6) Antonio Lora; (7) Francesco Amaddeo.

**Work Center:**

(1) Research Fellow. University of Verona. Verona; (2) Researcher. University of Verona. Verona. Italy; (3) Social Worker. University of Verona. Verona. Italy; (4) Research Fellow. University of Verona. Verona. Italy; (5) Psychiatrist. Legnago Mental Health Department. Legnago. Italy; (6) Psychiatrist. Lecco Mental Health Department. Lecco. Italy; (7) Psychiatrist, Department of Public Health and Community Medicine, Section of Psychiatry, Ospedale Policlinico "G.B. Rossi", P.le L.A. Scuro, 10, 37134 Verona (Italy).

**Summary:**

**Introduction**

Quality of working life is a complex notion which covers different aspects of employment characteristics and individual's interaction with work. The major elements of quality of working life included in this study were autonomy, trust, ergonomics, participation, job complexity, job satisfaction, and work-life balance. While mental health professionals are subjected to similar organizational stressors as other workers, they face additional emotional strain by the very nature of their professions in dealing with troubled persons. Such risks have been assessed in terms of Burnout (BO) and Compassion Fatigue (CF), while the positive outcome from working with difficult patients has been described as Compassion Satisfaction (CS).

**Aims**

The overarching aim of this study was to investigate quality of working life and its possible effect on levels of BO, CF, and CS.

**Methods**

Staff working in three Italian mental health departments was asked to complete anonymously the Professional Quality of Life Scale measuring CF, BO, and CS. Participants were also asked to complete a questionnaire capturing their perceptions of quality of working life. Finally, relevant socio-demographic and occupational variables were collected.

**Results**

447 professionals returned completed questionnaires. Ergonomic problems were both negatively correlated with CS and positively correlated with CF and BO. Trust was positively correlated with CS and negatively with CF and BO. The same pattern was found for autonomy, perceived utility of meetings, and job satisfaction. Conditioning of work on life was positively correlated with CF and BO. When performing multivariate analyses, the

most significant predictors for CS, CF and BO were the indicators of quality of working life. In addition, a few significant results were found for socio-demographic and occupational variables.

**Conclusions**

These findings are useful for managers and team leaders to identify factors affecting compassion and burnout. In order to provide adequate mental health services, managers need to provide their employees with adequate ergonomic conditions, support and trust, as well as encourage their staff to be committed towards the organization's goals and to act independently. Lastly, managers and professionals themselves need to consider strategies to reduce work-life conflicts.

### OP/89. Planning Ambulatory Care for Severe Mental Illness in The Netherlands

**Authors:**

Philippe Delespaul.

**Work Center:**

Professor. Maastricht university/Mondriaan. Maastricht. The Netherlands.

**Summary:**

**Introduction**

While everywhere psychiatric beds were closed, this did not happen in the Netherlands. Instead an extensive ambulatory care sector was developed that actually yearly serves 7 percent of the population. The new services focused primarily on common mental disorders, leaving the care for severe mentally ill patients (SMI-- the most severe quarter of patients in care) virtually in an old-fashioned mid 20th century state. This was possible because the hospital and residential institutional service expanded over these decades, herewith avoiding calamities that would have generated public outrage. The resulting system for SMI was dichotomous: hospital care that put people in dependent positions hampering the potential for recovery and an ambulatory system that was under-resourced often neglected large numbers of cases.

**Aims**

- (1) give an overview of mental health for SMI in the Netherlands
- (2) present the FACT model as a community based integrated care system for SMI
- (3) evaluation of the dissemination in times of economic crisis

**Methods**

Data will be presented from epidemiological sources and country wide monitoring systems

**Results**

Over the past 10 years the flexible-ACT model was developed as a bottom-up, field-driven initiative and widely disseminated. FACT offers (assertive) outreach services for people suffering from a SMI for a catchment area of 50.000 inhabitants. With more than 200 teams, roughly 60% of the country is reached (although each FACT team only serves between 20-40% of the SMI patients in their region). FACT is considered expensive care but is still under-resourced to a) be a real alternative for hospitalization; and b) offer optimal integrated care that challenges the 'systemic lethargy' that stigmatizes SMI patients and reduces chances of recovery. More than 50 years after international initiatives, the Dutch government for the first time issued a directive to close 1/3rd to reduce hospital beds over the period

of 2008-2018. Almost 7 years in this process 3% of the beds are reduced and substitution to ambulatory care has stagnated.

**Conclusions**

The Netherlands could potentially develop a modern, community based mental health system but budgetary cuts are challenging this process.

**OP/66. Scaling up from pilot project to wider implementation in primary care mental health: lessons from the Gnosall dementia innovation**

**Authors:**

(1) Michael Clark; (2) David Jolley; (3) Susan Benbow; (4) Ian Greaves; (5) Nicola Greaves.

**Work Center:**

(1) Research Programme Manager. NIHR School for Social Care Research. London. United Kingdom.; (2) Research Fellow, PSSRU. University of Manchester. Manchester. United Kingdom.; (3) Visiting Professor. University of Staffordshire. Staffordshire. United Kingdom.; (4) General Practitioner. Gnosall Primary Care Practice. Staffordshire. United Kingdom.; (5) Practice Manager. Gnosall Primary Care Practice. Staffordshire. United Kingdom.

**Summary:**

**Introduction**

Scaling up from innovative pilot projects is a challenge to be addressed if we are to improve primary-secondary care integration in mental health. This paper explores the lessons from the roll out of an innovative, primary care-based dementia service from its initial location (Gnosall, Staffordshire, England) to cover a wider geographical area.

**Aims**

This paper explores the lessons from the roll out of an innovative, primary care-based dementia service from its initial location (Gnosall, Staffordshire, England) to cover a wider geographical area.

**Methods**

Normalisation Process Theory (NPT) is used as a framework to explore the experiences of a case study in wide-scale roll out of an innovative Normalisation Process Theory (NPT) is used as a framework to explore the experiences of a case study in wide-scale roll out of an innovative service. A range of quantitative service data (e.g. diagnosis rates for dementia) and qualitative data from interviews with key stakeholders (using the NPT framework to explore experiences) is used.

**Results**

The structure of NPT highlights a number of features of an innovation that need to be addressed to make it more or less likely to succeed when being rolled out and embedded in practice beyond its original location. Service data across Staffordshire indicates where diagnosis rates have improved in primary care, but also that this is patchy across practices, and that the issue of Mild Cognitive Impairment clouds understanding diagnosis rates and processes. Drawing on NPT we understand more about the dynamic processes of embedding innovations in this context. It is possible to understand the sensemaking work (coherence), relational work (cognitive participation), operational work (collective action) and the appraisal work (reflexive monitoring) that has/not been done to embed the dementia service model in practice.

**Conclusions**

A number of lessons are drawn out, such as the risk of focusing on more formal and governance elements of implementation whilst neglecting the less tangible elements that NPT asserts are important for embedding new practices. For example, in terms of reflexive participation, formal monitoring of the model (systematization) was developed during the roll out, but less attention was paid to shaping how those who work together in the model come to collectively understand its operations (communal appraisal). Using NPT, lessons are made more generalizable to the context of scaling up innovative, primary care-based mental health services that seek to better integrate secondary care expertise.

**OP/7. From research to clinic: a case report of conversion disorder**

**Authors:**

(1) Emilia García Castro; (2) Noelia Aller Gomez.

**Work Center:**

(1) Psychiatrist. Avilés Mental Health Center. Asturias. Spain.; (2) Psychiatrist. Aviles Mental Health Center. Asturias. Spain.

**Summary:**

**Introduction**

The Conversion Disorder is still a challenge for mental health professionals, its name has changed in successive classifications; in DSM-5 is renamed Functional Neurological Disorder, realizing a special difficulty being apprehended and framed within a stable and shared clinical theoretical model.

**Aims**

We report a case of Conversion Disorder, the clinical history, the treatment and the outcome; we will explore the historical background of the disorder and the therapeutically relevant psychological and neurobiological approaches of it. This disorder is very common. It has been estimated that 25% of patients admitted to general medical services have conversion symptoms at some point in their lives.

**Methods**

She is a patient 29 years old, referred to our Mental Health Center from the Hospital Neurology Service, who was diagnosed as "serious Conversive Disorder" with gait disturbances, myoclonus, dyskinesia and myotension syndrome (fatigue and widespread pain). We applied a brief psychodynamic therapeutic approach based on significant psychosocial aspects; we implement psychopharmacological treatment with duloxetine.

**Results**

The progress of the case was favorable, applying the biopsychosocial model of Eric Kandel. It is offered as a model for clinical work, called Methodological Pluralism, which gives to the biopsychosocial approach in mental health some updates in light of new neurobiological findings.

**Conclusions**

The application of a uniform biopsychosocial model is not valid for the treatment of mental illness. Methodological Pluralism of Eric Kandel helps us understand the extent to which each condition and each patient may be determined by each of the biological, psychological and social levels, so that the convenience of therapeutic interventions depend on the pathology and context

in which each patient is.

In this case of Conversion Disorder a hierarchical scheme biopsychosocial was useful for the understanding of the pathogenic factors and the specific treatment; a scheme that can be applied to patients with other somatic syndromes associated with hysteria.

**OP/143. Meta-analysis of interventions to improve adherence to antipsychotic medications in patients with psychotic disorders**

**Authors:**

Cornelis L. Mulder.

**Work Center:**

Erasmus MC.

**Summary:**

**Introduction**

Non-adherence to antipsychotic medications is associated with poor outcome.

**Aims**

This study examined the effects of interventions to improve adherence on clinical outcome in psychotic disorder patients.

**Methods**

Medline, Embase, Web of science, PsycINFO, Cochrane Central, Pubmed publisher, and Google Scholar were comprehensively searched for relevant papers. Study selection, quality assessment and data extraction were conducted according to the PRISMA (preferring reporting items for systematic reviews and meta-analyses) Statement. Meta-analyses were conducted using Comprehensive Meta-Analysis version 2.2 .

**Results**

A total of 21 randomized controlled trials were included, comprising 2.884 patients with psychotic disorders. We analysed post-treatment adherence, symptoms, functioning, and quality of life. We found a significant positive effect on adherence (Hedges'  $g=0.519$ ) as well as on social functioning (Hedges'  $g=0.314$ ). However, the effects on functioning seemed unrelated to the effects on adherence. Furthermore, symptoms and quality of life did not improve. Inadequate allocation concealments explained some of the heterogeneity across studies. And studies with active control conditions showed no effects on functioning as well as a negative effect on symptoms.

**Conclusions**

This meta-analysis showed that interventions aiming at improving adherence to antipsychotic medications indeed did lead to better adherence, but no improvements in symptoms or quality of life were found. The overall effect on social functioning does not seem to be an effect of improvements in adherence.

**Oral Presentations 21: Mental Health Systems.**

**OP/1. Geographic variation in rates of admission for mental health conditions in France in 2008-2010**

**Authors:**

(1) William Weeks; (2) Alain Paraponaris; (2) Bruno Ventelou.

**Work Center:**

(1) MD, MBA, Psychiatrist and researcher, The Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, NH, USA; (2) PhD, Economist, Aix-Marseille School of Economics, Marseille, France.

**Summary:**

**Introduction**

In Europe, where mental health disorders are increasingly common, disabling, and costly, France experiences the third highest total direct and indirect costs associated with mental health disorders. While studies of geographic variation in admissions for mental health disorders in France might be helpful in setting policy priorities, none have been conducted.

**Aims**

To examine trends in per-capita rates of admission for mental health conditions in mainland France and to calculate and evaluate measures of geographic variation in those admission rates.

**Methods**

For 2008-2010, we calculated annual sex- and age-adjusted per-capita admission rates for hospitalizations precipitated by seven categories of mental health diagnoses in 94 departments in mainland France. We examined trends in admission rates over time, measures and causes of geographic variation in those rates, and resources consumed by these admissions.

**Results**

Annually, French hospitals had over 400,000 mental health admissions that consumed about 800 million euros and over 1.6 million bed days of care. We found national age- and sex-specific patterns for these admissions and considerable geographic variation, with regional concentration of high rates of admission for illicit drug disorders in the northeast, alcohol disorders in the northwest, and mood and anxiety disorders around the Loire Valley. Measures of geographic variation for alcohol and illicit drug disorders and their admission rates increased markedly during the time period examined. While admission rates were not well explained by ecological or supply factors, they were highly correlated across years.

**Conclusions**

The high levels of geographic variation and the regional concentrations that we found suggest cultural differences in admitting patterns for the mental health disorders. Geographically targeted interventions, particularly to address alcohol and illicit drug disorder admissions, should become policy priorities.

**OP/150. Resource needs for service scale-up: development of the OneHealth Tool (OHT) Module on Mental, Neurological and Substance use disorders**

**Authors:**

(1) Margaret Heslin; (2) Dan Chisholm; (3) Rachel Sanders.

**Work Center:**

(1) Research Associate, Centre for the Economics of Mental and Physical Health, KCL. UK.; (2) Research Fellow, Plymouth University Peninsula Schools of Medicine and Dentistry, UK.; (3) Professor, Centre for the Economics of Mental and Physical Health, KCL. UK.

**Summary:**

**Introduction**

A critical component of health system strengthening and the underlying issue behind the universal health coverage agenda

is financing. The EMERALD project aims to research a number of health systems financing issues applicable specifically to developing countries, including the sufficiency of resources for mental health, fairness in financial contributions to the costs of care, and the financial and economic impact of improved access to services.

**Aims**

This talk will focus on identifying and quantifying the human, infrastructural, informational and financial resource inputs needed to scale-up a defined set of mental health services.

**Methods**

To addressing the question of resource adequacy for mental health service and system scale-up in each of developing countries, a health systems resource planning tool for mental, neurological and substance use (MNS) disorders was developed, tested and applied: OneHealth Tool – Mental, Neurological and Substance use (MNS) disorders module. This presentation will demonstrate the newly created OneHealth Tool MNS module.

**Results**

Demonstration of the OneHealth Tool MNS disorders module will be presented, including illustrative output for one of the EMERALD country sites.

**Conclusions**

The OneHealth Tool MNS disorders module is an effective and comprehensive tool that can be used when planning to scale-up mental health services. It is best used in conjunction with other health system providers in the context of the wider OneHealth Tool.

**OP/213. Network of services for patients with severe and chronic mental illness: is there an optimal network structure?**

**Authors:**

Vincent Lorant; Adeline Grard; Pablo Nicaise.

**Work Center:**

Institute of Health and Society. UCLouvain. Bruxelles. Belgium.

**Summary:**

**Introduction**

Background/Objectives

Continuity of care remains a challenge for patients with severe mental disorder: they are more likely to be hospitalised after discharge, to be committed under compulsory treatment and to commit suicide. To improve continuity of care, mental health authorities have promoted health care network as solutions to link-up these services. However, the most effective way to design these networks is unclear. Is continuity of care improved by more centralised or dense network? Should the relationships across services be strong ties or weak ties? All in all, it is thus unclear what an optimal network of mental health care services should be to improve continuity of care.

**Aims**

We worked out whether some network structures were most suitable for the continuity of care for patients with severe and chronic mental illness.

**Methods**

A multi-level survey was achieved in 2014 across Belgium: 1,200 patients with severe and chronic mental illness were re-

cruited in 19 mental health care networks. Patient filled out a questionnaire including the Alberta Continuity of Service Scale for Mental Health (ACSS-MH). Also, 542 services from these 19 areas filled out a social network questionnaire tapping different partnership relationships across services. For each network, we computed structural indicators such the density, centralization, multiplexity and reciprocity.

**Results**

On average, continuity of care was 74.8% of the maximum score (std=9.1%) . The items related to treatment responsiveness received lower score (71%) whereas items related to relational continuity had the highest score (78%). Patients complained particularly about low GPs involvement, and the lack of information continuity. Dense network structure with weak ties had more positive effect on continuity of care compared with a more centralized structure or structure with strong ties. Networks with reciprocal and multiplex relationship across services displayed lower score of continuity, even controlling for patient severity.

**Conclusions**

The network structure most suitable to improve continuity of care for patient with severe mental disorder consists of dense but loosely coordinated structure.

**OP/269. Effectiveness of a guideline-based stepped care model for patients with depression: cluster-randomized controlled trial in routine care**

**Authors:**

(1) Birgit Watzke; (2) Maya Steinmann; (2) Daniela Heddaeus; (3) Hans-Helmut König; (4) Karl Wegscheider; (2) Martin Härter.

**Work Center:**

(1) Psychologist & Scientist. University of Zurich. Department of Psychology. Switzerland; (2) Psychologist & Scientist. University Medical Center Hamburg-Eppendorf. Department of Medical Psychology. Germany; (3) Scientist, University Medical Center Hamburg-Eppendorf. Department of Medical Sociology. Social Medicine and Health Economics. Germany; (4) Scientist. University Medical Center Hamburg-Eppendorf. Department of Medical Biometry and Epidemiology. Germany.

**Summary:**

**Introduction**

Introduction: The Hamburg Network for Mental Health “psy-chenet”, funded by the Federal Ministry of Education and Research (BMBF), integrates 11 research and innovation projects aiming at the sustainable improvement of mental health care. The objective of one of its projects was the implementation of the national clinical practice guideline for unipolar depression and its evaluation: This project has established and evaluated a stepped care model (SCM) within a trans-sectoral network of general practitioners, psychotherapists and psychiatrists in in- and outpatient services who were trained in guideline-based screening, diagnosis, treatment and monitoring for depression. According to international stepped care models, several evidence-based treatment options of different intensity levels were offered (e.g. watchful waiting, bibliotherapy, computer- and telephone-based CBT, out-patient and inpatient psycho- and pharmacotherapy). Appropriate treatment options were selected according to the severity of depression and the patient’s preferences.

**Aims**

see below

**Methods**

Aims and Methods: In order to investigate the effectiveness and efficiency of the stepped care net-work, a cluster randomized controlled intervention trial was conducted including a consecutive sam-ple of depressive patients (N = 794) which was followed up within a one-year period. The primary outcome was defined as symptom reduction (change in PHQ-9); secondary outcomes concern re-sponse, remission and health related quality of life (SF-12; EQ-5D-3 L). The randomization took place at the level of the general practitioners; a treatment-as-usual-condition served as control group. The SCM network began in 2012 and finalizes its work in spring 2015, i.e. the main analyses are conducted in April 2015.

**Results**

Results: We present results regarding effectiveness and discuss them against the background of available process data (i.e. data on patient pathways through the network and symptom monitoring).

**Conclusions**

Conclusions: In the case of positive results, an effective (and efficient) integrative care model for improving the treatment of patients with depression will be available. Negotiations with the major health insurances and other stakeholders have already been initiated in order to define business con-ditions to facilitate a potential transfer of the SCM into routine care.

**OP/59. Quality Assessment of Regional Treatment System for Schizophrenia (QUARTS), A study on the implementation of evidence based care in the Netherlands**

**Authors:**

(1) Jaap van Weeghel; (2) Chrisje Couwenbergh; (3) Daniëlle van Duin.

**Work Center:**

(1) Professor. PhD. Scientific director Phrenos. Center of Expertise Phrenos. Utrecht. The Netherlands.; (2) PhD. Staff member policy research. Center of Expertise Phrenos. Utrecht. The Netherlands.; (3) MSc. Staff member implementation Phrenos. Center of Expertise Phrenos. Utrecht. The Netherlands.

**Summary:**

**Introduction**

People with schizophrenia need access to high quality care in the community, enabling them to go through life as valued citizens. This requires a comprehensive care system on a regional scale that consists of evidence based practices described in Multidisciplinary Guideline Schizophrenia (MDGS) 2012.

**Aims**

This project assesses the quality and availability of these practices in different regions in the Netherlands and aims to stimulate implementation of the MDGS.

**Methods**

This study is a follow up of a large multisite qualitative study in which the quality of care for people with Schizophrenia was assessed in the Netherlands (van Weeghel et al, 2011). A standardized interview instrument (QUARTS) was developed to assess the quality and availability of the recommendations in the MDGS (2012). These recommendations provide evidence based objectives on all aspects of good treatment: diagnostics, biological treatment, psychosocial interventions, care and expertise

by experience, social inclusion and rehabilitation, and organization of care.

For each recommendation a score for quality (1 to 5, based on the number of criteria that are met) and a score for availability (1 to 5, based on the percentage of clients that have received this type of intervention during the last 12 months).

Respondents are professionals and managers of regional mental health care and regional institutes for residential care. Fourteen regions have enrolled during the period 2013 to 2015, resulting in a nationwide coverage. Each region received recommendations for improvement.

**Results**

Results show that, on the whole, quality of care is adequate. Most participating regions have a high standard of evidence based treatment options for people with schizophrenia. Especially with regard to the presence of pharmacotherapy and psychological interventions standards are met. However, in most regions improvement can be achieved in: fidelity to quality criteria, availability of recommended interventions, notably in rehabilitation, involvement of family and experts by experience, addressing social inclusion and stigma, and interagency collaboration in the regions.

**Conclusions**

Especially in these times of budget restrictions, mental health service providers in a region should collaborate closely in creating good access to high quality care and improving social inclusion, for all persons with schizophrenia.

**Oral Presentations 22: Empowerment, Attitudes and Stigma.**

**OP/182. From national incentives of implementing Individual Placement and Support to the impact on the service users' quality and way of life, and view on support**

**Authors:**

(1) Ulrika Bejerholm; (2) Magnus Bergmark; (3) Bengt Svensson.

**Work Center:**

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**Summary:**

**Introduction**

It is a challenge to translate evidence-based-research into practice in a way that meets the needs of the service users. The effectiveness of the IPS vocational rehabilitation approach in terms of gaining competitive employment is well known. During the last three years, IPS has been widely implemented in Community Mental Health Service in Sweden, with financial support from the government. Within this context, we aimed to investigate the benefits of IPS as experienced by some of the service users in addition to them increasing their job opportunities.

**Methods**

Based on a one group pre-test and post-test design (one year), we administered instruments targeting activity and community

integration (POES-S) and quality of life (MANSA) among 117 service users from four sites. We also addressed their satisfaction with the IPS service (MY VIEW) and therapeutic relationship with the IPS-employment specialist (STAR) after one year. Descriptive and comparative statistics were applied

**Results**

Significant differences and increase of scores were found between measurement points with regard to both activity and community integration and quality of life. Satisfaction with service and therapeutic relationships were scored well above the midpoint of the scales after one year

**Conclusions**

The results indicate that national incentives to implement IPS benefits the way of life of the users and is a valued service.

**OP/71. Experiences of treatment and outcomes of Importance: The views of people with schizophrenia**

**Authors:**

(1) Helen Lloyd; (2) Joanne Lloyd; (3) Ray Fitzpatrick; (4) Michele Peters.

**Work Center:**

(1) Research Fellow, Primary Care Research Unit, Peninsula Medical School, Plymouth, UK.; (2) Lecturer in Psychology, Staffordshire University, Stoke on Trent, UK.; (3) Professor of Public Health and Primary Care, HSRU, Nuffield Dept of Population Health, University of Oxford, Oxford.; (4) Professor of Public Health and Senior Research Fellow, Nuffield Dept of Population Health, University of Oxford, Oxford.

**Summary:**

**Introduction**

Improving outcomes and experiences of care for people diagnosed with schizophrenia (PdwS) is a key concern of health care policy. New models seek to achieve this through more collaborative approaches that necessitate better alignment between services and user perspectives, and greater emphasis on recovery focused principles. Exploring service users' experiences of treatment and what they consider as important outcomes can inform the configuration of person centred care that is relevant and timely for PdwS.

**Aims**

A qualitative interview study was conducted with PdwS (n=22). The key aim to explore experiences of treatment and outcomes of importance from their perspective.

**Methods**

We used in-depth, semi-structured interviews. Each interview was transcribed verbatim and analysed thematically with emergent themes discussed frequently by the research team and validated by participants.

**Results**

Strong themes emerged from the data supporting the high value that PdwS placed on psychosocial and occupational outcomes, most notably those that led to 'Independence' and an enhanced sense of self-worth. These outcomes were strongly associated with well-being. Themes around optimal medication with minimal side effects and the role of social support and meaningful activity were considered to provide a stabilising and enabling context towards valued outcomes. 'Independence' was achieved through residential autonomy, occupational

achievement, meaningful activity and/or structured activity (i.e. hobbies, exercise). Such activities also provided mechanisms to build self-efficacy.

Participants frequently reported negative experiences with access to services, and secondary care often lacking continuity. Participants felt that contact was too infrequent, too focused on medication and consultations too short. Key worker care was often experienced as unprofessional (e.g. uncaring, frequently late and responding to mobile phone calls during a meeting). Frustration was also voiced about the scarcity of talking therapies. Negative experiences of medication were related to side effects and feeling that professionals were not responsive to their concerns about this.

**Conclusions**

The findings of this study have implications for research and practice. Survey methods that seek to understand outcomes of importance for PwS on a broad generalizable sample would be helpful to establish those suitable for treatment trials and clinical practice. Outcomes of importance to PwS should also be routinely captured within the care planning consultation. This will help imbed processes within clinical practice that foster more recovery focused or person centred care. New and existing models of care can also make powerful use of peoples experiences of services to shape care that is better tailored to the needs of the individual.

**OP/158. Users' perceptions of programme characteristics and everyday activities in day centres and clubhouses-a longitudinal study**

**Authors:**

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**Summary:**

**Introduction**

Enhanced meaningful everyday activities, socialization and community participation have been found to facilitate mental health recovery for people with psychiatric disabilities. Community-based day centres (DC) and clubhouses are two approaches to psychosocial rehabilitation that provide work-related and recreational activities, as well as socialization. Thus clubhouses and DC may play an important role in assisting recovery in the target group. However, if one of the two approaches is more relevant in relation to the needs of the attendees is scarcely researched.

**Aims**

The main objective of this study was to compare DC and clubhouses concerning user perspective of unit and programme characteristics, and different aspects of everyday activities in terms of engagement and satisfaction.

**Methods**

This was a longitudinal naturalistic study encompassing participants from 10 DC (n=128) and 5 clubhouses (n=56) in Sweden. Self-report instruments regarding the targeted variables

were administrated. Data were analyzed with non-parametric statistics. The study is part of a larger longitudinal study comparing DC attendees and clubhouse members

**Results**

Preliminary results indicate that although the programmes were reasonably equivalent regarding unit and programme characteristics, there was a significant difference in the organizational domain. This domain includes questions about choice, and ability to influence decisions affecting the programme. There was also a significant difference in the domain related to the social network at the DC/clubhouse. Both aspects were rated significantly lower by the DC attendees. The findings also indicated that the DC attendees were less satisfied with their daily activities. There was no difference, however, between the two groups regarding their perceived engagement in activities. Analyses of DC and clubhouses separately indicated no change from baseline to follow-up, regarding the users' ratings of unit and programme characteristics, user engagement in activities, or satisfaction with daily activities. Satisfaction with daily activities increased more in the clubhouse group

**Conclusions**

The findings will be discussed in relation to their importance for psychosocial rehabilitation

**OP/78. Experiences of family caregivers for persons with severe mental illness in 22 countries**

**Authors:**

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**Work Center:**

(1) Sociologist, junior researcher, LUCAS KU Leuven; (2) Historian, research coordinator, LUCAS KU Leuven, Belgium; (3) Clinical Psychologist, PhD, LUCAS KU Leuven, Belgium; (4) Professor and head of LUCAS KU Leuven. Belgium.

**Summary:**

**Introduction**

Family caregivers play a central role in the care for persons with severe mental illness. Following the current mental health reform in developed countries towards more community-based care expectations toward family caregivers have increased. Survey-based evidence of the experiences of family caregivers exists, but no recent, comprehensive research has been done. This study was financed by EUFAMI, who received an educational grant from Lundbeck and Otsuka.

**Aims**

This exploratory study aims to assess the experiences of family caregivers in caring for their relative with severe mental illness. We study aspects related to family caregiver's (1) sociodemographic characteristics, (2) experiences, (3) satisfaction with professional support and (4) need for additional support.

**Methods**

This cross-sectional study was undertaken in 22 countries in 2014. A survey was completed by 1111 family caregivers of persons with severe mental illness who were linked with a family caregiver organisation.

**Results**

1. Characteristics: The average family caregiver is a woman, 58

years of age, caring for her child with schizophrenia for 15 years and 22 hours a week.

2. Experiences: One in three caregivers feels he or she has reached breaking point, where they feel they cannot carry on with things the way they are. Almost half of caregivers feel unable to cope with the constant anxiety of caring.

3. Satisfaction with professional support: Four caregivers out of ten feel that medical and care staff take things seriously if they talk to them. One third of caregivers feel satisfied with their ability to influence important decisions in treatment and care planning.

4. Need for additional support: One out of six caregivers indicates not being able to take a break from caring.

**Conclusions**

These results confront policy makers and clinicians with the inadequate recognition of caregivers in mental health care. Therefore, we recommend to push through the paradigm shift that views family caregivers as a resource and a partner.

**Oral Presentations 23: Mental Health Systems.**

**OP/295. Winter birth excess among patients with psychosis admitted into inpatient services: comparison of two close locations with quite different climate**

**Authors:**

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**Summary:**

**Introduction**

Patients admitted into acute psychiatric hospitalization units of Granada and Malaga, Spain, two close locations with quite different climates, were compared concerning sex and birth-cohort differences in the seasonal birth distribution of patients with schizophrenia or non-schizophrenic psychosis. In the first three months of the year, Malaga and Granada have mean average temperatures of 13.2 °C and 8.7°C, and mean lowest temperatures of 8.5°C and 1.8°C respectively.

**Aims**

The sample in Granada (Martínez-Ortega et al., 2011) included 615 patients ever hospitalized with psychosis, aged 18 to 64 (mean age 36.1±10.4 years), 69% of them males.

**Methods**

In the whole sample, the observed proportion of winter birth (December, January or February) was significantly higher than the expected proportion [31% (193/615) vs. 25% (154/615), ( $\chi^2=13.17$ ;  $df=1$ ,  $p<0.001$ )]. Among patients with schizophrenia ( $n=321$ ), January showed the highest proportion of births (15%, 49/321). This proportion was significantly higher than expected ( $\chi^2=16.16$ ;  $df=1$ ;  $p<0.001$ ) and also higher than the proportion of patients born in the rest of the months. Among non-schiz-

izophrenia psychotic patients (n=294) monthly birth distribution showed January to again be the month in having the highest proportion of births (13.9%, 41/294), significantly higher than expected ( $\chi^2=9.49$ ;  $df=1$ ;  $p=0.002$ ).

**Results**

Among patients with schizophrenia in a Malaga register, including inpatients and outpatients (n=1258), January showed the highest proportion of births (10.2%, 128/1258). However, this proportion was not significantly higher than expected ( $p=0.17$ ). After stratifying by sex, there was no significant difference in any month, except in June in which the observed proportion of births was significantly lower than the expected proportion among schizophrenia males (6% vs. 7.8%;  $p=0.037$ ). Among non-schizophrenia psychotic patients (n=727) monthly birth distribution showed April as the month in having the highest proportion of births (9.5%, 69/727).

**Conclusions**

This proportion was not significantly higher than expected ( $p=0.23$ ). After stratifying by sex, we found that this proportion of births in April was significantly higher than expected only among females (11.4% vs. 8.0%;  $p=0.024$ ).

**OP/118. The way to recovery from schizophrenia. A subjective point of view.**

**Authors:**

(1) Andrzej Technicki; (2) Anna Bielańska; (1) Aneta Kalisz.

**Work Center:**

(1) Department of Community Psychiatry, Chair of Psychiatry, Collegium Medicum, Jagiellonian University; (2) Association for the Development of Community Psychiatry and Care, Cracow.

**Summary:**

**Introduction**

The recovery-oriented treatment program for people suffering from schizophrenia is implemented at 15 networked centers in Krakow. Person-centered approach is introduced at the level of university, community, governmental authorities and by NGOs, integrating psychotherapy and social activities based on a stable relationship between the patient, the therapist and the family. The general aim of our program is to support individual self-help activity leading to a stable employment. "U Pana Cogito" Hotel is not only a Vocational Activity Center or a Social Firm – it is much more a Recovery and Education Center.

**Aims**

The aim of the study was to document the phenomena influencing stable employment and a qualitative evaluation of a long-term recovery process from a subjective point of view.

**Methods**

24 participants, mean age 48 years, diagnosed with DSM V schizophrenia, 7 to 30 years with the illness, employed at the "Cogito" Hotel. Self-reports, video materials.

**Results**

The success – a stable employment of 24 people. 8 of them moved to open-market jobs, 3 returned to "Cogito" after a period in the open market. 2 people retired, 4 people married. The failure- 6 people returned to various treatment and rehabilitation centers. The documentation of this long-term recovery process is presented as a short, thematically structured film.

It is an account of 24 people suffering from schizophrenia and employed at "U Pana Cogito" hotel over the last 10 years. It is a story about the way to work, overcoming the illness and stigma, and the conditions necessary to make recovery possible.

**Conclusions**

A stable, long-term therapeutic relationship and a job at a social firm allow schizophrenia sufferers to regain the motivation to act, to have the influence on the course of the illness and to find a hope for recovery. These factors protect from relapses, rehospitalizations and objectively improve the quality of life.

**OP/186. Work rehabilitation for people with a personality disorder**

**Authors:**

Wendy Afman.

**Work Center:**

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**Summary:**

**Introduction**

Having a job is positively related to a person's quality of life and overall wellbeing. Therefore, there are multiple models of work rehabilitation such as job-training programs, job coaches and companies training people in finding work. Most of the work rehabilitation methods are based on the first train-then place-principle, where a person receives training before applying for a job. For example, the Dutch Social Security Institute adheres to this principle. However, research shows that this method is not the most suitable for people with severe mental disorders (Michon, Van Busschbach, Vugt & Stant, 2010). In contrast, methods developed according to the first place-then train-principle turn out to be more effective for those with severe mental disorders. The goal is to get someone back to work as soon as possible and provide any necessary assistance or training on the job. The Individual Placement and Support (IPS) method is an example of such an approach. IPS is meant for people with a serious mental illness, but has not yet been examined for effectiveness in people with a personality disorder. However, many people with a personality disorder experience problems in the workplace and/or are unemployed (85-90%). This lowers the quality of life of the individual and also brings high social costs. So, research on effectiveness of IPS in people with personality disorder is highly desired and our plans for this will be presented.

**Aims**

Conducting a systematic review and test the effectiveness of a rehabilitation method in people with personality disorders.

**Methods**

Systematic review and setting up a randomized trial.

**Results**

Initial results from the systematic review suggests that the first place-then train method is most effective in people with a personality disorder

**Conclusions**

More research in work rehabilitation for people with a personality disorder is necessary.

**OP/287. Just crazy-normal - An analysis of a peer-support practice in the mental health services.**

**Authors:**

Birgitte Hansson.

**Work Center:**

Professionshøjskolen Metropol. Copenhagen. Denmark.

**Summary:**

**Introduction**

15 people- all with lived experiences- visited patients at three selected psychiatric wards, and followed the patients in their everyday life after being discharged from the hospital

**Aims**

The aims of the research are to produce knowledge about learning processes among patients and their peer-supporters. The study examines whether learning processes among patients and peer-supporters may create potentials for new knowledge, resources and new perspectives in the lives of mentally distressed people- and which aspects of peer-support practice that may have an impact on these potentials. The peer support is initiated in a psychiatric ward and followed up in everyday life after discharge.

**Methods**

The framework of the project is critical materialistic socialisations theory and the methods are narrative interviews with peers and patients in psychiatric wards, together with ethnographic field notes. Mental health disorders in this project are not viewed as physiologically dependent or in terms of categorisations such as psychiatric diagnoses. Instead, health and disease are perceived as relational and contextual phenomena produced through dynamic interactions between the individual and the outside world and regarded in an everyday-life perspective.

**Results**

In relation to psychiatric practice, the thesis shows that learning processes that take the person's cognition as a starting point, as a logical way of approaching the repressed forms of interaction, may hinder or exclude processes of experience formation. It shows that peer-support practice based on sensory learning processes, create opportunities for both patients and peer-supporters to obtain new insights and to learn new ways of engaging in interactions with others. Sensory learning processes may be the first step to empower people with mental health disorders.

**Conclusions**

Discussion: User-involvement and peer-support are current political goals, which are coherent with a larger international tendency of development in the field of mental health. If peer-support in the future is to unfold its productive and unconventional potential, this is the time to discuss and to reflect on its ideas. If not, the initiative of peer support runs the risk of delivering inspiration to yet a traditional psychiatric and cognitive way of thinking, albeit in a new shape.

Hansson, Birgitte

Associate Professor and PhD

**OP/296. Analysis of a sample of patients admitted into an acute psychiatric unit during a nine-year period**

**Authors:**

(1) Manuel Gurpegui; (1) Jose María Martínez-Ortega; (2) Luis Gutiérrez-

rez-Rojas; (3) F. Díaz-Atienza; (1) D. Jurado.

**Work Center:**

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**Summary:**

**Introduction**

Patients admitted to an acute psychiatric hospitalization unit during a nine-year period were analyzed.

**Aims**

Specifically, we aimed to evaluate sex differences and risk factors for frequent psychiatric hospitalization. Socio-demographic variables and diagnoses were collected for all patients consecutively admitted or readmitted during a period of nine years (1998-2006) into one of the two general hospitals in the city of Granada.

**Methods**

Frequently admitted patients were defined as undergoing one or more admissions per year on average.

**Results**

The finding of a higher proportion of men among patients hospitalized for schizophrenia or substance use disorder and a higher proportion of women among those admitted for affective disorders, including bipolar disorder, was stable over time. After controlling for potential confounding factors, logistic regression showed that being a frequently admitted patient was significantly associated with diagnoses of schizoaffective disorder, personality disorder or schizophrenia; an involuntary commitment at first admission; and younger age.

**Conclusions**

Factors associated with psychiatric hospitalization should be identified in order to establish more effective strategies for preventing relapse.

**OP/324. Electronic Clinical Practice Guidelines on Major Depression in Primary Care: an integrated evidence-based Computerised Decision Support System.**

**Authors:**

(1) M Caverio; (2) E Comin; (2) S Calero; (2) E Aragonés; (3) E Jorda; (4) J Monreal; (5) V Perez; (6) Diego Palao Vidal.

**Work Center:**

(1) Institut Clínic Neurociències- UB; (2) Institut Català de la Salut; (3) Departament de Salut, GC; (4) Parc Tauli Sabadell-Hospital Universitari; (5) NAD Parc Salut Mar; (6) Departament de Psiquiatria i Medicina Legal, UAB.

**Summary:**

**Introduction**

It is well documented the gap between scientific evidence and its application in real clinical settings in the management of depression. Over a 50% of depressed patients in primary care do not receive adequate attention or treatment (in more cases, those ineffective or potentially negatives).

**Aims**

Our target was to develop a Computerized Clinical Guideline for

depression clinical management (CPG-DEPc) in primary care, integrated in electronic health records

**Methods**

Design, development and production of a CPG-DEPc, adapting a paper version of a SNS Guideline,c by a multidisciplinary team of physicians, psychiatrists, pharmacists and engineers. Diffusion on all public primary care Centers in Catalonia (Spain).

**Results**

The integrated design of the CPG-DEPc allows accurate consultations during the flow of the patients visit itself, facilitates proper clinical registers, facilitates diagnostic tools (p.e. MINI-Interview), severity scales (PHQ-9) of functional impairment scales (GAF) and risk of suicide instruments. It also offers support for the election of evidence-based treatments. On the other hand, it also facilitates the monitoring and team's multidisciplinary treatments

**Conclusions**

The CPG-DEPc really works as a computerised decision support system and integrate these with electronic medical records. The main limitation is to have a truly effective implementation method that favours their use and impact on the conduct of professionals and on the patient outcomes.



## POSTER SESSIONS

### e-Poster 1: Mental Health Systems

#### PP/15. The importance of using a well-established treatment.

**Authors:**

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**Summary:**

**Introduction**

Obsessive Compulsive Disorder (OCD) affects 2.5 % of the Spanish population (Vallejo, 2010). The essential features of OCD are obsessions that are intrusive, anxiety provoking and that cannot be halted by the individual. At the same time, the individual can suffer compulsive behavior which is an unnecessary action that is performed in a ritualistic manner, often to reduce the anxiety of obsessions. In order to be diagnosed with OCD the patient can suffer from either or both.

**Aims**

To demonstrate why it is important to be up to date in clinical research in order to use well established treatments and at the same time being a good clinician to personalize each treatment to each patient

**Methods**

A 25 year old man diagnosed with OCD for 5 years was hospitalized in the acute unit. During these five years he has been in treatment by a psychiatrist who tried different medications with no results and a psychologist who applied psychoanalytic therapy. During the hospitalization the psychologist conducted a deep assessment by: clinical interview and Clinical Tests. The final diagnosis was: OCD related to cleaning and infections. At this context, both the psychiatrist and the psychologist started acute and intensive treatments. The psychologist's treatment mainly consisted of a very deep psychoeducation and Exposure to Response Prevention (ERP) mixed with some components of Acceptance and Commitment Therapy (ACT) in daily sessions for 11 days

**Results**

The patient terminated the treatment in the acute unit once the team observed he was capable of going back to his home and continuing with the treatment by himself. At follow ups, he showed significant improvement. Mean scores on all rating scales were significantly lower at the end of the treatment

**Conclusions**

ERP has been proved to be a well-established treatment by itself, as has also pharmacology (2006, Perez). Although ERP+ Cognitive therapy or pharmacology are in experimental phase we considered that in this case, where OCD had to be treated in an acute context, this choice was the best option. Furthermore, although combining this therapy with some ACT techniques

(Wilson, Luciano, 2002) was an innovative approach in this case worked efficiently.

#### PP/130. The International Research Program Quality in Psychiatric Care (QPC)

**Authors:**

(1) Agneta Schröder; (2) Lars-Olov Lundqvist.

**Work Center:**

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**Summary:**

**Introduction**

Research on quality of psychiatric care has identified a need for internationally standardised instruments to measure quality of care from the patients' and staffs' views. International comparisons will generate new and generalizable knowledge that can be used in quality of care improvement.

**Aims**

The international project Quality in Psychiatric Care (QPC) is a larger research program aiming at adapting the QPC versions for patients and staffs to different international settings, to test the psychometric properties and equivalence of dimensionality of the different language versions, and to describe and compare the quality of, in-patient, out-patient and forensic in-patient psychiatric care across different countries.

**Methods**

The QPC is a family of instruments based on a definition of quality of psychiatric care from the patients' perspective. The definition was developed from a phenomenographic interview study with in- and out-patients. Currently the QPC family covers four areas of psychiatric care: out-patient (QPC-OP), in-patient (QPC-IP), forensic in-patient care (QPC-FIP), addiction out-patient care (QPC-AOP), and two areas of community-based psychiatry: housing (QPC-H) and daily activities (QPC-DA). Four of the QPC-versions are also available in versions adapted for measuring the staff's perception of quality of care (QPC-OPS, QPC-IPS, QPC-FIPS and QPC-HS, respectively). Six of the psychiatric care versions are available in the Scandinavian languages, Finnish, English, Persian, Portuguese, Spanish and Indonesian. Shortly, several instruments will be available for staff and next of kin.

**Results**

The first part of this research program is finished. Confirmatory factor analysis revealed that the factor structure of the Danish versions of QPC-FIP and QPC-FIPS was equivalent to the original Swedish versions. Patient rating the quality of care generally lower than staff expect in the secure environment dimension. Several studies in the QPC research program are ongoing in Brazil and Indonesia.

**Conclusions**

The psychometric test and validations of the instrument QPC in different language and countries versions allowed countries comparison of quality of care, quality improvement and permits benchmarking.

**PP/163. How to evaluate complex health services that are already implemented - propensity score analysis in prospective observational controlled trials**

**Authors:**

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**Summary:**

**Introduction**

In the evaluation of mental health services which are already implemented in the public health care system a randomised group assignment is often not feasible. However, non-randomised study designs bear the risk of a selection bias. Propensity score (PS) methods are one approach to overcome those difficulties. The variety of PS methods has increased rapidly.

**Aims**

Aim of this presentation is the comparison of different PS techniques for the correction of selection bias in observational trials for the evaluation of mental health services.

**Methods**

The analysis took place within the IVPOWER project that evaluates effectiveness of integrated care programs in Germany. The PS was estimated based on logistic regression models including independent variables such as medical history, patient's clinical condition, socio-demographic characteristics and current living conditions. One-to-one matching without and with repetition was made using the nearest neighbourhood method with different callipers. Finally, one potential confounder, the time after diagnosis, was compared between the matched study groups. Additionally, those results were contrasted with the results from an analysis adjusting for PS in the original sample.

**Results**

In total the PS for 222 patients in care as usual (CAU) and 238 patients in integrated care (IC) was calculated. The one-to-one matching with callipers from 0.1 to 0.5 resulted in 154 to 207 matched pairs. After one-to-one matching with repetition (calliper = 0.1) 234 patients in IC, but only 108 patients in CAU were taken into account. In the mean, one selected CAU patient was matched to two IC patients (range 1 to 7). When comparing means of the study groups, results after PS matching and after adjustment for PS were comparable. However, PS matching depended on the choice of the calliper. Higher callipers were related to lower efficacy in bias correction, while lower callipers were related to limited sample sizes and lower power.

**Conclusions**

PS analysis is a powerful method to control for selection bias and is strongly recommended in health service research. However, as matched analysis would comprise less patients and hence valuable information would get lost, for trials with limited sample sizes PS adjustment should be favoured over PS matching.

**PP/194. Waiting for the suitable resource...**

**Authors:**

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Gómez Sánchez-Lafuente.

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**Summary:**

**Introduction**

The crisis is affecting the public state Spanish Health services and especially the patients who need mental health assistance.

**Aims**

Our goal in this study is to demonstrate a fraction of the expenses produced by this kind of patient because of a bad evolution and reflect upon the lack of suitable resources.

**Methods**

We have made a descriptive study where we analyzed 30 patients with Severe Mental Disorder diagnosis, users of our Mental Health services (Málaga, Spain), by identifying the number of admissions at the hospital and the average days of stay, as well as taking into consideration the costs generated.

**Results**

We analyzed 30 patients in our study, 16 male and 14 female, the most frequent diagnosis was schizophrenia (18 cases), followed by bipolar disorder (7), schizoaffective disorder (3), delirious ideas disorder (1) and major depressive disorder with psychotic features (1). The total number of stays in the mental health acute unit during the year 2014 of these 30 patients was 36, and the total days was 568, so the average hospital stay was 15.78 days. Eight of our patients needed several consecutive hospital stays (until five), with a bad evolution of each case because there aren't suitable outpatient support, according to their needs.

Currently, at our hospital, the stay costs according to the diagnosis code and not because of the number of stays, assigned in our case the "psychosis" code (include Severe Mental Disorder), being the price estimation with that coding 5611.76€. We can estimate the cost generated because these 30 patients in 2014 in relation to the stay at acute psychiatry admission unit in 202023.36€.

**Conclusions**

With this descriptive study we would like to demonstrate the need of accurate resources to particular patients with Severe Mental Disorder, because in these cases the shortage in resources shortage affects unfavorably the illness evolution.

**PP/242. Sociodemographic and clinical characteristics of psychiatric inpatients with a history of violence: Planning new services according to their needs**

**Authors:**

(1) Valentina Candini; (2) Viola Bulgari; (3) Laura Iozzino; (4) Chiara Buizza; (5) Clarissa Ferrari; (2) Paolo Maggi; (2) Beatrice Segalini; (6) Alessandra De Francesco; (7) Giuseppe Rossi; (8) Giovanni de Girolamo.

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**Summary:**

**Introduction**

To date very little is known about if, and how, Residential Facilities (RFs) can meet the needs of patients with a history of violent behaviour. Our study, conducted in the specific setting of RFs, is a contribution into that direction.

**Aims**

1) to investigate a sample of patients living in RFs with a history of violent behaviour against people and to compare their characteristics with those of never-violent residents; 2) to analyze the associations between aggressive behaviour in the last two years and a history of previous violence; and, 3) to assess the predictors of aggressive and violent behaviour.

**Methods**

This is a cohort prospective study aimed to compare two groups ('violent' and 'never-violent') of inpatients matched by sex, age and diagnosis. The 'violent' group consisted of patients who have committed at least one violent act against people, while the 'never-violent' group only included patients who have never committed physical violence. Socio-demographic and treatment-related information were gathered. Moreover, a large set of standardized instruments were administered to assess clinical and psychosocial functioning and aggressive behaviour, impulsivity, metacognition, emotion recognition, cognitive functioning, personality traits. In order to monitor the risk of recidivism during the 1-year follow-up, we used the Modified Overt Aggression Scale (MOAS) which was administered twice a month.

**Results**

The study involved 139 patients: 83 violent and 56 never-violent. The mean age of violent patients was 44.8 (SD=11.3), while that of control group was 46.7 (SD=9.6). The majority of violent and never-violent patients suffered by schizophrenia spectrum diagnosis. The mean illness duration was 19.8 years (SD=10.3) in the violent group, and 24.5 years (SD=10.2) in the never-violent group; all these differences were not statistically significant. Regarding the total MOAS score during the 12-month follow up period, there were no statistically significant differences between the two groups in the occurrence of aggressive and/or violent behaviour.

**Conclusions**

These data seem to suggest that the frequency of violent behaviour does not differ among patients with a history of violence compared to patients without no violence, both treated in RF's with a 24-hour cover.

**PP/255. Mental Health Care for People with Intellectual Disabilities and Mental Health Problems: Exploring the Service User's Perspective**

**Authors:**

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**Summary:**

**Introduction**

Need for mental health services is high in people with intellectual disabilities (ID) and comorbid mental health problems, but evidence on the quality and essential ingredients of care from the patient perspective is limited.

**Aims**

We investigated mental health care from the perspective of patients with ID who used specialist mental health services.

**Methods**

Qualitative interviews were conducted with seven participants of the German multicentre study "Mental health care provision for adults with intellectual disability and a mental disorder (MENTA)". Inclusion criteria were presence of mild ID and sufficient language skills. In order to receive a wide range of opinions, participants were selected by means of purposive sampling after responding to a standardized questionnaire about satisfaction with mental health treatment yielding two groups (high vs. low satisfaction). Semi-structured interviews were chosen making possible inductive as well as deductive methods, focusing on the participants' perception via narrative aspects. The interviews were recorded, transcribed and analyzed using MAXQDA.

**Results**

Participants focused on social and environmental facets. A trustful relationship between patients and staff was crucial for their satisfaction with treatment. Negative attitudes toward psychiatrists became more positive over the course of treatment. Results of the participants' involvement in the treatment process showed two tendencies: Some participants were highly motivated to participate in treatment. They closely observed wanted and unwanted effects of the medication and made explicit efforts to motivate staff to be considerate of their requests. Others were far less concerned with treatment and showed little confidence in staff. These participants seemed to fully trust the staff and did not question treatment, in particular medication or coercive measures. Nevertheless, these participants often showed a high compliance with treatment.

**Conclusions**

Sound measures of the therapeutic relationship in this population should be developed. This would make it possible to answer important questions, e.g. which specific aspects of the therapeutic alliance affect outcome, and according to this promote training of staff.

## e-Poster 2: Implementation on Mental Health Care

### PP/35. Development and effectiveness of a web-based mindfulness intervention for families living with mental illness

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

Mental illness (MI) not only affects the patient, but also family members who may experience added burden, possibly resulting in their own mental health problems. Mindfulness based interventions (MFI) have positive psychological effects and appear useful in reducing caregiver stress and enhancing quality of life, both in clinical and non-clinical populations. Exploring cost effective ways of supporting families living with MI and working preventatively should be explored, e.g. through web based services. The strengths and weaknesses of the Internet as a health care tool should be explored to better understand best practices, including its potential and drawbacks in addressing health care needs.

**Aims**

The aim of the present feasibility study was to explore the development and effectiveness of an 8 week web-based mindfulness program in supporting families living with MI.

**Methods**

Pre-post design, with participants (n=98) answering a demographic questionnaire and self-report instruments: Five Facet Mindfulness Questionnaire (FFMQ)(Baer et al 2006), Carer-QoL7-D (Brouwer et al 2006) for caregiver burden; Perceived Stress Scale (PSS)(Cohen et al 1983); and a Self-Compassion Scale (Neff 2003). Data was analyzed with descriptive and analytic statistics.

**Results**

Significant differences were found pre- and post-test, with increased levels of mindfulness and self-compassion, and decreased levels of experienced caregiver burden and perceived stress. The web based format made the program easily accessible and flexible to use, which were strong motivators for using the program as reported by the participants.

**Conclusions**

Acceptability and usability of the present web based MFI was high and appeared beneficial in supporting families living with MI. Effective and easily accessible coping strategies to deal with stressful situations and relations can help families cope with this difficult situation, possibly decreasing the risk of their own ill health. Strong relatives are also in a better position to help the patient. More studies are needed to further explore the program's effectiveness and to enhance its usability.

### PP/21. Evaluation of distress in patients diagnosed with colorectal cancer with surgical indication

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The most important cancer clinical guidelines recommend regular monitoring of cancer patient distress (e.g., NCCN Guidelines, 2011). Screening instruments, namely the Distress Thermometer (TD; Almanza, Rosario & Pérez, 2008), are a rapid and efficient measure for use in different health care settings by passing the oncology patient. Detecting the patient's level of distress and their problematic areas, is important to guide interventions centred in needs of the patient.

**Aims**

To describe distress experienced by a group of patients with colorectal cancer with surgical indication and to detect problematic areas, 2) To submit the usefulness of TD to detect cancer patient's distress

**Methods**

65 participants, 41 men and 24 women (mean age = 69.53, SD = 11.11, range = 40-90) recruited from Digestive Surgery Clinical Management Unit. They were administered the Distress Thermometer. It is composed of two subscales: the first one, patients report their level of distress in an 11 point scale with the endpoints labeled "No distress" (0) and "Extreme distress" (10). The second subscale consists a list of 34 problems divided in five groups. Patients have to say which they suffer. A descriptive analysis of the data was performed.

**Results**

The percentage of moderate or severe distress patients among all participants was 61.5%. Emotional and physical areas were the most affected. The most frequent problems were: worries (60%), problems going to the bathroom (53.8%), sadness (36.9%), tingling in hands and feet (35.4%), pain (33.8%) and swelling (32.2%).

**Conclusions**

Previous investigations reported a slightly lower percentage of patients with distress than it obtained in the present study (Hoffman, Zevon, D'Arrigo & Cecchini, 2004). The intervention of mental health professionals in these patients is very important because of the high prevalence of emotional problems. Some research claims that a proportion of patients will experience greater long-term distress than in the early stages of the

disease (Dunn et al., 2012). The TD is a quick and effective way to identify the needs of these patients at different stages of the disease.

**PP/123. Treatment adherence in mental disorders: factors associated with non-adherence identified by patients**

**Authors:**

(1) Ana Cardoso; (2) Miguel Xavier.

**Work Center:**

(1) *Researcher. Department of Mental Health NOVA Medical School - UNL. Lisboa. Portugal;* (2) *Department of Mental Health NOVA Medical School - UNL. Lisboa. Portugal.*

**Summary:**

**Introduction**

Treatment non-adherence is a major factor contributing to poor clinical outcomes in patients with mental disorders. Patient adherence to treatment is likely to be influenced by a complex interaction of treatment, patient, and sociodemographic and clinical factors. By understanding which factors identified by a patient that may have a high impact in treatment adherence, can enable the development of more effective strategies.

**Aims**

The study explored predictors related with non-adherence identified by patients with MHD and work to assess the factors associated with non-adherence identified by patients with mental health disorders(MHD).

**Methods**

In this cross sectional study we use a convenience sample of patients with MHD. The patients completed a clinical and socio-demographic questionnaire and additional measures to assess illness perception, symptom severity, treatment adherence and attitudes towards medication. The completion of the questionnaires took approximately 45 min.

**Results**

A convenience sample of 121 patients (mean age= 39.8; 9.3  $\sigma$ ) in treatment in a variety of settings is being collected in the mental health departments of three general hospitals in Lisbon greater area. The majority of patients identified the following factors related to treatment as their reason for non-adherence: side effects (50.4%;n=61); lack insight (49.6%;n=60) and no recognition of the need for treatment (34.7%; n=42)

**Conclusions**

The results of this study can be used to further our understanding regarding adherence and non-adherence over time, better identification of patients who are at risk of becoming non-adherent and who will have difficulty developing adherence, and interventions to prevent such problems.

**PP/216. Distance from home is distance from reality. Abilify maintena treatment to prevent relapse.**

**Authors:**

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**Work Center:**

*Psychiatric in training. Virgen de la Victoria Hospital. Málaga.*

**Summary:**

**Introduction**

Therapeutic options in first psychotic episodes when the patient is not conscious of her illness.

**Aims**

We are proposing a case of a first psychotic episode where the patient has no awareness of her own illness and this could hinder the continuity of treatment. Here we propose the injectable treatment with Abilify Maintena as a therapeutic option.

**Methods**

The patient is a Spanish 19-year-old woman. She is the only girl to her parents. She moved from home five months ago when she started with her biology studies in other city. She was living at a students' residence before hospitalization.

As organic background: no known drug allergies, denying previous surgery or other organic disease. As background in mental health: treatment for one year when she was 15 years with private psychologist for diagnosis of an eating disorder. The patient was admitted to the hospital psychiatry unit with the diagnosis of a first psychotic episode. During admission the patient progressed favorably with Aripiprazole 20mg oral. However she is not aware of her illness so we considered the possibility that she would abandon treatment after arriving home.

**Results**

Considering the difficulty to ensure good treatment adherence, we decided to give her an injectable treatment with Abilify Maintena 400mg which had good response and tolerability.

**Conclusions**

In cases of first psychotic episodes the patient frequently is not conscious of her illness. That fact decreases adherence to treatment in the early months. Being without treatment during these months provokes negatively influences in the prognosis of the disease and increases the relapses.

**PP/205. Clozapine for treatment resistant schizoaffective disorder.**

**Authors:**

(1) Carlos Gómez Sánchez-Lafuente; (2) Alexandra de Severac Cano; (2) Alicia Navarro Moreno; (3) Rocio Reina Gonzalez; (2) Iria Tilves Santiago; (2) Alex Daniel Almeida.

**Work Center:**

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**Summary:**

**Introduction**

Consumption of coffee and other stimulants may be a factor in treatment failures and it can be understated in clinical practice. Caffeine has been reported to worsen psychosis in people with schizophrenia and to cause psychosis in otherwise healthy people. Besides, they usually appear concomitant to other toxics magnifying their effects.

**Aims**

Discussion in relation to a clinical case.

**Methods**

29 years old Male, referred by his regular psychiatrist that have

been following him since 5 years ago, for stabilization in Acute psychiatrist Unit. His disorder was refractory to many neuroleptic and antidepressant drugs, like olanzapine, risperidone, zuclopenthixol, haloperidol, palmitate paliperidone, sertraline and venlafaxine. He showed many psychotic symptoms, like Fregoli syndrome, delusion of control and auditory hallucinations that were aggravated by caffeine and Tetrahydrocannabinol consumption that started 14 years ago. He also showed affective symptoms and suicidal ideation

**Results**

The diagnostic was other mental and behavioural disorders due to multiple drug use and use of other psychoactive substances (F19.8) and Schizoaffective disorder, depressive type (F25.1). Clozapine was introduced in ascending dose from 25 mg to 100 mg daily and withdrawal from addictive substance was treated through detoxification and counselling during the admission. The patient increased awareness of his disorder and the family improved support to him. At the follow-up he achieved THC and stimulants cessation and clozapine did not cause any side effect. At this time he only takes clozapine 300mg per day.

**Conclusions**

Clozapine has been shown effective in treatment of multi-resistant Schizoaffective depressive disorder. Besides, it is important to state and treat addiction to legal stimulants besides other drugs to achieve withdrawal in order to improve symptoms and achieve psychopathological stability, that we could not have achieved with a single psychiatric approach.

**PP/270. Individual Placement and Support (IPS) in Denmark: A Randomized controlled trial**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

Individual Placement and Support (IPS) appears to be an effective vocational intervention in order to obtain competitive employment for people with severe mental illness. However no IPS trials have been conducted in Denmark, which is characterized by having a specialized labour market with a high minimum wage and few entry-level jobs. Further, long-term job retention and economic self-sufficiency have not yet been clearly demonstrated. A way to address these limitations could be by integrating methods such as cognitive remediation and work-related social skills training.

**Aims**

To investigate the effectiveness of IPS in Denmark and compare effects of 1) IPS; 2) IPS enhanced with cognitive remediation and work related social skills training; and 3) service as usual.

**Methods**

The trial design is a randomized, assessor-blinded, multi-centre trial. A total of 708 patients with severe mental illness will randomly be assigned into the three groups. Following diagnostic assessment, participants will be assessed with standardized measures of work, symptoms, function, and quality of life, at baseline, and at 18-month follow-up evaluations. The primary

outcome is number of hours in competitive employment or education at 18 months follow-up.

**Results**

Currently 500 patients are included in the study and more than 47% already obtained competitive employment or education in the two experimental groups.

**Conclusions**

If the result of this trial show that IPS or IPS enhanced with cognitive remediation and work-related social skills training is superior to service as usual, this will support the evidence that the method is generalizable into a great variance of labor markets and welfare systems, and provide important knowledge about the effect of adding cognitive remediation and social skills training to the IPS intervention.

**PP/297. Multi-family interventions – A qualitative analysis of hindering factors for the implementation of family support**

**Authors:**

(1) Karin Persson; (2) Karin Ingvarsson; (3) Margareta Östman; (4) Fredrik Hjärthag.

**Work Center:**

(1) PhD Department of Care Science. Malmö. Sweden; (2) PhD. Faculty of health and society Malmö University. Sweden; (3) Professor. Faculty of Health and society Malmö University. Sweden; (4) PhD. University of Karlstad. Sweden.

**Summary:**

**Introduction**

Research on multi-family interventions for people with SMI and their families have shown good results, decreased relapse, improved adherence to medication, an improved emotional climate in families. However, it is only a small part of people with SMI who are offered to participate in such group activities. Long-term treatments are given lower priority in favor of urgent medical interventions when mental healthcare resources are shrinking. Many people with SMI today have their main support from outpatient psychiatric care or various types of municipal support. Despite this, there are few studies that have been completed within municipal services.

**Aims**

The aim of the study was to interview family coordinators and department managers from municipality settings that chose not to partake in a research project aimed to introduce a multi-family model by McFarlane in order to elucidate hindering factors for their participation.

**Methods**

The method was a qualitative interview study, five interviews with eleven participants was conducted. A semi-structured interview guide with open-ended questions was worked out by the research team with feedback taken from a patients' and relatives' advisory board. Interviews were analyzed according to thematic content analysis.

**Results**

The result consisted of a main category and four subcategories. All informants described the hindering factors as a juggle of family support to someone else. The main category was mentioned as a juggling of the responsibility to implement support for families, primarily over to psychiatric care. The four subcategories, Uncertainty to support a multi-family model, Lack of a

uniform Family Support Policy, Essential Values in the municipality services portfolio Creating Obstacles, A New Model-we don't need a model describing all different aspects of a juggling of responsibilities for support to relatives

**Conclusions**

Family support is an important subject to municipality services. Efforts to overcome disparities between municipality and psychiatric services must be made in order to bridge the gap between the services. A model for family support needs to face the challenges of today, include hope and other encouraging activities. In order to meet these demands more recovery-based values and family needs have to be emphasized.

**e-Poster 3: Mental health and economy**

**PP/149. System level costs and benefits of improving access to psychological services for depression in Canada**

**Authors:**

(1) Helen-Maria Vasiliadis; (2) Eric Latimer; (3) Alain Lesage; (4) Martin Drapeau.

**Work Center:**

(1) Université de Sherbrooke; (2) Douglas Mental Health Institute; (3) Institut de Santé Mentale de Montréal; (4) McGill University.

**Summary:**

**Introduction**

There exists socio-economic disparities in access to psychological therapies for Canadians with mental health needs.

**Aims**

The objectives were to determine (i) the costs and (ii) benefits associated with an increased access scheme to evidence based psychological therapies for depression in a primary care delivery context from a health systems perspective.

**Methods**

Using Canadian and International epidemiologic, pharmacologic and economic data from the literature, as well as from private published reports, we carried out a prospective value implementation study. The study population in this modelling exercise will include adults aged 18-65 years with depression. Main economic outcome measures include from the health system perspective, costs associated with health service use (medical consultations and medication use). Other costs considered include: paid incapacity benefits for sick-leave and costs; lost productivity (absenteeism) or reduced productivity. The main health outcome associated with disability and impairment due to depression will be measured using the change in quality adjusted life years. The economic and health models compared will include those describing the present Canadian situation (who uses psychological therapies, the prevalence of users; under what payer scheme; and under which conditions (# of sessions) versus the new improved access where new people are being treated. Discrete event simulation modelling was carried out with the ARENA program.

**Results**

Will be provided

**Conclusions**

The increased investment to cover publicly funded psychological services for those in need, will translate into lower health care costs in the long run due to decreased relapse rates and disability leading to decreased medical consultation rates; decreased disability payments paid out, decreased productivity losses due to increased employment and productivity. The health related quality adjusted life years will also improve for those with depression.

**PP/184. The cost-effectiveness of body psychotherapy (BPT) compared to Pilates in the treatment of negative symptoms of schizophrenia**

**Authors:**

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**Summary:**

**Introduction**

Schizophrenia has negative symptoms that are associated with unfavourable long-term outcomes and have so far have been difficult to treat. Body Psychotherapy is associated with lower negative symptoms. However, its cost-effectiveness has not been established.

**Aims**

1. To establish the cost-effectiveness of body psychotherapy (BPT) compared to Pilates in the treatment of negative symptoms of schizophrenia

**Methods**

In a randomised controlled trial, schizophrenic outpatients with negative symptoms were allocated to BPT or Pilates. In both conditions, patients were offered two 90-minute sessions per week in groups of about 8 patients for 10 weeks. Outcomes were assessed at the end of treatment and at six months follow-up. The primary clinical outcome is severity of negative symptoms, as measured by the 20 Positive and Negative Symptom Scale (PANSS), whilst quality-adjusted-life-years (QALYs), measured by the EQ-5D, were chosen as the economic outcome.

Costs from a health and social care perspective were estimated from resource use and were compared between the groups using a bootstrap regression model. Cost-effectiveness and cost-utility were established by combining the cost data with change scores on the PANSS and QALYs respectively. In addition, cost-effectiveness acceptability curves (CEACs) were used to indicate the probability that BPT or Pilates is cost-effective for different values placed on unit-changes in outcome. CEACs were estimated using the net benefit approach.

**Results**

275 patients were randomised to BPT (n=135) or Pilates (n=140). Preliminary results indicate slightly lower use of community health services by the intervention group after 6 months. Cost analyses still ongoing.

**Conclusions**

If proven to confer value for money, group BPT could potentially be rolled-out to schizophrenia patients with negative symptoms.

**PP/178. Implementation of a new mental health care device in response to the economic impact generated by the judicialization of psychiatric hospitalizations in the public health budget**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

In Brazil, the mental health care assistance is organized in Psychosocial Care Network- PCN, made up of different modalities of services and structured according to the parameters of community-based mental health.

**Aims**

To describe an experience of a country health region in the state of São Paulo- Brazil, that covers 26 counties and 1.412.584 people, on the implementation of a new public psychosocial care device, specially in response to the wide and costly demand of psychiatric judicialized cases, reducing the budgetary impact in the public health system.

**Methods**

This was a descriptive study of actions and policies implemented to build a new public psychosocial care device based on public accountability of the São Paulo State Government and the region counties in this coverage area.

**Results**

: The proposals of this new psychosocial device is to become a continuing education apparatus for the community mental health staff and to offer outpatient services, emergency care and brief psychiatric hospitalizations with 80 beds available, enabling 160 monthly admissions of up to 15 days stay in order to continue the treatment in territorial outpatient services, filling the territorial mental health assistance gaps. This device has avoided 260 compulsory hospitalizations since its introduction in 2012. Considering that each compulsory hospitalization had a cost of US\$ 450 per month and an average of 6 months duration, according to the Ministry of Health, there was a saving of US\$ 702.000,00 to the public coffers, exceeding by 25% which is invested annually in the network of psychosocial care in the same region by the federal government.

**Conclusions**

When a regionalized community mental health care network is well structured, both for the technical quality of its staff, as the appropriate number and modalities of services according to the population demands, the judicialization of public health can be avoided, besides reducing unforeseen expenses in the public management budget planning, consequently avoiding indebtedness.

**PP/217. Economic changes give a new opportunity to improve the vital context of a patient.**

**Authors:**

Alexandra de Severac Cano; Carlos Gómez Sánchez-Lafuente; Alex Daniel Almeida Argüello; Mario Carretero Castillo.

**Work Center:**

Psychiatric in training. Virgen de la Victoria Hospital. Málaga.

**Summary:**

**Introduction**

When the economic crisis became an oportunity for a patient.

**Aims**

We are proposing a case of a patient whose prognosis, treatment and institutionalization were based on economic resources and not of mental pathology.

**Methods**

Patient who was institutionalized in a Psychiatric Hospital since he was 18 years old. At this time he is 42 years old. He was diagnosed with paranoid schizophrenia. Their expenses are paid by the state and this situation changed with the economic crisis and the state is forced to reduce these benefits. So they start to review clinical cases like this patient's. After being interviewed by a psychiatrist they decide to remove the patient from the hospital and take him to a residential resort with monitors. Their quality of life significantly improved in these circumstances.

**Results**

The patient during hospitalization in a psychiatric hospital did not have any activity. His new psychiatrist reduced his neuroleptic treatment. He began to participate in group activities, to relate to other patients and he improved self-care. Overall the patient improved markedly.

**Conclusions**

Our discussion is about how in this case the economic crisis forces a review of the patient's condition in that hospital. We wonder if there will be other patients with similar situations who might benefit from new resources after the psychiatric reform.

**PP/193. Scarce economic resources make a patient without treatment ask for help.**

**Authors:**

Alexandra de Severac Cano; Carlos Gómez Sánchez-Lafuente; Alicia Navarro Moreno; Mario Carretero Castillo.

**Work Center:**

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**Summary:**

**Introduction**

Economic problems help a patient to seek help

**Aims**

We are proposing the clinical case of a patient with severe mental pathology who has not taken treatment for over twenty years. At the moment that she lost all of her money and she came to the hospital asking for help. However she did not expect a hospitalization as our own answer.

**Methods**

Patient of forty six years old. She came to the emergency room asking for help. She says that her mother has poisoned her at the distance. She explained that for the last two days she has not the economic resources to pay for her accommodation. The patient had spent eight years without seeing her mother and without mental treatment. She explains that ten years ago she felt some strange sensations in her body and she realized that the cause of this was poison and the person who was doing that to her was her mother. She was concerned about this because she said that in the street there was more poison than in other places. She wanted to show us that in her skin there was a lot of poison.

**Results**

We decided to carry out an admission of the patient to the acute psychiatry unit, with subsequent diagnosis of delusional disorder and administering pharmacological treatment for it.

**Conclusions**

We are discussing this clinical case and the circumstances around it because the economic problem was the cause of admission to the acute psychiatric unit. She has been living in different hostels and when she finally decided to visit the psychiatric unit it was for the unique reason of looking for economic resources after her family's decision not to keep on helping her.

**PP/231. The lack of cost-effectiveness studies and the decision-making process in low and middle-income countries: the case of antipsychotics**

**Authors:**

(1) Monica Kayo; (2) Andrea Alves Cardoso; (2) Paula Becker; (3) Aglaé Sousa; (4) Denise Razzouk.

**Work Center:**

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**Summary:**

**Introduction**

Economical studies are fundamental for the health care provider to make a rational decision when choosing a specific treatment. However, such studies are not always available, and the access to databases of prices negotiated between manufacturers and government is commonly difficult, making cost-effectiveness studies difficult to be done.

**Aims**

To analyze the scenario of cost-effectiveness studies of antipsychotics in the perspective of public health care provider.

**Methods**

A review of relevant articles available in PubMed and Scielo, according to their importance as a decision tool for the mental health care. We conducted a search with the words: (cost-analysis/cost-effectiveness/cost-benefit/) and (neuroleptics/antipsychotics) in the last ten years.

**Results**

From an initial retrieval of 1148 articles, 144 abstracts were se-

lected as possible cost-effectiveness studies on antipsychotics in schizophrenia. Inclusion criteria were: clear description of method and outcomes. Abstracts were excluded if they were about other diagnoses (e.g. bipolar disorders) or if they were not cost-effectiveness studies (e.g. efficacy studies). After the screening, we ended up with 39 cost-analyses articles, with the following characteristics:

- 26 modeling studies
  - 9 clinical trials
  - 2 reviews of cost-effectiveness studies
  - 25 studies (64.10%) were sponsored by drug manufacturers
  - Most studied drugs: olanzapine, paliperidone and risperidone long-action injectable (comprising 19 studies [48.71%]).
  - 3 studies were from the perspective of society and all the others were from the perspective of the payer (18 from the public health care provider and 18 not describing the payer).
- The geographical distribution of the 50 studies reflected a concentration in high-income countries:
- USA: 12
  - Canada: 2
  - Europe: 20
  - Latin-America: 2
  - Asia: 3

**Conclusions**

Cost-effectiveness studies are concentrated in high-income countries and are driven by manufacturers. There is an urgent need for regional cost-effectiveness studies, taking into consideration the specific needs of low and middle income countries. More transparency of data could help researchers from the health-economic area to carry out more studies.

**e-Poster 4: Primary Care in Mental Illness**

**PP/30. The relationship between physician's empathy and resilience of patients with neuropsychiatric disorders**

**Authors:**

(1) Kaloyan Kamenov; (2) María Cabello; (3) Francisco Félix Caballero; (4) Alarcos Cieza; (5) Carla Sabariego; (6) Matilde Leonardi; (7) Marta Anczewska; (8) Tuuli Pitkänen; (9) José Luis Ayuso-Mateos.

**Work Center:**

(1) Psychologist. Predoctoral Researcher. Instituto de Salud Carlos III, Centro Investigación Biomédica en Red. CIBER. Madrid, Spain.; (2) Psychologist. Postdoctoral Researcher. Instituto de Salud Carlos III, Centro Investigación Biomédica en Red. CIBER. Madrid, Spain.; (3) Mathematician. Postdoctoral Researcher. Instituto de Salud Carlos III, Centro Investigación Biomédica en Red. CIBER. Madrid, Spain.; (4) Psychologist. Head of Department of Violence and Injury Prevention and Disability. Disability and Rehabilitation Team, World Health Organization. Geneva, Switzerland.; (5) Psychologist. Researcher. Department of Medical Informatics, Biometry and Epidemiology (IBE), Research Unit for Biopsychosocial Health, Ludwig-Maximilians-University (LMU). Munich, Germany.; (6) Psychiatrist. Professor. Neurology, Public Health and Disability Unit, Neurological Institute "C. Besta" IRCCS Foundation. Milan, Italy.; (7) Psychiatrist. Professor. Institute of Psychiatry and Neurology. Warsaw, Poland.; (8) Psychologist. Researcher. A-Clinic Foundation. Helsinki, Finland.; (9) Psychiatrist. Chairman Department of Psychiatry. Universidad Autónoma de Madrid; Instituto de Salud Carlos III, Centro Investigación Biomédica en Red. CIBER; Hospital Universitario de la Princesa. Madrid, Spain.

**Summary:**

**Introduction**

The overall prevalence of neuropsychiatric diseases is estimated to be about a billion sufferers worldwide in terms of neurological and over a third of the population in most countries affected by mental disorders. Literature shows that the physician-patient relationship is a keystone for patients in terms of improvement and building coping strategies. However, the specific features of this relationship are still under-researched.

**Aims**

The main aim of this study was to analyze the association between the level of physician empathy and the resilience of persons with neuropsychiatric disorders.

**Methods**

The study used data for secondary analyses from the international project Psychosocial Factors Relevant to brAin DISorders in Europe (PARADISE). 722 inpatients and outpatients suffering from dementia, depression, epilepsy, migraine, multiple sclerosis, Parkinson's disease, schizophrenia, stroke, and substance use disorders were assessed in four European countries- Italy, Spain, Poland and Finland. Physician empathy was measured with the Jefferson scale of patient's perception of physician empathy; resilience was assessed with the Brief Resilience Scale. Multiple linear regression analysis was conducted, controlled for age, gender, education and country.

**Results**

Results show that high levels of physician empathy are significantly associated with high levels of individual resilience ( $\beta=.16$ ,  $p<.001$ ). Amongst the controlling variables, being from Spain ( $\beta=-.14$ ,  $p<.01$ ), having a higher education ( $\beta=.15$ ,  $p<.001$ ), and being older ( $\beta=.15$ ,  $p<.001$ ) were significantly associated with resilience. Gender was marginally significant in favor of men ( $\beta=.07$ ,  $p=.06$ ).

**Conclusions**

This study sheds light on the specific mechanism standing behind the ability of patients to properly adapt to their condition. Individuals are able to bounce back better when they feel that their physician shows empathy towards them. The findings of the study are important since they reveal that the attitude of physicians has an impact on the mental health of persons suffering from mental and neurological disorders. The implication of this study is mainly in terms of fulfilling the gap between the mental health services and the patients' outcomes. The results should alarm clinicians and stakeholders to focus more thoroughly on the physician-patient relationship when building not only mental but also neurological health strategies.

**PP/13. The Importance of the Relationship between a Person with a Mental Illness and his/her General Practitioner.**

**Authors:**

(1) Julia Sevilla Llewellyn-Jones; (2) Inmaculada Peñuelas Calvo; (3) Daniel Gutierrez Castillo.

**Work Center:**

(1) Resident of Clinical Psychologist. Hospital Universitario Virgen de la Victoria. Málaga.; (2) Resident of Psychiatry. hospital Unviersitario Virgen de la Victoria. Málaga.; (3) Psychiatrist. hospital Unviersitario Virgen de la Victoria. Málaga.

**Summary:**

**Introduction**

Treating mental health patients is sometimes difficult for General Practitioners (GP). It is important that GPs understand the peculiarities of these cases and follow them up as any other chronic disease.

**Aims**

To make aware of the importance and the advantages of a close relationship between patients with mental health problems and his/her GP.

**Methods**

A 68 year old patient brought by the police to the emergency room because of repeated episodes of heteroagresivity against people and objects in family context. Prior to this occasion, the patient with his family had visited the GP twice. The GP had referred this to his mental health diagnosis, diagnosing a psychotic decompensation. Once in the emergency room the medical history was read (the patient had a good medication adherence to antipsychotics, and had been stable for 15 years). A CT showed asymmetric degeneration in both temporal lobes. Finally, he was hospitalized in the Acute Psychiatric Unit. During the stay in the Psychiatric Unit he showed a good adherence to the medication, but he still needed conexion for conduct disorders because of agitation at night that did not exist during the day

**Results**

Differential diagnosis between decompensation of schizophrenia/ Acute confusional syndrome/ Cognitive Impairment had to be undertaken, therefore the neurologist was called. The final diagnosis was Alzheimer.

**Conclusions**

There are times where a psychiatric diagnosis can make it difficult to recognise another disease, even more when there are similar symptoms. Nonetheless, it is very important that the GP has a close relationship to his patient knowing the course and the difficulties that the psychiatrist patient has. That way it would be easier for the GP to make a differential diagnosis not only focussing on the psychiatrist disease that sometimes disguise other diagnosis.

**PP/90. The primary care psychologist: challenges and opportunities**

**Authors:**

(1) Evelien Coppens; (1) Inge Neyens; (2) Chantal Van Audenhove.

**Work Center:**

(1) Researcher, PhD. LUCAS KU Leuven. Belgium.; (2) Professor and head of LUCAS KU Leuven. Belgium.

**Summary:**

**Introduction**

The past few years, in Belgium a large organisational reformation of mental health care is taking place. In the future, mental health care should become more community-based. A crucial aspect of community-based care is integrating psychological support in primary care. Following this reformation, the Flemish government introduced the function of primary care psychologist. A psychologist available in primary care is more easily accessible and well-placed to focus on prevention and interven-

tion at an earlier stage when psychological problems are still mild. In Flanders, the function of primary care psychologist is currently being tested in 7 pilot projects. It is their mission to achieve the following key tasks:

- Provide short-term treatment of mild psychiatric symptoms in an accessible manner
- Promote early detection and treatment
- Cooperate with other care providers and build a proper network to realise stepped-care
- Cooperate closely with general practitioners
- Provide care during crisis situations

### Aims

Our research aims to:

- Examine how the function of primary care psychologists is put into practice by the 7 pilot projects
- Identify necessary ingredients and conditions in order to realize this function
- Identify strengths and barriers experienced in the field
- Formulate policy recommendations

### Methods

To achieve these goals, a multifaceted research approach is used combining stakeholder interviews, satisfaction surveys, patient data registrations, and panel discussions.

### Results

Our research findings provide insight into the function profile, the key tasks and the educational needs of the primary care psychologist. Also, the target group of the primary care psychologist and the collaboration with aid workers of other primary and more specialised care organisations are discussed. Finally, the advantages and the shortcomings of the function are presented.

### Conclusions

Our findings lead to recommendations on how the function of primary care psychologist can be broadly implemented in Flanders in a feasible and convenient way.

## **PP/175. Dealing with everyday life: group approach in primary care.**

### Authors:

(1) Isabel María Ortega Moreno; (1) Luis Gálvez-Alcaraz; (1) Francisco Jose Cervilla Suarez; (2) María Luz Burgos Varo; (1) Francisca Muñoz Cobos.

### Work Center:

(1) Family Doctor. Health Center. Malaga. Spain; (2) Social worker. Health Center. Malaga. Spain.

### Summary:

### Introduction

We have wanted to evaluate the usefulness of social skills workshops in reducing psychological distress in women with mental distress, somatization, anxiety, depression and/or lack of family and/or social support, derived by the doctor, the nurse, social worker or mental health team in our Urban Health Center

### Aims

To evaluate the usefulness of social skills workshops in reducing psychological distress caused by inadequate coping with problems of daily life in women without a diagnosis of mental illness, treated in a health center

### Methods

Design: Observational study. Longitudinal Descriptive: pre-post intervention

Location of Study: Urban Health Center with two rural areas.

Selection Criteria: Women with mental distress, somatization, anxiety, depression and/or lack of family and/or social support, derived by the doctor, the nurse, social worker or mental health team.

Interventions: Group Workshop (10-12 people) with weekly sessions (8 sessions, over two months), run by the social worker at the health center, including the following topics: communication, problem solving, thought control, and improved self-esteem, self-perception and assertiveness, stress management, need to set goals and objectives, integration into social and cultural activities in the area.

Measurements: Age, reason for participation, psychotropic drugs, education, self-rated health. We compare the Anxiety Depression Goldberg Scale (EADG) score, pre and post intervention by T Student for paired samples (Alfa: 0.05)

### Results

112 patients were included, mean age 54 ± 12'79 years. Referral reasons: anxiety 56.3%, depression 21.4%, family problems 4.5%, caregiver 1.8%. The 41'1% of total patients take psychotropic drugs before the workshop and 25.9% had previously been treated in mental health. The level of education is 37'9% graduate/ESO, university 22'4%, 15.5% only read and write, 13.8% professional studies and 10'3% high school. The mean decrease of anxiety pre-post intervention in the EADG is 3.14 points (2'7-3'58) (p <0.0001) and 2'3 points (1'88-2'7) in depression subscale (p <0.0001)

### Conclusions

The social skills workshops can be helpful in reducing psychological distress (anxiety and depression) in primary care settings.

## **PP/267. Psychoeducation group about activation control: collaboration between primary care and mental health**

### Authors:

(1) Margarita Guerrero Jiménez; (2) Jose Angel Rodrigo Manzano; (3) Braulio Manuel Girela Serrano; (3) Carmen Maura Carrillo de Albornoz Calahorro.

### Work Center:

(1) Santa Ana Hospital. Motril. Granada.; (2) Pchychologist trainee. Health management south Granada. Spain.; (3) Medical trainee. Health management south Granada. Spain.

### Summary:

### Introduction

The economic crisis has increased the demands included in diagnoses within the Integrated Care Process of Anxiety, Depression and Somatization (ICP-ADS) in Andalusia.

ICP-ADS arises from the Andalusian Health Care System as a tool for collaboration between Primary Care (PC) and Mental Health (MH). This model leads to a great improvement in patient detection, inadequate patient referral, adherence and response to medical treatment.

### Aims

In this socio-health context, we propose a pilot project in the Community Mental Health Unit (CMHU) in Motril, Andalusia.

The hypothesis considered is that as a result of the economic crisis, referrals to MH have increased in users with unspecific malaise, which could instead be addressed in care continuity from PC.

**Methods**

A group intervention with control activation techniques of 6 weekly sessions of one hour was established. With regard to psychoeducation about anxiety, depressive symptoms, and discomfort three interventions based on the activation control were added.

- Breathing control techniques, Labrador (1995).
- Progressive muscle relaxation, Mendez and Romero (1993).
- Autogenics training, Schultz (1987).

**Results**

The program was offered to 9 patients (2 abandon the program) who were being included in the ICP-ADS and an unfavorable response to pharmaceutical treatment or individual psychotherapy. Pre- and Post-measurements were performed using a Likert scale questionnaire which assessed the triple response system to anxiety.

Changes in pharmaceutical treatment, level of patient satisfaction and clinical assessment of physicians were taken into account.

On a nonparametric test (Wilcoxon), significant differences were found in the physiological, cognitive, and overall components. In the clinical evaluation, 5 patients demonstrated different degrees of improvement, and 2 did not experience any significant change. Patients reported mostly high satisfaction with group treatment.

**Conclusions**

The group intervention was effective in treating specific symptoms in the patients who were included in the ICP process. In addition, patients reported that the individual approach improved adherence and treatment satisfaction.

**PP/304. Psychiatry and Primary Care, the before and after in one region of the center of Portugal**

**Authors:**

Ana Araujo.

**Work Center:**

*Psychiatry and Coordinator of Unity of Community Psychiatry Serviço de Psiquiatria, CRI Centro Hospitalar e Universitario de Coimbra Portugal.*

**Summary:**

**Introduction**

What to do when we need to do all. The dilemma of a Community mental health team.

**Aims**

The community mental health team of Leiria Norte placed on a Primary Care health Center, work twice a week, and deal with a poor and mountain region, where the psychiatric consultation and prevention on mental health is needed. The authors present what they have doing and analyse what is necessary in the future.

**Methods**

Analyse of the data of the four years and the results obtained.

**Conclusions**

The author explains her future work and the interface with the UCC –Unity of Community Care of Primary Care.

**PP/283. Primary care physicians' attitude on the management of depressive disorders. Findings from a project in the Emilia-Romagna Region (Italy).**

**Authors:**

- (1) Marco Menchetti; (2) Cecilia Sighinolfi; (3) Alberto Serio; (4) Andrea Norcini Pala; (5) Domenico Berardi.

**Work Center:**

*(1) Psychiatrist. Assistant Professor. Department of Medical and Surgical Sciences, University of Bologna. Bologna, Italy; (2) Psychologist. Post-doctoral research assistant. Department of Medical and Surgical Sciences, University of Bologna. Bologna, Italy; (3) Primary Care Physician. Primary Care Department AUSL Bologna. Bologna, Italy; (4) Psychologist. Post-doctoral research assistant. HIV center. Columbia University New York. New York, US; (5) Psychiatrist. Full Professor. Department of Medical and Surgical Sciences. University of Bologna. Bologna, Italy.*

**Summary:**

**Introduction**

Primary Care Physicians' (PCPs) knowledge and attitude about depression management could influence their clinical practice. Very few studies have investigated this issue.

**Aims**

The aim of the study is double: 1) to assess PCPs' opinions about antidepressants (ADs) and psychotherapy for depressive disorders; 2) to evaluate the impact of an educational initiative for PCPs on this issue.

**Methods**

This is a cross-sectional multicentre survey involved 816 PCPs working in 4 Local Health Units of the Emilia Romagna Region. Participating PCPs were asked to complete a questionnaire during educational meetings between October 2006 and December 2008. The questionnaire was developed by a multiprofessional steering group and included the Italian version of the Depression Attitude Questionnaire (DAQ).

A subsample of PCPs was again administered DAQ in March 2013 after a continuing education process about mental disorders and in particular depressive disorders. This including three 1-day training based on National Institute for Health and Clinical Excellence guidance and the appointment of a dedicated consultant psychiatrist of the Community Mental Health Centre (CMHC) to liaise closely with PCPs.

**Results**

Eighty-five point three percent of PCPs believed in the effectiveness of antidepressants and considered psychopharmacological treatment as appropriate for the PCPs to undertake. Lower agreement about psychotherapy effectiveness was found (48.2%) and most PCPs thought that psychotherapy should be left to the specialists.

About 40% of PCPs reported to feel "very/extremely confident" in recognizing depression, while 20% felt equally confident in treating it with pharmacotherapy and only 7.3% in using psychological intervention. Female PCPs and those located in the rural/mountain areas reported to adopt more psycho-educational support compared to male and suburban colleagues.

During the follow-up, a higher rate of PCPs disagreed with the

DAQ statement “It is rewarding to spend time looking after depressed patients” compared to the baseline. The agreement with the DAQ statement “if psychotherapies were more easily accessible, they would be more beneficial than drugs for most of the patients” increased.

**Conclusions**

An effort should be made to better disseminate recent evidences about the management of depressive disorders in primary care. Educational initiatives could slightly increase PCP confidence.

**e-Poster 5: Care Management in Severe Mental Illness and Psychosis**

**PP/62. The significance of the personality traits of schizophrenic patients and their therapists for the therapeutic relationship**

**Authors:**

(1) Anna Bielańska; (2) Andrzej Cechnicki; (1) Igor Hanuszkiewicz.

**Work Center:**

(1) *Psychotherapy of Psychoses Unit of the Association for the Development of Psychiatry and Community Care, Cracow;* (2) *Department of Community Psychiatry, Chair of Psychiatry of Jagiellonian University, Cracow.*

**Summary:**

**Introduction**

Therapeutic relationship between therapist and person suffering from schizophrenia is a necessary condition for psychotherapy to take place and that it is one of the factors that plays a significant role in the process of change throughout the therapy.

**Aims**

To analyse: 1/the associations between the therapists’ and patients’ assessments of the relationship 2) the relationship between the personality traits of the therapists the personality traits of the patients and their assessments of the relationship 3) the relationship between age, sex and the personality traits of both groups and their assessment of the relationship.

**Methods**

34 patients in long-term psychotherapy and their 11 therapists were investigated. The Dyadic Therapist-Patient Relationship Questionnaire, The Costa and McCrea’s NEO-FFI Personality Inventory, Pearson coefficients of correlation and the regression analysis were employed.

**Results**

The therapists’ sense of professionalism was associated with the patients’ acceptance of them ( $p=0.032$ ). Therapists in whom the traits of Extroversion and Openness were more prominent accepted their patients more often ( $p=0.006$ ;  $p=0.041$ ), felt more professional ( $p=0.000$ ;  $p=0.023$ ) and more rarely felt uncertain in the relationship ( $p=0.013$ ;  $p=0.048$ ). Patients in whom the trait of Conscientiousness was more prominent more rarely rejected therapists ( $p=0.004$ ) or perceived them as uncertain ( $p=0.007$ ). A higher level of Neuroticism in patients was associated with greater uncertainty in the relationship on the part of therapists ( $p=0.039$ ).

**Conclusions**

1) The Professionalism of the therapists was associated with greater Acceptance on the part of the patients. 2/Extroversion and Openness of therapists are associated with their attitude to patients 3) Conscientiousness and Neuroticism of patients are associated with their perception of therapists as well as with therapists’ experience of the relationship 4/ There is a positive influence on the therapeutic relationship where the patient is younger and the therapist older and female.

**PP/64. Treatment retention and clinical and rehabilitation outcomes of patients with severe schizophrenia. A 6-year follow-up.**

**Authors:**

Juan J. Fernández-Miranda; Silvia Díaz-Fernández.

**Work Center:**

*Psychiatrist. CTI-AGCSM V-SESPA Gijón, Spain.*

**Summary:**

**Introduction**

to increase treatment compliance is important to reach clinical and rehabilitation goals in people with severe schizophrenia.

**Aims**

To know the retention in treatment (and reasons for discharge) of people with severe schizophrenia enrolled in a specific programme for them and factors related, and also treatment (clinical and functional) outcomes.

**Methods**

A 6-year prospective, observational, open-label and not randomized study of patients with severe schizophrenia (ICD 10: F 20; CGI=>5) undergoing specific severe mental illness programme. The study was conducted from January 2008 to January 2014 in Gijón (Spain) (N=200; average age=43.1+/-10.6 years old; 58% men and 42% women). Assessment included the Clinical Global Impression severity scale (CGI-S), the Camberwell Assessment of Needs (CAN) and the WHO Disability Assessment Schedule (WHO-DAS). Time in treatment and reasons of discharge were measured. Laboratory tests (haematology, biochemistry and prolactin levels), weight, medications prescribed and adverse effects were reported.

**Results**

CGI at baseline was 5.86+/-0.7. After six years 48% of patients continued under treatment (CGI= 4.31+/-0.8;  $p<0.01$ ); 31% were medical discharged (CGI=3.62+/-1.6;  $p<0.001$ ) and continued non intensive treatment in mental health units; DAS decreased in the four areas (self-care and employment  $p<0.01$ ; family and social  $p<0.005$ ) and also CAN (17.2+/-2.8 vs. 9.1+/-3.2;  $p<0.01$ ); 7% had moved to other places, continuing treatment there; 8% were voluntary discharges. Eight patients died during the follow up; three of them committed suicide (1.5%). 45% of all of them were treated with atypical long-acting antipsychotics, with good tolerability and few side effects or relevant biological parameters alterations (among them, only 4% were voluntary discharges).

**Conclusions**

Retention of severe mentally ill patients with schizophrenia in a specific programme was really high, getting remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

**PP/191. The cost effectiveness and budgetary impact of Boston Psychiatric Rehabilitation for societal participation in patients with severe mental illness: a randomised controlled trial protocol.**

**Authors:**

(1) Sarita Sanches; (2) Wilma Swildens; (3) Jooske T. van Busschbach; (4) Jaap van Weeghel.

**Work Center:**

(1) PhD Student. Altrecht Mental Health Care. Tilburg University. Utrecht. Tilburg; (2) Senior researche. (Altrecht Mental Health Care. Utrecht; (3) University Medical Centre Groningen. The Netherlands.; (4) Ph.D. Professor in Psychiatric Rehabilitation. Department Tranzo. Tilburg University. Tilburg School of Social and Behavioral Sciences. Scientific Director of Phrenos. National centre of expertise on severe mental illness. Utrecht. The Netherlands.

**Summary:**

**Introduction**

People with Severe Mental Illness (SMI) frequently experience problems with regard to societal participation (i.e. work, education and daily activities outside the home), and require professional support in this area. The Boston University approach to Psychiatric Rehabilitation (BPR) is a comprehensive methodology that can offer this kind of support. So far, several Randomised Controlled Trials (RCT's) investigating the effectiveness of BPR have yielded positive outcomes with regard to societal participation. However, information about the cost effectiveness and budgetary impact of the methodology is lacking and may be important for broader dissemination of the approach.

**Aims**

The aim of this study is to investigate the cost-effectiveness of BPR compared to CAU for people with SMI (aged 18-64 years) who wish to increase their societal participation. Cost-effectiveness will be assessed from a societal perspective. Also, the budget impact of implementing BPR in the Dutch healthcare setting will be assessed by means of a budget impact analysis (BIA) after completion of the trial.

**Methods**

In a multisite RCT, 225 adults (18-64 years of age) with SMI will be randomly allocated to the experimental (BPR) or control condition (CAU). All participants will be offered rehabilitative support aimed at personal rehabilitation goals, and will be monitored over a period of a year. Outcomes will be measured at baseline, after 6 months, and after 12 months of enrolment. Based on trial results, further analyses will be performed to assess cost-effectiveness and the budgetary impact of implementation scenarios. Furthermore, treatment fidelity will be monitored throughout the study by means of FiRe (Fidelity of Rehabilitation), a fidelity instrument developed by our research group.

**Results**

The results of the trial will provide insight into the cost effectiveness of BPR in supporting people with SMI who would like to increase their level of societal participation. These results can be used to make decisions about further implementation of the method. Also, assessing budgetary impact will facilitate policymaking. The large sample size, geographical coverage and heterogeneity of the study group, will ensure reliable generalisation of the study results.

**Conclusions**

Available in 2017

**PP/166. Social integration and quality of life among severe mental ill patients: does social services' use make any difference?**

**Authors:**

(1) Adeline Grand; (2) Vincent Lorant.

**Work Center:**

(1) Université catholique de Louvain. Institute of Health and Society. Brussels. Belgium.; (2) Professor of Medical Sociology at Université Catholique de Louvain, Belgium.

**Summary:**

**Introduction**

Background. In several countries, local networks of mental health, primary care and social services have been created to enhance patients' social integration in the community. However, there are few studies investigating whether these services contribute to the quality of life and social integration of patient with severe and chronic psychiatric disorder.

**Aims**

This paper aims to describe social inclusion, quality of life and use of social services by these vulnerable patients. We also identified whether different profiles of services' use were associated with better social integration and quality of life.

**Methods**

Method. In 2011, Belgium has started to reform its mental health care delivery system that created local networks of social and clinical services. In 2014, we organized the first large scale, multilevel evaluation of mental health sector that Belgium has ever known, and interviewed 542 services and 1199 severe mental ill patients across 19 networks of services. Quality of life was measured by the MANSAs and social integration by the Six score.

**Results**

Results. Both social integration (3.1/6) and quality of life levels (38% of satisfaction) were low. Use of social services in the past 6 months was also scarce: only 15% of patients' used employment or accommodations services. Social integration is significantly associated with diagnosis, sex (male), and use of social services with age, income and educational level. Our data also indicated an inverse significant association between social integration and use of general social services (-0.14 p<0.0001) and encountering services (-0.13, p<0.0001) and accommodation services (-0.10, p=0.0015). Quality of life was significantly associated with use of accommodation services (-0.07, p=0.01) and encountering services (0.07, p=0.03). Then, we identified patients' care circuits (general practitioner, hospitalization, psychiatrist, etc.). Finally, we underlined some key social services which enhance social integration or quality of life of patients with the same care circuit.

**Conclusions**

Inclusion of social services into care circuits is a key element that plays a role in vulnerable patients' quality of life and social integration.

**PP/251. “The Academy for living skills”: translating research into recovery oriented interventions for residents with severe mental illness (SMI).**

**Authors:**

(1) Ingrid van der Zee; (1) Charlotte de Heer-Wunderink; (2) Sandra Vos.

**Work Center:**

(1) Psychologist. Hanze University of Applied Sciences. Groningen. The Netherlands.; (2) Hanze University of Applied Sciences. Groningen. The Netherlands.

**Summary:**

**Introduction**

Due to mental health care budget cuts, a large group of residents with severe mental illness have to move towards an independent living situation. However, these people are vulnerable and experience limited social inclusion. Therefore, the feasibility of deinstitutionalization, and the nature of the needed support to achieve this, is questioned.

**Aims**

The aim of the study is to provide insight into the feasibility and effectiveness of this deinstitutionalization process and to translate these insights into interventions to improve residential support towards independent living.

**Methods**

In this study, using quantitative as well as qualitative data, more than 142 residents and 130 keyworkers of six Regional Institutes for Residential Care have participated. They were interviewed and filled out written questionnaires about social inclusion, quality of life, recovery, needs for care and self-sustainability. Key workers and managers were interviewed regarding their views on and experiences with deinstitutionalization.

**Results**

The current study shows that residents experience self-sustainability deficits in daily living skills, daytime activities, administration, coping with stigma, social contacts and resilience. Moreover, key workers are even more likely than residents to report a self-sustainability deficit in certain areas. There is a need for better alignment between residents and key workers about self-sustainability, to be able to effectively work towards independent living. Managers and key workers express the need for training and developing key workers’ professionals skills in integrating recovery oriented care in daily practice.

**Conclusions**

Although efforts are being made to provide recovery oriented care, it seems this is not yet readily available to service users. Key workers express their need for tools and skills to integrate recovery oriented care in daily practice. Consequently, a recovery oriented intervention, called “the Academy for living skills”, has been developed by the Hanze University of Applied Sciences in collaboration with residents and staff of a Dutch Mental Health Care Center. This intervention provides recovery oriented evidence based tools to residents as well as key workers, to methodically work on self-sustainability and towards independent living.

**PP/279. Dual disorders in first episode psychosis**

**Authors:**

(1) Carmen Maura Carrillo de Albornoz Calahorro; (2) Margarita Guerrero Jiménez; (3) Olga Martínez García.

**Work Center:**

(1) Santa Ana Hospital. Motril. Granada.; (2) Psychiatry Resident. Motril Hospital. Granada. Spain; (3) Psychiatrist. Motril Mental Health Day Hospital. Granada. Spain.

**Summary:**

**Introduction**

Dual pathology has become an important part of our daily attendance

**Aims**

- To assess the percentage of patients in the first-episode psychosis having toxic addiction and who meet the criteria for dual disorders.
- Assess which substances are toxic and which ones are the associations more prevalent in the area
- Assess whether toxic presence in early psychosis is associated with a worse clinical outcome or with higher hospital admissions probability

**Methods**

The sample used were first episode psychosis patients referred to a day hospital in the last two years.

The criterion we evaluated as an indicator of severity / poor outcomes were psychiatry admissions in Brief Hospitalization Unit in the Psychiatric Hospital after a psychosis onset. Also we studied whether there were differences between the non-toxic groups of consumers.

**Results**

In total we had 18 first-episode psychosis patients referred to our day hospital unit (n=18)

The gender distribution was 55.6% male and 44.4% female, mean age being 28.8 years Patients with a dual disorder diagnosis were 61% compared to 39% who had never used a toxic. Alcohol and cannabis were the most prevalent substances used among patients

This shows that 77.78% had needed psychiatry admissions in Brief Hospitalization Unit in the Psychiatric Hospital. If we evaluate hospital admissions among patients with dual disorders, the rate is even higher: 81% required hospitalization compared with 57% of nonusers

**Conclusions**

This descriptive study corroborates what already exists in the literature regarding care in dual pathology psychotic patients. In our area they require a greater number of hospital admissions compared with nonusers.

**PP/277. Early psychosis intervention programme: a transcultural approach**

**Authors:**

(1) Carmen Maura Carrillo de Albornoz Calahorro; (2) Margarita Guerrero Jiménez; (3) Jose Angel Rodrigo Manzano.

**Work Center:**

(1) Santa Ana Hospital. Motril. Granada.; (2) Psychiatry Resident. Motril Hospital. Granada, Spain; (3) Psychology Resident. Motril Hospital. Granada. Spain.

**Summary:**

**Introduction**

The Early Psychosis Intervention Programme (EPIP) in South Granada serves a population between 16 and 35 years , with

a first psychotic episode within 3 years of evolution. In 2014 16 patients entered the program , 6 of whom were North Africans

**Aims**

It is justified by clinical and health care needs to adapt and contextualize care plans and interventions to the specific necessities of this population: considering its suffering meaning and interpretation. Besides exploring certain clinical expression mediated by cultural factors such as somatization disorders.

**Methods**

In this context a descriptive study of the data obtained in this population with the Scale of Positive and Negative Syndrome of Schizophrenia ( PANSS ) arises. The scales were administered during the first month after entering the program. The 6 patients are men between 25 and 33 years with a first psychotic episode (n=6).

**Results**

In the positive scale the 6 subjects score in the low range (between 6 – 25th percentile)  
On the negative scale 2 score in the low range and 4 in the middle (between 26-74th percentile)  
In the compound scale in 3 cases the predominance of negative symptoms is in the low range scale , the rest is in the middle range.  
Finally in general psychopathology scale 2 subjects scored in the low range , the same who scored in the same range in the negative scale. 2 subjects scored in the midrange and 2 in the high (between 75-94th percentile)

**Conclusions**

According to the data we can say that positive symptoms don't stand out among this group of patients.As for negative symptoms, if the range is low, so is the measure of general psychopathology. If the range is average, general psychopathology is medium-high.Also, when the range is average in negative symptoms, means the compound profile reflects predominance of negative syndrome.This reveals the importance of emphasizing a negative symptoms approach, requiring further analysis of its relationship with general psychopathology .

**e-Poster 6: Care Management in Affective Disorders**

**PP/114. Undiagnosed depression and private health insurance in Finland, Poland and Spain**

**Authors:**

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**Work Center:**

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**Summary:**

**Aims**

Many people with depression may be undiagnosed and therefore untreated. Undiagnosed depression may be influenced by several factors including access to health care.

**Methods**

As part of the Collaborative Research on Ageing in Europe (COURAGE in Europe) project, nationally representative samples from Finland, Poland and Spain were evaluated in 2011-2012. Individuals were considered as having undiagnosed depression when they experienced the symptoms of depression during the previous 12 months based on the ICD-10 Diagnostic Criteria for Research, but they had not been diagnosed with depression and they had not been receiving treatment for it during the previous 12 months. Household out-of-pocket health expenditure was assessed by asking a set of questions about their expenditure on health care services such as healthcare provider's fees, medications, laboratory tests and transportation in the previous 30 days. Private health care cover, presence of household financial problems and socio-demographics were also recorded. The factors associated with undiagnosed depression were assessed by means of a Probit regression model with Heckman selection to account for those who had not attended any health care facility in the previous 12 months. Rates were calculated using the direct method of age standardisation to the 2010 European Standard Population.

**Results**

The age-standardised prevalence of undiagnosed depression was not significantly different across countries, although it was slightly higher in Spain (4.16%) than in Poland and Finland (3.33% and 3.26%, respectively). However, age-standardised rates of undiagnosed depression in people without private health insurance were found to be different across countries [Rao-Scott  $\chi^2$  (2) = 8.34; p = 0.019]: 4.32% in Spain, 3.53% in Poland and 2.27% in Finland. After conducting the Probit regression model, the presence of financial problems was significantly associated with undiagnosed depression (p = 0.025).

**Conclusions**

The prevalence of undiagnosed depression among people without private health insurance was higher in Spain. The presence of financial problems was more related to undiagnosed depression than not having a private health insurance and household out-of-pocket health expenditure. Further research on interventions to facilitate the access to mental health care of people with economic problems is needed.

**PP/168. Impact of patient beliefs about medication and major depression in pharmacological prescription or active monitoring (INFAP study)**

**Authors:**

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María; (2) Juan Vicente Luciano; (4) Juan José Mendive; (5) Paul McCrone; (6) Martin Knapp; (7) Antoni Serrano Blanco.

**Work Center:**

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**Summary:**

**Introduction**

Major Depression (MD) is highly prevalent in developed countries. Primary Care is the first and main step in the road of patients who suffer it. In mild to moderate MD should only be treated with antidepressants under specific circumstances and, under the principles of patient-centered care, patient preferences must constitute a highly important element in the shared-decision making process.

**Aims**

To evaluate if patients' beliefs about MD and about medication impact on whether the general practitioner (GP) prescribes a pharmacological treatment or active monitoring.

**Methods**

Patients were enrolled in 12 primary care centers in Barcelona (Spain). Eligible patients were adults with MD that consented to participate. GPs treated the patients following their clinical criteria and assigned patients to pharmacological treatment with antidepressants (AD) or active monitoring (AM). Patients' measurements at baseline included the Beliefs about Medicines Questionnaire (BMQ) and the Brief Illness Perception Questionnaire (BIPQ). Other measures were the severity of depression (PHQ-9), diagnosis of MDD according to DSM-IV diagnostic criteria (SCID-I) and sociodemographic characteristics. Information was analyzed using logistic regression models where the dependent variable was the treatment prescribed (AD or AM).

**Results**

We included 263 subjects (81% females; 50.87 mean age). Socio-demographic characteristics did not impact in the treatment prescribed. Patients with more severe depressive symptoms showed a higher probability of being prescribed AD, but this was only a trend (p=0.07). Positive beliefs about medicines were related with the practitioner decision of prescribing AD (p=0.015). Furthermore, people who was more worried about MD had a higher probability of being prescribed an AD (p=0.035). We found that 69.20% of patients did not fulfill SCID-I diagnostic criteria and the diagnostic was not associated with the probability of being prescribed an AD.

**Conclusions**

People more concerned about their illness, which is related with severity of symptoms, is more susceptible to being prescribed AD. Besides of that, diagnosis process and severity determination are not correctly performed. GP seem to take into account patients preferences but the concordance between clinical diagnosis and structured clinical overviews is still low. Hence, communication patient-practitioner is being satisfactory however it does not reach the final outcome.

**PP/254. The depression breakthrough collaborative project for primary care. A project to improve the quality and uptake of chronic care model principles in the clinical management of depression**

**Authors:**

(1) Andrea Gabilondo; (2) Naiara Artaza; (3) José Antonio De la Rica; (4) Ander Retolaza; (5) Pedro Ortueta; (6) Jose Mari Aiarzaguena; (7) Juan José Sagarzazu.

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**Summary:**

**Introduction**

Depression is the most common mental health problem and represents a considerable percentage of the disease burden seen in primary care where it is poorly diagnosed and treated, as reflected in recent metaanalyses. Primary Care professionals often lack resources or abilities to tackle the workload produced by these patients and several theoretical models and practical approaches have been proposed to overcome this situation.

**Aims**

To develop, implement and evaluate the results of a stepped care algorithm for the management of depression in primary care following the principles of Chronic Care Model (CCM)(Wagner et al. 1999).

**Methods**

The Breakthrough Series methodology (IHI) was used for the development of a stepped care algorithm for the diagnosis and treatment of depression in primary care. Phase 1 included the development of the algorithm by a multidisciplinary team, which reviewed literature and reached consensus. A toolkit with relevant online materials for clinicians was also prepared. In Phase 2 a number of health care teams tested the model in their clinical practice. A process of regular adaptation and continuous improvement in 3 stages was used to improve the model during one year. A pre-post evaluation was used.

**Results**

99 health professionals were involved in phase 2, divided in 12 multidisciplinary teams. 912 patients were screened for depression and 362 received the diagnosis (11% of cases were severe). 85% were offered the expected treatment as reflected in the algorithm and overall remission rates were 29%. There was a relevant improvement in scores measuring adherence to CCM principles in the management of depression and in scores measuring collaboration between primary and specialized care. Patients and professionals showed high satisfaction scores. Dropout rates were high in some groups.

**Conclusions**

Preliminary results show good uptake of the proposed model by health professionals as well as sustained changes in the approach to depression management with increased collaboration among professionals. The health impact of the

intervention seems in line with some previous studies. High dropout rates invites to a deep analysis of causes and suggests the need of a more intense follow up and support for these patients.

**PP/252. E-Health deploying across Europe for improving depression care: the mastermind project**

Authors:

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Summary:

Introduction

Around 50% of those suffering a depression do not receive treatment and this is due to barriers such as lack of resources for MH care or stigma related to mental disorders. Research shows that some of these barriers can be successfully overcome with ICT. Among them, Computerised Cognitive Behavioural Therapy (cCBT) has proven to be an effective and cost effective treatment for depression, as it is also the use of videoconferencing. Unfortunately the use of these ICT is still anecdotal in most regions and little is known about the potential health and economic impact of their generalization.

Aims

The Mastermind Project is an EC cofounded project involving 11 European countries. The aim is to analyze the health and economic impact of the deployment of cCBT and videoconference solutions across Europe for the treatment of depression and to study the barriers and facilitators to this process. The project started in 2014 and will run till 2017.

Methods

5000 patients will be offered cCBT for the treatment of their depression until 2017. Videoconferencing will be used for the care of additional 230 patients. A number of evidence based cCBT programmes will be selected, adapted and used as part of usual treatment in primary care settings. The evaluation of results will follow the MAST methodology (Kidholm K et. al., 2012).

Results

312 patients have been included until now. 8 different cCBT solutions have been already chosen and adapted to each countries language, culture and health care systems. 1 new cCBT program has been developed and will be used in 5 regions of Spain. Intense dissemination and sensitization efforts are being done to maximize the interest of health professionals and patients in the use of ICT resources as part of the treatment.

Conclusions

Mastermind is expected to contribute to the scaling up of ICTs in the treatment of depression in Europe and thus to reduce some of the well-known barriers to its treatment. The knowledge generated will be of paramount importance for future extensions of this type of care in a safe, efficient and effective way.

**PP/248. Implementation of clinical activity of an Outpatient clinic dedicated to affective disorders in pregnancy and postpartum**

Authors:

(1) Riolo Rossana; (2) Turella Elena; (3) Donolato Arianna; (3) Ciulli Belinda.

Work Center:

(1) Psychiatrist. Health Mental Department. Camposampiero (PD); (2) Psychiatrist. Health Mental Department. Hospital Camposampiero; (3) Psychologist. Health Mental Department. Hospital Camposampiero.

Summary:

Introduction

In 2009 was launched a pilot project to assess the phenomenon and introduced screening for all women who give birth in the Department of Obstetrics and Gynecology in our hospital.

Aims

The following objectives: to perform screening of mothers for postpartum affective disorders in our hospital; to engage in counseling and therapy, in a psychological and psychiatric outpatient clinic, available to all women in our area; carrying out studies and assessments of sociodemographic characteristics, psychological and psychosocial using diagnostic tools and a purpose-built database

Methods

All mothers were subjected to an interview after 6-8 weeks after birth by a written summons and/or phone for the administration of three tests (EDPS, PDSS, PSI-SF) and short interview with the psychologists of the project. After scoring with two tests resulting positive, women can be sent for a psychiatric consultation, and then receive medication and/or psychotherapy or continue the path with psychologists as part of a psychotherapeutic group.

Results

During 2010-2014 we invited 7.222 women of which 2.885 participated, 20,3% scored positive to the screening, 3,4% received a psychiatric diagnosis and 0,9 % received a diagnosis of DPP. A dedicated Outpatient clinic at the Unit of Psychiatry has been operational since July 2012. It is free access, for all women residents of the area (255.000 tenant). All women at the last trimester of pregnancy and up until their child is one year old, can access our Outpatient Clinic. We found approximately 33 women that have turned directly or sending specialists. The share of postpartum depression in this sample than screening, is higher (around 48%) demonstrating that access ambulatory women with a higher mental suffering and often have a history of psychiatric disorders anamnesis.

Conclusions

A dedicated Outpatient clinic makes possible the identification of patients at risk and also have already arisen of affective disorders allowing a quicker and effective response. Be capable in the same Mental Health Department to have two modality of identification and treatment of frameworks at risk for affective disorders has entailed a reduction in costs. In fact no hospitalization for DPP in Unit of Psychiatry Hospital of Camposampiero.

**PP/239. Bipolar disorder or brief psychotic disorder? Differential diagnosis of a case.**

Authors:

(1) Alexandra de Severac Cano; (2) Iria Tilves Santiago; (3) Carlos

Gómez Sánchez-Lafuente; (4) Clara Gómez Ocaña; (5) Eburne Azcoitia Calderón.

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**Summary:**

**Introduction**

The overlapping of symptoms found in the different mental health disorders makes the differential diagnosis a core aspect in regards to the treatment.

**Aims**

Creation of a reflection and critical thinking space from the differential diagnosis of a case.

**Methods**

The patient is a female of 37 years, married with two children. She goes to the emergency room after two weeks feeling over-excited, making incoherent associations between events of her life story, obsessive cleaning, etc. She's hospitalized in the Mental Health Unit with delirious interpretations and damage delusions. She had not slept for two days.

In her clinical history appear two previous hospitalizations with a diagnosis of Bipolar Disorder. Her pharmacological treatment is Sertraline 100 mg (1-0-0), Quetiapine Retard 200 mg (0-0-1), Lamotrigine 100 mg (1-0-1) y Diazepam 5 mg (1-1-1). No other medical conditions or allergies of interest. A blood test and a CT scan were carried out showing normal results.

**Results**

During the hospitalization the antipsychotic medicine dose is increased: Olanzapine 10 mg (0-0-1); Amisulpride 400 mg (1/2-0-1/2). Lamotrigine is reduced (0-0-1) and Sertraline is removed. The first five days the patient believes that there are fake doctors and a police conspiracy in the unit. The sixth day the symptoms disappear drastically. She's discharged the day after.

Due to the symptomatic evolution and the information provided by the family the patient is finally diagnosed with a Brief Psychotic Disorder in the context of a Paranoid Personality Disorder.

**Conclusions**

Cases like this one remind us the importance of a proper differential diagnosis and the need of being cautious at the moment of labeling the patient with a diagnosis.

**e-Poster 1: Care Management in Child and Adolescent**

**PP/103. Same features of diagnosing depression in children at pre-puberty**

**Authors:**

(1) Tatyana Proskurina; (2) E. Mikhailova; (2) N. Bagatska; (2) N. Reshetovska; (2) T. Matkovska.

**Work Center:**

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**Summary:**

**Introduction**

Background and Aims: Hidden symptoms of depression in children can easily be mistaken for normal pre-pubertal processes or somatic and behavioral features, thus causing additional problems of recognition.

**Aims**

Background and Aims: Hidden symptoms of depression in children can easily be mistaken for normal pre-pubertal processes or somatic and behavioral features, thus causing additional problems of recognition.

**Methods**

Materials and Methods: Clinical psychopathological, neurological, and psychological features of 140 children, aged from 7 to 12 years, have been examined. Discriminant Function Method was taken as the basis of recognition of depression. 88 signs of depression such as clinical signs, psycho traumatic experience, socio demographic characteristics, features of pre- and postnatal development, mother-child relationship problems, psychopathological problems during the first year of life, micro social and milieu parameters, type of education, academic results, family sociogram, the presence of somato neurological disorders in the patient's history, have been analyzed. Psychological signs included personal and emotional features (Schmieschek test, Luscher test, projective drawing tests results); severity of depression (CDRS-R), cognitive features (memory test '10 words to remember'); features of attention (Schulte-Platonov tables); minimal brain dysfunction (Toulouse-Pieron test) and neuro-hormonal parameters (the serum level of serotonin and urinary level of melatonin).

**Results**

Results. Diagnostic coefficients obtained with Discriminant Function Method allowed us to detect 10 significant signs of depression in children. A territorial map of differentiation of the types of depression has been generated, including behavioral, somatic, anxiety phobia and asthenic depression types. The mathematical model suggested here correctly classified 95,8 % of all the patients with different types of depression.

**Conclusions**

Conclusion: An information system of recognition of depression in children has been developed, allowing to improve the quality of medical treatment of the patients with affective pathology.

**PP/147. Social networks of children with mentally ill parents**

**Authors:**

Maja Stiawa; Reinhold Kilian.

**Work Center:**

Sociologist. Department of Psychiatry II. Ulm University. Günzburg. Bavaria. Germany.

**Summary:**

**Introduction**

Children of mentally ill parents represent a high-risk group for developing a mental illness themselves.

Studies illustrate the relationship between mental illness and social networks that can be negatively affected by isolation, caused by stigma experiences or a sense of shame. Results im-

ply the important role of functioning social networks regarding people's social participation as well as their morbidity and mortality. However, nothing is known about the network structure of children with mentally ill parents.

**Aims**

To identify relevant network data about the structure of social networks, interviews will be conducted with children and adolescents between six and eighteen years with at least one mentally ill parent.

**Methods**

Quantitative methods will be used. Interviews will be conducted with children of families participating in the German multicentre study "Children of mentally ill parents (CHIMPs)". Inclusion criteria will be informed consent of parents and children, presence of at least one mentally ill parent and having an age between six and eighteen years.

Interviews will be done using two age-adapted Versions of SONET (Interview and questionnaire about the social network and social support), making interviews with children and adolescents between six and eighteen years possible. Via self-assessment, information about the network structure including size, frequency of contacts, duration of contacts, and quality and quantity of support will be identified. Effects of clinical characteristics of children and parents on social networks and effects of differences in social networks on subjective quality of life will be analysed by means of path analysis.

**Results**

Preliminary results about characteristics of networks of children with mentally ill parents and their associations with clinical characteristics and quality of life of children and parents will be presented.

**Conclusions**

Presented results will be discussed in view of implication for service needs and hypotheses for further research.

**PP/116. Analysis of the characteristics and evolution of Affective Disorders in a Mental Health Unit for Children and Adolescents of Santiago de Compostela**

**Authors:**

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**Work Center:**

(1) Psychiatrist. University Hospital Complex of Santiago de Compostela. Spain.; (2) Psychiatrist. Professor at the University of Santiago de Compostela. Childhood and Adolescence Mental Health Unit. Spanish Psychiatric Epidemiology Society (SEEP) University Hospital Complex of Santiago de Compostela. Spain.

**Summary:**

**Introduction**

There are various affective disorders (AD), including major depressive disorder (MDD), bipolar disorder (BD), persistent affective disorder (PAD) and other affective disorders (OAD).

**Aims**

To determine the prevalence of AD in Unit of Mental Health for Children and Adolescents (MHUCA) of Santiago de Compostela (SC) during 2000-2012; analyze the socio-demographic profile;

describe clinical and developmental indicators: demand and complaint, psychiatric personal and family history, type of care provided, dropout rate, rate of return, change diagnosis and autolytic attempts (AA).

**Methods**

Longitudinal descriptive observational study, consisting of a sample of 104 patients diagnosed with AD in MHUCA of SC during 2000-2012, 54 boys and 50 girls, with a mean age of first attention of 12.82 years. A protocol with socio-demographic and clinical-evolutionary variables was developed. For statistical analysis of data was used IBM SPSS Statistics 21 software.

**Results**

The most significant are: 2.65% of diagnoses corresponds with AD (with a margin of error of 0.5% for a confidence level of 95%), corresponding 81.7% to MDD, 8.7% to PAD, 5.8% OAD and 3.8% BD.

Regarding the care provided in MHUCA according to the diagnostic category of patients seen there, 75% of BD and 9% of MDD required hospitalization, while the rest of AD have not been admitted (p=.03).

100% of BD, 69% of MDD, 33% of PAD and 17% of the OAD do not leave the MHUCA (p=.034).

The dropout rate is 35.6%, with a margin of error of 9% for a confidence level of 95%, predominantly in OAD and PAD and not in BD.

The rate of return is 10.6 %, with a margin of error of 6% for a confidence level of 95%, only MDD and PAD.

Of patients diagnosed with AD who return to MHUCA, 36.4% changed its diagnosis to Neurotic, stress-related and somatoform disorders, 9.1% loses its diagnosis, another 9.1% goes to a Z code and the remaining 9.1% is it postpones its diagnosis (p=.00). Only 36.4% maintained the diagnosis of AD to return to MHUCA, with a margin of error of 9% for a confidence level of 95%.

12,5% of AD performed AA (with a margin of error of 6.3% for a confidence level of 95%), of which 8% are BD and 92% are MDD, and have an average age of 14.3 years, being the most frequent AA: drug self-poisoning, damage by sharp object and damage by nonspecific means.

**Conclusions**

The prevalence of AD is 2.65%, 51.92% boys and 48.08% girls. Only BD and MDD require hospitalization. The dropout rate is 35.6%, predominantly in OAD and PAD and not in BD. The rate of return is 10.6%, only MDD and PAD . Only 36.4% maintained the diagnosis of AD to return to MHUCA. 12,5% of AD performed AA.

**PP/141. From being a patient to being a teacher: How I became empowered through a program aimed to erase stigma associated with mental illness based on direct contact with adolescents**

**Authors:**

(1) Lorena de Simon Alonso; (2) Cristina García Aguayo; (3) Agustín Madoz Gúrpide.

**Work Center:**

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**Summary:**

**Introduction**

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Interventions based on direct contact have proved to be efficient in eliminating this stigma. They also facilitate the empowerment of those who participate in sharing their own experience and could help to fight the auto-stigma.

**Aims**

To reflect about the experience of a person diagnosed with Bipolar Disorder who has participated in an educational programme based on direct contact with people affected by a mental disorder, within a sample group of students in their third year of secondary education.

**Methods**

An interventional pilot programme is proposed, with longitudinal follow-up, quasi-experimental and with a control group. Its efficiency is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

**Results**

The breaking down of that social distance between me, as someone with a diagnosis, and my self-esteem, has brought about great changes in my life. It changed my perception of myself (...), gave value to my life experiences, as they ceased to be symptoms and became reasons to reflect. My symptoms became useful for the students, it was helpful to understand the importance of seeking help, how and where to look for it. It also changed my perception about adolescents. Once I worked out my own limitations, I saw them as people in need of love, humor and care. It could be summarized as the following: I have learned a lot about myself, my illness and about others, especially young people. I have taken a bigger step towards understanding what it means to be human and to love. Now, I am proud of what I am.

**Conclusions**

The intervention has been a positive experience to self-experts who participated, facilitating their empowerment and diminishing the self-stigma. It is necessary to evaluate the impact of the public exposure with quantitative measures.

**PP/140. What do young people say about direct contact with people with lived experience of bipolar disorder?**

**Authors:**

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**Summary:**

**Introduction**

The stigma associated with mental illness is a significant impediment to seeking help and access to services. Meeting people with mental disorders could be a strategy for adolescents to learn about the nature of the illness from a perspective of em-

powerment and recovery. It could help them to identify symptoms and look for help whenever they need it.

**Aims**

To reflect about the experience, both quantitative and qualitative, of a sample group of students in their third year of secondary education who have participated in an educational programme based on direct contact with people affected by a mental disorder.

**Methods**

An interventional pilot programme was developed, with longitudinal follow-up, quasi-experimental and with a control group. Its efficiency was measured on the Patrick Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up. Students' opinions were assessed through a scale specifically designed for the intervention (likert 0-7 type).

**Results**

Quantitative results show a high level of satisfaction with the intervention. The two activities which are linked to direct interaction with self-experts were the most valorised: Brainstorm (x: 5.31±1.340; Me 5; IQR 2); Coloured figures (x: 5.18±1.438; Me:5; IQR2); Label's game (x: 6.23±1.202; Me:7; IQR:1); Positive things (x: 5.59±1.248; Me:6; IQR:2); Video (x:6.14±1.180; Me:7; IQR:1); Direct dialogue (x:6.55±0.969; Me:7; IQR:1). Qualitative results show that students are interested in these kind of programmes. They demand more information and continued interventions. They outline the importance of interaction with people with lived experience.

**Conclusions**

The intervention has been a positive experience for the students who participated, facilitating literacy and comprehension of mental health issues as well as erasing stigma. It would be important to compare the different components of the intervention and to evaluate the impact on the behavior and help seeking attitudes.

**PP/177. What difference does it make to be hospitalized on a child and adolescent ward compared to an adult ward for young people with psychosis?**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

Despite increases in the provision of inpatient facilities for the care of adolescents with severe mental health needs, admission of underage patients to adult wards or to psychiatric units far away from their home because of shortages in locally available child and adolescent mental health (CAMHS) beds continue to occur in England. This regularly attracts media attention, most recently in January 2015 when an temporary directive explicitly

advising such practice was issued by NHS England.

**Aims**

Therefore, in this study we aim to evaluate the impact of the quality of care provided on CAMHS wards compared to that on adult wards for young patients with psychosis

**Methods**

To do so we will exploit the age threshold separating CAMHS and adult services, i.e. 18 years, using a regression discontinuity design. This quasi-experimental method compares outcomes for patients who were hospitalized at an age lying closely on either side of this threshold to infer what the cost-effectiveness of providing these two different levels of inpatient care quality would be around the age of 18. The quantitative analysis will be based on data from electronic health records of the South London and Maudsley Trust in the UK

**Results**

We will present estimates of the difference in length of initial hospitalization, rates of rehospitalisation, cost of service use and antipsychotic prescribing practices between the two inpatient care modalities.

**Conclusions**

Only recently mental health service research has begun to pay greater attention to the implications of the quality and individual intensity rather than overall quantity of inpatient care for psychosis, the most expensive care element for this condition. This research will contribute to the understanding of its optimal use. The analytical approach exemplified in this study is likely to be of relevance to evaluate the impact of differential service provision in other populations and settings in mental health.

**PP/316. Psychometric Properties of the Spanish Version of the Child PTSD Symptom Scale: Data on its Reliability and Validity using a Spanish adolescents sample**

**Authors:**

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**Summary:**

**Introduction**

The Child PTSD Symptom Scale (CPSS; Foa et al., 2001) is an instrument directed to assess the severity of posttraumatic stress disorder symptoms in children exposed to trauma, according to the DSM-IV. Its psychometric properties have been evaluated in multiple languages as well as in the Latino population. However, there are not studies that have considered this self-report in Spanish adolescents.

**Aims**

Therefore, the aims of this study were: a) to analyze the structure of the CPSS in Spanish populations who recently experi-

enced a traumatic event, taking into account the DSM-V; b) to analyze the internal consistence of the instrument; and c) to show new empirical evidence regarding its validity.

**Methods**

A sample of 570 Spanish adolescents who had been exposed to one or more traumatic events over the last year, completed a battery of instruments including the CPSS: the General Mood Subscale of Emotional Quotient Inventory (EQ-i, YV; Bar-On and Parker, 2000), the Student's Life Satisfaction Scale (Huebner, 1991), the Kessler Psychological Distress Scale (K10; Kessler y Mroczek, 1994) and the KIDSCREEN-10 Index (Raven-Sieberer et al., 2004).

**Results**

Results confirmed the factorial structure, showing the best fit for the four factor model. The findings showed a high internal consistence (range  $\alpha = 0.76 - 0.90$ ). The criterial validity for the total scale was confirmed by multiple moderation regression analyses using as dependent variables both physical health and emotional distress, and as predictor variables the global score on the CPSS, optimism and life satisfaction.

**Conclusions**

These findings gave empirical support to the CPSS in Spanish adolescent populations and demonstrate a factor structure consistent with DSM-5. Clinicians and researchers are thus provided with a valid and reliable instrument to assess posttraumatic stress symptoms in Spanish adolescents

**PP/311. Evaluation of a parental training program in parents and carers of preschool children**

**Authors:**

(1) Paulina Rincón; (1) Félix Cova; (1) Pamela Grandón Fernández; (2) Carolina Inostroza; (3) Sandra Saldivia; (1) Claudio Bustos; (1) Gisela Contreras; (4) Karen Oliva.

**Work Center:**

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**Summary:**

**Introduction**

Training in parental practices is one of the interventions that has shown the most effectiveness in the prevention and treatment of behavioural problems in children in underdeveloped countries. There is very little investigation existing in this respect in Latin America. A program was designed, implemented and evaluated to strengthen parental practices in families of low socioeconomic status.

**Methods**

The study was experimental with 167 families assigned to the experimental condition and 102 to the control condition.

**Results**

Depending on the attendance of the program sessions, changes were observed in the expected direction in relation to the presence of hostile behaviours towards sons and daughters, ways of interaction with the son or daughter in play situations evaluated

observationally, negative parental practices and satisfaction in the parental role.

**Conclusions**

These results indicate that the program designed is effective in modifying positive parental practices. However, given that the effects shown were not observed in an analysis with intent to treat, they should be considered with caution. One challenge of the program is to develop strategies that are capable of achieving a higher retention of the participants.

**e-Poster 2: Attitudes and Stigma in Mental Health**

**PP/38. Qualitative interviews about stigma and poor mental health literacy as barriers to service use among unemployed people with mental illness**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

People with mental illness often choose not to use mental health services and therefore do not benefit from available therapies. The resulting treatment gap has harmful consequences for individuals, their families and society, such as poor clinical outcomes, unemployment and productivity losses. Because unemployed individuals outside the healthcare system are a hard-to-reach population, barriers to use mental health services are poorly understood. Two factors likely reduce service use: (i) to avoid being stigmatised by others as mentally ill due to help-seeking (public stigma) and to internalise negative stereotypes and give up life goals (self-stigma); (ii) poor knowledge about mental illnesses and available treatments (mental health literacy).

**Aims**

Aim of the study is to get indepth knowledge of barriers and facilitators of mental health service use of unemployed people.

**Methods**

15 unemployed individuals with self-reported mental health problems were interviewed using semi-structured in-depth interviews. Topics included individual experiences with help-seeking and mental health service use, with a focus on barriers to and facilitators of help-seeking. The interviews were audiotaped and transcribed verbatim, transcripts were analyzed using content analysis and major themes were identified.

**Results**

Barriers to and facilitators of mental health service use will be presented, including the influence of public and self-stigma as well as mental health literacy.

**Conclusions**

This study provides insights into help-seeking strategies of unemployed people with mental illness outside the healthcare system. This information can inform future interventions to reduce the treatment gap and its harmful impact on this population.

**PP/102. How personal mental health related experiences and self-beliefs are related to perceptions of people with mental illnesses?**

**Authors:**

Marianna York-Smith; Sara Evans-Lacko.

**Work Center:**

London School of Economics and Political Science - Personal Social Services Research Unity.

**Summary:**

**Introduction**

Evidence has shown that previous exposure to or familiarity with mental illnesses (knowing someone who has a mental illness) is related to stigmatising attitudes or beliefs about other people with mental illness. It is unclear however how individual self-identification towards having a mental illness might also independently influence perceptions of mental illness.

**Aims**

The overarching aim is to investigate the factors related to perceptions of people with mental illness among a community cohort of adolescents. Specifically we investigate how the following factors: (1) personal mental health related experiences (i.e., own help-seeking behaviour for mental illness and personal familiarity with mental illness) and (2) self-beliefs about mental illness (i.e., own help-seeking behaviour) relate to beliefs about unpredictability, dangerousness and willingness to engage in social relationships with someone with a mental illness.

**Methods**

Data was collected from 200 adolescents aged between 17 and 22 via telephone interviews. Participants were from an enriched cohort (including a high proportion of individuals with symptoms or risk factors for mental illness) and were recruited from schools in the London area.

**Results**

Findings will be presented on whether their own self-identification towards having a mental illness, familiarity with mental illness and help-seeking for a mental illness relate\*. All analyses controlled for sociodemographic characteristics.\*Specific results are available on request.

**Conclusions**

*Self-identification towards mental illnesses, exposure to and familiarity of mental illness are important factors for the perceptions of mental illnesses. Future directions should consider using longitudinal data on help-seeking to help determine directionality of the relationship.*

**PP/121. Relationship between Medication Adherence and Beliefs in Patients with Mental Health Disorders.**

**Authors:**

(1) Ana Cardoso; (2) Miguel Xavier.

**Work Center:**

(1) Researcher. Department of Mental Health NOVA Medical School - UNL. Lisboa. Portugal; (2) Department of Mental Health NOVA Medical School - UNL. Lisboa. Portugal.

**Summary:**

**Introduction**

Medication non-adherence is a major factor contributing to poor clinical outcomes in patients with mental health disorders and is a complex behavioural process determined by several interacting factors. Patient adherence to treatment is likely to be influenced by a complex interaction of treatment, patient beliefs and sociodemographic factors.

**Aims**

The aim of this study is to identify patient related factors that affect adherence and assess the impact of attitudes and beliefs in medication adherence.

**Methods**

This cross sectional study is being developed at Mental Health Departments of 3 general hospitals in Lisbon great area. The sample is being collected through individual interviews. The participants will complete the Beliefs about Medicines Questionnaire (Horne et al., 1997); Medication Adherence Questionnaire (Delgado & Lima, 2001) and additional measures to assess symptom severity, illness perception and sociodemographic characteristics.

**Results**

We enrolled a total of 121 patients (mean age= 39.8; 9.3  $\sigma$ ) with the following diagnoses: schizophrenia(40.5%),schizo-affective (5.8%), bipolar disorder (50.4%) and other psychosis (3.3%).We have found a significant negative correlation with medication beliefs and adherence ( $r=-0.226$ ;  $p= 0.013$ ) and a significant correlation with beliefs and psychopathology ( $r=0.41$ ; $p=0.00$ ), i.e., patients with negative beliefs and higher levels of psychopathology, less adhered to medication.

**Conclusions**

Shared discussion of beliefs about medication between patient and mental health professional allows wider exploration of personal meanings that can help to improve medication adherence and therapeutic alliance.Further research on patients beliefs should focus on targeting non-adherent patients whose reasons for their non-adherence is driven by their medication beliefs.

**PP/139. Presentation of the components of a programme aimed to erase mental health stigma through direct contact targeted at students in secondary school**

**Authors:**

(1) Lorena de Simon Alonso; (2) Agustín Madoz Gúrpide; (3) Cristina García Aguayo.

**Work Center:**

(1) Psychiatrist. Burlada Mental Health Center. Navarra. Spain; (2) Psychiatrist. San Blas Mental Health Center. Madrid.Spain; (3) User. Burlada Mental Health Center. Navarra. Spain.

**Summary:**

**Introduction**

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. The combination of education and direct contact with people with lived experience has proved to be an efficient strategy within young people, who are a priority target.

**Aims**

To present an anti-stigma intervention based on direct contact with people with lived experience of bipolar disorder, within a sample group of students in their third year of secondary education.

**Methods**

A pilot programme is proposed which is interventional, with prospective follow-up, quasi-experimental and with a control group. The efficiency of the intervention is to be measured on the Patrick Corrigan r-AQ 8C scale, in paired samples design.

**Results**

The structure of the intervention consists of two work-shops (55 minutes each).

The first session provides mental health literacy and reaches mean stereotypes associated with mental illness from a multidimensional perspective including both biologic and environmental aspects.

During the second session a direct dialogue is established with people with live experience of bipolar disorder, empowerment and recovery. As a complement, a video starred by the self-experts has been recorded (english subtitles) (<http://youtu.be/OqcDvmGynRY>).

A total of 531 students (n=531) from four state secondary schools in Navarra participated. Quantitative results show significant (IC95%) improvement on the total score of the stigma scale and for five of eight items in the intrasubjects comparative scale, carried out at baseline and immediately after the intervention. Significant differences were sustained (IC 95%) on 6 months follow-up for the global and for three of eight items.

**Conclusions**

The intervention was proved to be effective in the reduction of prejudices, stereotypes and social distance immediately after the intervention and on a 6-month follow-up, although effects are likely to lessen with time. It should be necessary to compare the different components of the programme to evaluate the role of each one on erasing stigma. Continued exposure could sustain benefits and build on the positive attitude changes achieved by first intervention.

**PP/225. Patient´s view about noncompliance with inhaled treatment in COPD**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

Chronic obstructive pulmonary disease (COPD) is the fifth cause of morbidity and mortality in the developed world and repre-

sents a heavy health and economic burden. Adherence is defined as “the extent to which a person’s behavior (in terms of taking medications, following diets, or executing lifestyle changes) coincides with medical or health advice”. The non-compliance of patients with prescribed treatments is considered as a barrier to effective health care. Significant differences in health beliefs, experiences, and behaviors are observed between COPD patients with different levels of adherence. Despite a cogently argued rationale for the study of illness representations as determinants of treatment adherence relatively few studies have adopted this approach

**Aims**

To examine the opinion of COPD patients with inhaled treatment about medication noncompliance

**Methods**

Exploratory-descriptive study was performed using qualitative methodology. Subjects: COPD-diagnosed patients attending three urban and a rural primary care centres. Video-taped and transcribed group interviews. Qualitative Analysis. Grounded Theory. Atlas.Ti 5.2 program

**Results**

22 group interviews (2009- 2011) and 58 patients were included. 3 additional sessions to final inform validation.

Patients’ views about noncompliance with inhaled treatment was different if it was other patients’ medication noncompliance or their own noncompliance.

Other patients’ noncompliance categories were related to personality characteristics as impatience, inattention/indiscipline, laziness, ignorance/lack of information and false strength. In relation to the illness, patients related noncompliance to no need for inhaled treatment.

Their own noncompliance was described as occasional forgetfulness of medication, that it is not seen as a non-compliance factor, or was related to categories: negative or confused effect of inhaled treatment and sub-categories: non-effect of medication, side effects and wrong beliefs about inhaled treatment.

**Conclusions**

Patients with COPD related their own noncompliance to external factors associated with illness and medication and they used it to justify their action.

However, other patients’ noncompliance was related to internal and stable personality characteristics.

**PP/320. Stigma towards people with mental illness in university students in Chile**

**Authors:**

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**Summary:**

**Introduction**

Stigma is the leading cause of suffering in people with severe mental illness (SMI), because of its social implications. Among its main consequences, a decrease in labor opportunities, less

access to health care and a decrease in self-esteem and self-concept can be mentioned. Research on the subject has shown a high prevalence of stigmatizing attitudes toward people with SMI. These attitudes are present in the general population as well as in specific groups such as health professionals. Studies on this topic show that in university students of health careers stigma is already present. This would paradoxically be increased after being trained in psychiatry and mental health.

**Aims**

This situation adversely affects the provision of health services to this population. Our objective was to assess the presence of stigma in future professionals of the area of health and health related subjects in universities from Chile.

**Methods**

This is a descriptive research with pre-post design. The sample is intentional and it comprises students of the careers of Medicine, Psychology, Nursing and Social Work of Chilean universities. In order to assess the attitudes, the Scale of Mental Illness Clinicians’ Attitudes (MICA) was used. This scale was revised and adapted to the local context. Mica-2 scale in Medicine students and Mica-4 in occupational therapy, psychology, Nursing, and Social Work students were used. Scales were applied before starting the course and once it was completed. Data analysis will include descriptive statistics and association of variables, which allow identifying variables associated with the presence of stigma.

**Results**

The obtained results should account for the cognitive change .positive or negative- once the course is completed. It is expected to compare results obtained with similar research carried out in Spain and Portugal.

**Conclusions**

This is an investigation in progress. It is expected that students increase their stigma, a result associated with the fact that social models are replicated in higher education, forstoring stereotypes and perpetuating stigmatization towards these social groups.

**e-Poster 3: Implementation on Mental Health Care**

**PP/50. Peer workers and risk management in mental health services: operationalising experiential knowledge in a peer support intervention to prevent psychiatric readmission**

**Authors:**

Steve Gillard.

**Work Center:**

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**Summary:**

**Introduction**

A range of evidence indicates the potential benefits of peer support for individual and service use outcomes (Mahlke et al 2014). While some studies have highlighted potential risks to the mental health of peer workers (Chinman et al 2006) and the service users they support (Stewart et al 2008) there is an absence of research that explicitly explores the relationship be-

tween peer support and risk in mental health services. Other research has suggested that peer workers might offer new insight to the multi-disciplinary team in the management of risk and crisis (Gillard et al 2013).

**Aims**

This paper identifies and describes the potential role of peer workers in risk management in mental health services.

**Methods**

91 peer workers, service users and mental health professionals undertook in-depth qualitative interviews exploring issues of boundaries, disclosure, risk management policies and skills for supporting crisis in a range of mental health service settings. Data were subject to grounded theory analysis. Peer researchers – researchers with lived experience of mental health problems – were core to data collection and analysis processes.

**Results**

Specific risks to peer worker wellbeing were articulated- around using their own experiences of mental health problems in their work - but it was identified that overly protective practice in minimising risks to peer workers could restrict the sharing of lived experience. While there was a lack of consensus on how peer workers might be involved in existing, formal risk management practice, analysis did reveal potential new understandings of risk management based on the distinctive, experiential knowledge that peer workers brought to the role. Sharing of lived experience promoted service user openness about risk, while less risk-adverse attitudes and a culture of peer support across the team enabled relatively high levels of risk to be safely held within peer-led teams (Holley, Gillard, Gibson 2015).

**Conclusions**

The potential for peer workers to contribute to the management of risk and crisis is indicated. A new RCT of a peer worker intervention to prevent psychiatric readmission post-discharge (ENRICH) incorporates this learning into the intervention manual – training, skills and team working for peer workers – and trial protocol.

**PP/42. Prevalence and correlates of QTc prolongation in Italian psychiatric care: cross-sectional multicentre study**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

In recent years several warnings have been issued by regulatory authorities on the risk of electrocardiogram (ECG) abnormalities among individuals exposed to psychotropic drugs. As a consequence of these warnings, monitoring of the QT interval corrected for heart rate (QTc) has become increasingly common. This study was conducted to measure the frequency of QTc prolongation in unselected psychiatric patients, and to document the associated factors using a cross-sectional approach.

**Aims**

To investigate the frequency and correlates of QTc prolongation

in psychiatric patients treated with psychotropic drugs.

**Methods**

During a three-month period, a consecutive unselected series of both in- and out-patients recruited in Italian psychiatric services were enrolled if they performed an ECG during the recruitment period and were receiving psychotropic drugs on the day ECG was recorded.

**Results**

A total of 2,411 patients were included in the study. The prevalence of QTc prolongation ranged from 14.7% (men) and 18.6% (women) for the cut-off of 450 milliseconds, to 1.26% (men) and 1.01% (women) for the cut-off of 500 milliseconds. In patients exposed to antipsychotic drugs, polypharmacy was positively associated with QTc prolongation, whereas use of aripiprazole decreased the risk. In patients exposed to antidepressant drugs, use of citalopram, and citalopram dose, were both positively associated with QTc prolongation, and this was the case also for haloperidol in addition to AD drugs.

**Conclusions**

The relatively low proportion of patients with QTc prolongation suggests compliance to current safety warnings issued by regulatory authorities, but also casts some doubts on the clinical relevance of QTc prolongation related to some psychotropic drugs.

**PP/99. Narrative care: evaluation of an innovative intervention with life story writers for frail older persons living in the community**

**Authors:**

(1) Nele Spruytte; (2) Annelien Mestdagh; (3) Chantal Van Audenhove.

**Work Center:**

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**Summary:**

**Introduction**

Many older persons suffer from depressive feelings. It is important to recognize sub-threshold depression and to prevent the development of major depression, however, preventive strategies do not specifically focus on frail older adults. In Brussels (Belgium), an individual life review intervention was developed where life story writers visit older persons at home. In about 12 thematic sessions the older person is encouraged to tell his/her life story. The life story writer facilitates the life review process and at the end a life story book and individual 'identity circle' is handed to the participant.

**Aims**

This study investigates the effectiveness of this intervention 'Narrative Care'. The hypothesis is that Narrative Care diminishes the feelings of depression, anxiety and loneliness and enhances the feelings of mastery, self-esteem and resilience.

**Methods**

A pretest-posttest design was used to investigate the impact on depressive feelings, loneliness, anxiety, mastery, self-esteem and resilience in participants of Narrative Care. These concepts are measured with self-report questionnaires, administered by the life story writers at home with the participants.

**Results**

The intervention has a large number of drop-out of participants,

mainly because of their frailty and old age. Non-response-analysis shows no differences between the initial group and the group that completed the whole interventions and both measurements. Significant effects on the self-esteem and anxiety scale were found in the 44 persons that completed both measurements. Participants feel less anxiety and more self-esteem after completion of the session than before. No significant effects were found for depression, loneliness, mastery and resilience.

**Conclusions**

Anxiety reduction is known as an effect of participation in a life review intervention. Contrary to the expectations no effect was found on depressive feelings. This study has methodological limitations (e.g. no control group, no blind measurements), however, it is promising that through attention for the individual life story it is possible to strengthen the identity and feelings of self-esteem of frail older persons. Future studies with more rigorous design and methods are warranted.

**PP/156. Participant and Group Leader Experiences of the Balancing Everyday Life (BEL) Occupational Therapy Intervention for People with Mental Disorders**

**Authors:**

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**Summary:**

**Introduction**

Methods for psychiatric rehabilitation and how to improve everyday life for people with mental disorders are lacking. According to research, breaking a passive lifestyle and finding a balance of meaningful activities in everyday life are highly prioritized targets for this group. Inspired by the Lifestyle Redesign® occupational therapy intervention and based on our own research group's studies of everyday life among people with mental disorders, a group-based lifestyle intervention was developed for this target group. From 2012- 2015 the Balancing Everyday Life (BEL) manualized intervention was implemented by occupational therapists working in psychiatric services in Sweden. Over 120 participants took part in the four-month-long program as part of a combined RCT and qualitative study.

**Aims**

To gain in-depth insight into the participant experiences of the BEL intervention and to gain knowledge and receive feedback from the occupational therapists who led the intervention.

**Methods**

A purposefully-chosen subsample of BEL participants was selected for in-depth individual qualitative interviews. In focus were their experiences of the intervention as well as the content, process, and any perceived benefits. In addition, occupational therapists were invited to attend focus group discussions regarding their experiences of leading the BEL group interven-

tion and their perspectives on how the structure and content of the intervention functioned for them and their clients.

**Results**

Preliminary findings will be reported on the participants' and occupational therapists' experiences of the BEL intervention. Participants were generally positive about the intervention. Many described making lifestyle changes and highlighted the group process and support as a strong helping factor. Other themes included empowerment, a better balance of daily activities, and improved relationships with loved ones. A theme of wanting more time for the course emerged from both participants and therapists, as well as the desire for adaptable course material and exercises for different group/individual functioning levels. Therapists appreciated the occupational therapy-focused manual and some felt it helped to clarify their role for other health professionals.

**Conclusions**

The preliminary findings will be discussed in relation to the intentions and theory behind the BEL intervention and perceived benefits, drawbacks, and suggestions for improvement will be highlighted.

**PP/171. How can Action Research qualify development of a coherent and uniform service for disengaged young adults with poor mental health across sectors?**

**Authors:**

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**Summary:**

**Introduction**

Focus has been on creating a good recovery-oriented and targeted treatment and support model for young adults (aged 18-30) with mental health vulnerabilities who are disengaged from educational services.

**Aims**

The purpose of the study was therefore to adjust and implement the American network oriented and vocational support model called RENEW [Rehabilitation for Empowerment, Natural Supports, Education, Work] into a Regional psychiatric out-patient unit and a Municipal vocational centre in Denmark.

**Methods**

Action Research methodology was seen as a prominent way to involve staff from the regional and municipal settings in the process of developing a more coherent and uniform understanding of recovery for young adults with mental health vulnerabilities. The staff was invited to take part in a shared process of knowledge production about how to establish the best possible service for the target group, in order to involve and commit them under and after the research project took place.

Through an Action Research approach staff members participated in intersectional dialogue meetings as well as observations of the work with RENEW and focus groups with young adults. By discussing the observations and the outcome of the focus

groups in the dialogue meetings, staff reflected on the methodology and their own professional approaches, and made necessary adjustments to the model; e.g. a Group Therapy Module has been added to the original RENEW model.

**Results**

By using Action Research methodology in adjusting and implementing an American model in a Danish intersectional setting, staffs practical psychiatric and vocational knowledge about the specific target group become a valuable contribution to the adjustment of the model. Furthermore the Action Research creates an opportunity to build an intersectional learning environment with room for professional development and a wider cultural understanding of the different arenas young people with mental vulnerabilities have to engage in.

**Conclusions**

For the professionals involved, Action Research can help pave the way to understanding of how the target group is approached in different sectors. In that way Action Research has the potential of qualifying the development of coherent and uniform services across sectors for disengaged youth with mental health disabilities.

**PP/165. Team role in the process of deinstitutionalization**

**Authors:**

Rossana Sade.

**Work Center:**

Universidade Estadual Paulista.

**Summary:**

**Introduction**

This study presents a post doctorate research. It's a comparative study in an Integrative Health Care Center - Clemente Ferreira - Lins (Brazil) and the Mental Health Department of Trieste (Italy). The theoretical approach was based on deinstitutionalization and the Italian Democratic Psychiatry. (BASAGLIA, 1985; ROTELLI et al.,1990; DELL'ACQUA, 1991; MEZZINA,R. 1992; AMARANTE,1994, 1995;1996; BARROS,1994).

**Aims**

The objective of this research was to investigate and analyze how the process of deinstitutionalization was, with the health team of the Children and Youth unit of the Brazilian service, performing a comparative study with Trieste-Italy.

**Methods**

Considering the complexity of the study, the qualitative methodology action research, analytical and descriptive was used. It is important to emphasize the participatory nature of the researcher as responsible for coordinating the project, maintaining a direct contact with the institutional routine.

**Results**

The improvement of a new staff model is one of the pillars for the deinstitutionalization process. In Italy, the end of the psychiatric hospital was the arrival point and not departure. The work of the Trieste's health team exceeded the practical issues related to the concept of mental illness and sought specific answers regarding housing, work, education and social life.

**Conclusions**

It's necessary to emphasize that these possibilities are built on a new paradigm of care, demystifying the insanity. The devel-

opment of a new team model is essential for the deinstitutionalization process. It requires care team, sharing of the power, focusing the whole person and not just the symptom, understanding his subjectivity and creating new possibilities, where the social actor may be active in the reconstruction of its history.

**PP/280. Mental health care on dual diagnosis**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The World Health Organization defined in 1995 dual pathology diagnosis as "the coexistence in the same individual of a substance disorder use and psychopathological disorder." Scientific evidence suggests that for effective results, these patients should be treated in an integrated approach that ensures both diseases jointly and simultaneously and also long term.

**Aims**

Knowing the number of patients we serve in our service affected with dual pathology and check if diagnoses and nursing interventions we make are aimed at treating both conditions.

**Methods**

Cross-sectional study of dual diagnosis and analysis of diagnostic and nursing interventions programmed in the individual treatment plan. The population under study are patients currently attending the day-hospital.

**Results**

Patients with dual diagnosis are 37.50%, an increase of 14.28% over those who have maintained addictive behaviours in their disease process.

**Conclusions**

This comorbidity aggravates mental illness course; destabilizing the disease, preventing adherence to treatment and psychosocial problems, adding legal and medical illnesses and instability. The nursing diagnoses (NANDA) and interventions associated with them are very similar in all cases, including:  
-Risk for disturbed sensory perception (00122)  
-Risk for ineffective therapeutic management (00078)  
-Ineffective coping related to seizure activity (00069)  
-Chronic Low self-esteem (00119)

**PP/321. Investigating the psychometric properties of I.ROC: a tool to measure personal recovery outcomes.**

**Authors:**

(1) Bridey Rudd; (2) Scott Hardie; (3) Jane Cumming; (4) Nigel Henderson; (5) Robin Ion.

**Work Center:**

(1) Research & Information Officer at Penumbra and PhD Student University of Abertay Dundee. Scotland.; (2) Director of Research Degrees, University of Abertay Dundee. Scotland.; (3) Development Manager,

*Penumbra.; (4) Chief Executive, Penumbra.; (5) Division Leader Nursing and Counselling, University of Abertay Dundee. Scotland.*

**Summary:**

**Introduction**

The Individual Recovery Outcomes Counter (I.ROC) is a 12-item individual level recovery questionnaire designed by mental health providers in consultation with people using community mental health services in Scotland. Initial psychometric testing demonstrates I.ROC has good validity, reliability (Monger et al, 2013), and usability (Ion et al, 2013). I.ROC is now used within a number of organisations across Europe, and the expanding use of the tool highlights the need for further validity testing.

**Aims**

Two studies investigated the convergent validity of I.ROC with measures of key elements of recovery, and assessed the test-retest reliability of the measure.

**Methods**

A total of 405 individuals participated in two studies to assess the concurrent validity and the test-retest reliability of I.ROC. In study one, participants completed I.ROC alongside six measures of recovery-related components (e.g. hope; empowerment). In study two, participants completed I.ROC at two time points approximately one week apart, alongside the General Health Questionnaire. Results at the two time points were compared. Both studies used I.ROC alongside the General Health Questionnaire and scores on these two measures were collapsed across studies to explore threshold values of GHQ and their relationship to I.ROC total scores.

**Results**

Study one showed that I.ROC total scores correlated significantly with scores on measures of hope, empowerment, community living skills, wellbeing and self-esteem. The I.ROC question entitled Exercise & Activity correlated significantly with a measure of physical activity.

Study two demonstrated that I.ROC scores do not differ significantly over a short period of time (mean time 8 days). I.ROC total scores and scores for individual questions at both Time 1 and Time 2 was significantly correlated, with zero variation in total means and equal distribution of scores at both time points. I.ROC scores for the combined sample were significantly lower for people scoring above the GHQ-28 threshold for current psychiatric ailment.

**Conclusions**

These studies provide further support for the use of I.ROC as a valid and reliable measure of recovery. More testing is needed to establish validity for specific populations. Studies are now underway to validate Dutch and Spanish versions of I.ROC.

**e-Poster 4: Implementation on Mental Health Care**

**PP/8. Recovery oriented practice in mental health inpatient settings**

**Authors:**

Anna Kristine Waldemar.

**Work Center:**

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**Summary:**

**Introduction**

Mental health services in several countries, including Denmark, have made it an objective to base all mental health treatment on a recovery oriented approach. This involves moving away from a treatment focused merely on diagnostics and medical symptom relief towards a holistic individualized approach focused on well-being, resources and social inclusion. However, little emphasis has been given to how this is managed in mental health inpatient settings, which are currently characterized by progressively shorter admissions, high bed occupancies and quick turnovers favoring fast diagnostic and medical stabilization prior to the earliest possible discharge. In addition, research shows challenges in the implementation of recovery oriented practice in these settings, which calls into question the ways in which recovery oriented practice is actually an integrated part of the mental health inpatient treatment.

**Aims**

This is a qualitative study aimed to explore how recovery oriented practice unfolds in mental health inpatient settings in a Danish context.

**Methods**

The study uses an ethnographic approach consisting of: participant observation in two inpatient units, one closed and one open; semi-structured individual interviews with 10-12 patients currently admitted to an inpatient unit; and semi-structured focus group interviews with mental health professionals working in inpatient units.

**Results**

The participant observations are completed, and the interviews are expected to be completed in March 2015.

**Conclusions**

The results are expected to generate important knowledge about how recovery oriented practice unfolds in mental health inpatient settings offering an important opportunity to improve and secure a successful implementation.

**PP/176. The feasibility of a recovery-oriented model in the public mental health care in low and middle-income countries**

**Authors:**

(1) Andrea Cardoso; (2) Monica Kayo; (3) Aglaé Souza; (1) Paula Becker; (4) Denise Martin; (5) Denise Razzouk.

**Work Center:**

(1) Occupational therapist. Centro de Economia em Saúde Mental (CESM). Universidade Federal de São Paulo, São Paulo, Brazil; (2) Psychiatrist. UNIFESP. Sao Paulo. SP. Brazil; (3) Psychiatrist. Centro de Economia em Saúde Mental (CESM). Universidade Federal de São Paulo, São Paulo, Brazil.; (4) Anthropologist. Universidade Federal de São Paulo, São Paulo, Brazil.; (5) Coordinator. Centro de Economia em Saúde Mental (CESM). Universidade Federal de São Paulo, São Paulo, Brazil.

**Summary:**

**Introduction**

Psychosocial recovery is the goal of mental health policies; however, the definition and implementation of social inclusion, psychosocial recovery are far from a consensus. In the recovery-oriented model, psychosocial inclusion is a multidimensional

process which allows a life fully lived in all the spheres of the society, but there is no consensus on what is best model for deinstitutionalized people. Moreover, the implementation of a model developed in high-income countries is troublesome.

**Aims**

To discuss the feasibility of a recovery-oriented model in deinstitutionalized people with severe mental disorders currently living in residential facilities in the city of Sao Paulo, in the light of socioeconomic, cultural and educational aspects.

**Methods**

A qualitative study, through ethnographic and unstructured interviews of 19 caregivers, conducted between 2011 and 2012. We analyzed the role of caregivers related to the residents' activities of daily living, self-care, management of money, transport and food, work, social activities, health care, empowerment and learning/education.

**Results**

All the caregivers were lay persons, with affective devotion and dedication to the residents. They had no previous experience in health care nor as caregivers. Some skills were lacking to achieve efficient work: a) training in mental health and management of difficult situations (e.g.: aggressive behavior); b) strategies for achieving social inclusion and recovery, particularly in severe cases; c) the work was based mainly on beliefs and improvisation was common; d) their interrelation with the residents were close to family ties, with an unprofessional approach; e) use of rigid rules, repeating the institutional environment, harming the spontaneity of the residents, and f) the caregivers did not receive any orientation from the rehabilitation centers' staff.

**Conclusions**

The caregivers had positive characteristics: altruism, commitment and dedication. There is a need for a training on the strategies to achieve recovery, as well as an integration with other professionals involved in the process. The recovery model requires the active participation of the society (political, educational and professional), but due to the lack of a formal commitment, its implementation has been difficult. In Brazil, there is no clear model of recovery in Public Mental Health Policies.

**PP/220. Filling the gaps in community mental health care network ensuring human rights and providing responsible public budget management**

**Authors:**

(1) Paula Becker; (2) Denise Razzouk; (3) Francisco Drumond de Moura Neto; (4) Monica Kayo.

**Work Center:**

(1) Post graduate student of Center of Economic Mental Health. Universidade Federal de São Paulo. Brazil; (2) Affiliated Professor and Coordinator of Center of Economic Mental Health. Universidade Federal de São Paulo. Brazil; (3) Regional Mental Health Director and Coordinator of the Psychosocial Integrated Center. Rio Claro. São Paulo. Brazil; (4) Psychiatrist. UNIFESP. Sao Paulo. SP. Brazil.

**Summary:**

**Introduction**

In Brazil, the mental health care assistance is organized in Psychosocial Care Network- PCN, made up of different modalities of services and structured according to the parameters of community-based mental health.

**Aims**

To describe an experience of a country health region in the state of São Paulo- Brazil, that covers 26 counties and 1.412.584 people, on the implementation of a new public psychosocial care service, specially in response to the wide and costly demand of judicial determinations of compulsory hospitalizations, reducing the budgetary impact in the public health system and ensuring human rights.

**Methods**

This was a descriptive study of actions and policies implemented to build a new public psychosocial care service based on public accountability of the São Paulo State Government and the region counties in this coverage area.

**Results**

The purpose of this new psychosocial service is to become a continuing education apparatus for the community mental health staff and to offer outpatient services, emergency care and brief psychiatric hospitalizations with 80 beds available, enabling 160 monthly admissions of up to 15 days stay in order to continue the treatment in territorial outpatient services, filling the territorial mental health assistance gaps. This service avoided 260 compulsory hospitalizations since its introduction in 2012. Considering that each compulsory hospitalization had a cost of US\$ 450 per month and an average of 6 months duration, according to the Ministry of Health, there was a saving of US\$ 702.000,00 to the public coffers, exceeding by 25% which is invested annually in psychosocial care network in the same region by the federal government.

**Conclusions**

When a regionalized community mental health care network is well structured, both for the technical quality of its staff, as the appropriate number and modalities of services according to the population demands, the judicialization of public health can be avoided, besides ensuring human rights and reducing unforeseen expenses in the public management budget planning

**PP/260. The effect of the Collabri-model for collaborative care for anxiety disorders**

**Authors:**

Nadja Kehler Curth; Ursula Brinck-Claussen; Lene Falgaard Eplöv.

**Work Center:**

Mental Health Center Copenhagen. Hellerup. Denmark.

**Summary:**

**Introduction**

Depression and anxiety are common diseases often treated in general practice. However, there are obstacles for optimal treatment e.g. a lack of continuity in disease management, organized collaboration between primary and secondary care and access to psychotherapy. Previous collaborative care studies have shown significant improvements in treatment outcomes for patients with depression and anxiety in primary care; however studies have yet not been carried out in a Danish context. Thus, the Collabri-model for collaborative care for panic disorder, generalized anxiety, social phobia and depression has been developed. The model includes: a multi-professional approach to treatment including a care manager (e.g. a psychiatric nurse), enhanced inter-professional communication, scheduled monitoring and review and structured treatment plans.

Aims

To investigate whether treatment according to the Collabri-model have an effect on symptoms for people with anxiety disorders.

Methods

Three cluster-randomized, clinical trials are set up to investigate treatment according to the Collabri-model compared to treatment as usual for 364 patients diagnosed with panic disorder, generalized anxiety and social phobia respectively from general practices in the Capital Region of Denmark. For all studies, the primary outcome is anxiety symptoms measured with Beck Anxiety Inventory (BAI) at 6 months.

Results

The results are expected in 2017.

Conclusions

The study will contribute with important knowledge if collaborative care is to be implemented in Denmark.

**PP/294. The Individual Plan of Treatment-like document of Anticipated Wills in Mental Health.**

Authors:

(1) Margarita Guerrero Jiménez; (2) Maria Luisa González Montoro; (3) Carmen Maura Carrillo de Albornoz Calahorro.

Work Center:

(1) Santa Ana Hospital. Motril. Granada.; (2) Nurse. GSA South Granada. Spain; (3) MIR. SGA South Granada. Spain.

Summary:

Introduction

The Convention of Rights of People with Disability, recognizes people with mental illness "Have the right to free determination on equal terms as people in other services of general health". In order to help to guarantee this, a document has been set out in which Anticipated Wills in Mental Health are reflected.

Aims

To reflect in the clinical H<sup>a</sup> a shared document of decisions accessible to other therapists. To make responsible and empower the user in its vital process and recovery of its disease. To guarantee that there is a representative document that guards decisions taken by people with ability to make decisions and it to be complied with at moments they do not have it.

Methods

To make use of the Integral Plan of Treatment to keep reflected in Clinical H<sup>a</sup> an anticipated planning of decisions. PIT is a document that is elaborated in most Mental Health services in Andalusia. The most important advantage is to reflect users wishes in order that they can be complied with when a crisis or a possible loss of decision-making capacity happens, as considered before, anticipated wills document can be used to serve their interest.

Results

The 100% of patients to whom the PIT was given had the opportunity to become actively involved in their own document of anticipated wills.

Conclusions

If this plan was implemented, both professional and users would obtain these benefits:

- 1.- Improvement in the usuary-therapist relationship.
- 2.- Protection of rights.
- 3.- Recognition of capacity.

4.- Increase the self-esteem.

**PP/263. Integrated care process of anxiety, depression and somatization: Collaborative space**

Authors:

(1) Margarita Guerrero Jiménez; (2) Jose Angel Rodrigo Manzano; (3) Carmen Maura Carrillo de Albornoz Calahorro.

Work Center:

(1) Santa Ana Hospital. Motril. Granada.; (2) PIR. SGA South Granada. Spain; (3) MIR. SGA South Granada. Spain.

Summary:

Introduction

The Integrated Care Process of Anxiety, Depression and Somatization (ICP-ADS) lays out the cooperation between Primary Care (PC) and Mental Health (MH) as basic premises. This model greatly improves patient detection, inadequate patient referrals, adherence and response to medical treatment.

Aims

The Therapeutic Program (TP) established in PC includes psychological and psychosocial interventions of low intensity, pharmacological treatment, and use of collaborative space with MH. The collaborative space would have combined consultations, case tracking and educational activities. Our rotation as MH residents in the Community Mental Health Unit (CMHU) has focused on this framework, encouraging the use of a collaborative space. At the beginning of the rotation, there was no combined consultations (for referrals, co-therapy or supervision). Moreover, case tracking was limited to patients with Severe Mental Disease with organic disease and no common educational agenda was carried out.

Methods

Three training sessions were used to deal with the process as a whole. PC professionals were given self-help handbooks for low intensity interventions and clinical practice handbooks for psychopharmacological treatment. The referral space was established afterwards, where we took part in the TP founded by the PC doctor. In case the demand would continue, we opened consultation one day a week for co-therapy. With brief interventions of 3-4 sessions we continued the work with self-help guides, which also optimized psychopharmacotherapy. Moreover our CMHU had a physician supervising the cases, with whom Consensus Treatment Plans were developed in case referrals MH was necessary. Resources and interventions were optimized, providing continuity of care assistance.

Results

Referrals were sufficient in many cases. Sixteen procedures were completed in co-therapy, half of which required referrals to encourage adherence. Only a referral to MH had to be done. Three months later, a follow-up showed that no patient in co-therapy had to be referred to specialized care.

Conclusions

This experience is thought to have generated satisfaction for both professionals and patients. The amount of referrals was reduced in comparison to previous months, adherence to interventions of low intensity was improved and was useful in both detection and prevention of new cases.

## e-Poster 5: Epidemiology in Mental Health

### PP/51. Incidence of suicidal ideation and suicide attempts caused by economic problems in an emergency department population.

**Authors:**

Carmen Barrionuevo Baeza; Alicia Navarro Moreno; Marta Busto Garrido.

**Work Center:**

Psychiatrist resident. Clinical management unit in Mental Health. University Hospital Virgen de la Victoria. Málaga.

**Summary:**

**Introduction**

The financial crisis has affected our country in many ways, the number of employees in most of the working sectors has been drastically reduced; furthermore, nowadays, our country has one of the highest unemployment rates in Europe. It is a fact that the crisis is impacting on people's health and mental health.

**Aims**

The aim of this study is to explore if economic and work problems are one of the main precipitating factors in suicide ideation and suicide attempts these days at our hospital.

**Methods**

The study was set in the emergency department at our hospital. Data was collected from the patients attended by psychiatrists on duty over the last two months, we chose the first 50 clinical cases whose reasons for consulting were suicidal ideation or suicidal attempt. Afterwards, data was analyzed in SPSS 20 IBM (Statistical Package for the Social Sciences).

**Results**

Our data showed that suicide attempts are higher among women (79%). The age group recorded was between 15-59 years (average of 41 years old). In our sample, the marital status most represented was married (59%). In terms of psychopathological data, suicide attempts were characterised by a higher prevalence of depression and anxiety disorder (45%), and cluster B personality disorders (14%). The percentage of patients who had made a previous suicide attempt was 62%. Self-poisoning with a drug overdose was the most common method (86%), and domestic conflicts were the most common reason (45%) along with economic and work problems (43%). Suicide attempts were more frequent near the lunch hour (1:00 p.m. to 3:00 p.m.) and dinner (9:00 p.m. to 11:00 p.m.). The most common decision after clinical evaluation was ambulatory monitoring (90%)

**Conclusions**

Findings show that economic and work problems are one of the main precipitating factors in suicidal ideation and suicidal attempts; nevertheless, in most cases, these factors come together with familiar and couple issues.

### PP/14. Energy drinks- a growing problem in Mental Health

**Authors:**

(1) Julia Sevilla Llewellyn-Jones; (2) Inmaculada Peñuelas Calvo; (3) Daniel Gutierrez Castillo.

**Work Center:**

(1) Resident of Clinical Psychologist. Hospital Universitario Virgen de la Victoria. Málaga; (2) Resident of Psychiatry. hospital Unversitario Virgen de la Victoria. Málaga; (3) Psychiatrist. hospital Unversitario Virgen de la Victoria. Málaga.

**Summary:**

**Introduction**

The consumption of energy drinks has increased in recent years. The main active ingredient in energy drinks is caffeine, although there are some others like taurine, riboflavin. Energy drinks are marketed for their stimulant properties of increasing alertness, improving memory and enhancing mood (1) The acute and long term effects resulting from excessive and chronic consumption of these additives alone and in combination with caffeine are not fully known (2). There are some cases that report negative effects about energy drinks such as a patient with schizophrenia who experienced a psychotic episode and some reports that indicate that high caffeine intake is associated with mania relapse or manic symptoms in naive bipolar disorder symptoms people (3).

**Aims**

With this clinical case we aim to illustrate the effect new legal drugs are causing, how the problem is affecting diagnosis and treatment. We also aim to highlight the importance of being familiar with ED and the potential health consequences associated with their use.

**Methods**

A 48 year old woman diagnosed with unspecified personality disorder who was hospitalized in the Acute Psychiatric Unit because of suicide ideas and heteroaggressivity 5 years ago. During this time she has followed ambulatory treatment, and in the last period started increasing the amount of ED per day. Recently, she was hospitalized in the Acute Psychiatric Unit again. In this hospitalization we observed different symptomatology, her speech was loud, rapid and difficult to interrupt; easily distracted, experiencing racing thoughts, very irritated and aggressive. She also decreased sleep and had difficulty sleeping in the first days of hospitalization.

**Results**

The medication was changed and treated as a maniac episode. Her symptoms improved when ED were stopped and neuroleptics were administered. The diagnosis could be either caffeine-induced mood disorder with manic features or secondary mania caused by caffeine. Only long term follow-up will determine it.

**Conclusions**

There are increasing reports of caffeine intoxication from ED, and it seems likely that problems with caffeine dependence and withdrawal will also increase. Therefore, it is important for clinicians to be familiar with ED and the potential health consequences associated with their use.

### PP/16. An understudied Population in Mental Health

**Authors:**

(1) Julia Sevilla Llewellyn-Jones; (2) Inmaculada Peñuelas Calvo; (3) Daniel Gutierrez Castillo.

**Work Center:**

(1) Resident of Clinical Psychology. Hospital Universitario Virgen de la Victoria. Málaga; (2) Resident of Psychiatry. hospital Unversitario Virgen de

la Victoria. Málaga; (3) Psychiatrist. Mental Health Clinical Management Unit. Virgen de la Victoria University Hospital. Málaga. Spain.

**Summary:**

**Introduction**

People with disabilities are a growing health disparities population. They face more severe mental, physical, and social consequences from substance use related problems than members of other groups. There is not enough evidence on the patterns of recreational substance use, among adults with Intellectual Disabilities (ID) who have co-morbid mental health problems. There are studies that show illicit substance use was more likely among intellectually disabled patients with schizophrenia spectrum disorders than without it (1).

**Aims**

With this clinical case we aim to illustrate the problem mental health professionals have to face.

**Methods**

Mr A, is a 28 years old patient with a mental disability and a diagnosis of unspecified psychosis. He has a long history with the mental health service. In the last 10 years he has been hospitalized more than twenty times. Nonetheless hospitalizations seem to be recurrent in this patient, and normally for the same reason: use of toxics and misuse of medication.

**Results**

The patient has been proposed for a partial hospitalization program in a mental health therapeutic community where he has not attended. There is a problem making the patient understand the importance of rehabilitation. He does not attend appointments at the mental health centre. As time passes, the patient seems unapproachable.

**Conclusions**

Despite the fact that there are researchers that have started to focus on this problem, the main difficulty, at least in Spain, does not seem to be easily solved. Intellectual disabilities are treated separately from mental health problems. Therefore approaching a mental health problem with a person with an intellectual disability is not an easy task.

**PP/173. Observational study on suicide attempts in Taranto highlighted in 2015 through psychiatry consultation.**

**Authors:**

Maria Nacci; Annadelia Boccadamo; Orazio Lippolis.

**Work Center:**

Mental Health Department. Azienda Sanitaria Locale Taranto.

**Summary:**

**Introduction**

The economic difficulties that affect most of the population, influencing the existence, sometimes take the form of self-destructive gestures which are increasingly observed the psychiatric consultation.

**Aims**

The ongoing study is based on the observation of cases of attempted suicide, as defined in the DSM V, examined during the consultations carried out in the emergency room at the hospital wards and in the year 2015, about people without previous psychiatric diagnosis.

**Methods**

Currently the data comprise 2.43% of 246 patients examined: are males in 66.66% of cases and have an average age of 52 years (between 43 and 70 years). 50% have attempted suicide by cutting weapons, 25% by hanging and 25% with the ingestion of drugs.

**Results**

Among males 50% indicated in the job loss motivation of suicide attempt, 25% has ascribed to marital problems and the remaining 25% to existential difficulties derived from aging.

Females make up 33.33% of the observations, have an average age of 31.5 years (range 23 to 40 years) and have attempted to get out the window due to socioeconomic issues.

**Conclusions**

Preliminary data from this study show that the scarce economic resources can be an element of risk for the incidence of suicidal gestures.

**PP/204. Prevalence of active substance abuse among bipolar affective disorder**

**Authors:**

(1) Carlos Gómez Sánchez-Lafuente; (2) Alicia Navarro Moreno; (2) Alexandra de Severac Cano; (2) Rocío Reina González; (2) Iria Tilves Santiago; (2) Alex Daniel Almeida.

**Work Center:**

(1) Psychiatrist Trainee. Virgen de la Victoria Hospital. Málaga; (2) Psychiatrist Trainee. Virgen de la Victoria Hospital. Malaga.

**Summary:**

**Introduction**

High rates of substance abuse have been reported in the general population and users of mental health services. In our environment, the relationship between substance abuse and manic phase has not been well characterized

**Aims**

Determining the prevalence of active substance abuse among patients admitted to the acute mental health unit at Virgen de la Victoria Hospital at Malaga, diagnosed with mania or hipomanía.

**Methods**

We analysed urine and blood samples looking for ethanol, cannabis and other 11 substances in 140 patients previously diagnosed with bipolar disorder prior to their admission at the Hospital for mania or hipomanía phase.

**Results**

37% of the patients were positive for drugs. 18% were positive for two or more drugs. Males had higher rates of abuse than females, except in MDMA and amphetamines. By subtypes, cannabis (37.2%) and ethanol (29.62%) were the most consumed drugs. In young age cohorts had higher rates of active substance abuse. Dual patients had longer average stays (2.6 days more).

**Conclusions**

Substance abuse is a major comorbidity in bipolar patients with manic phase. The active consumption of cannabis and ethanol especially emphasizes in men younger than 35 years.

We believe priority should be given to recognition and multidisciplinary approach to substance abuse in bipolar disorder patients. Bipolar patients with comorbid substance abuse may

have a more severe course, and may be a preventable factor of new relapses. This rates could increase healthcare costs and worse quality of life of these patients.

**PP/257. Geographical patterns of severe mental disorders in the Basque Country (Spain)**

**Authors:**

(1) Alvaro Iruin Sanz; (2) Andrea Gabilondo; (3) Felipe Aizpuru; (4) Fernando Mosquera; (5) María Echebeste; (3) Ana Gonzalez-Pinto.

**Work Center:**

(1) *Osakidetza. Basque Public Health Service;* (2) *Red de Salud Mental de Gipuzkoa. Basque Public Health Service. Osakidetza.;* (3) *Hospital Universitario de Alava. Basque Public Health Service. Osakidetza;* (4) *Red Salud Mental de Araba. Basque Public Health Service. Osakidetza;* (5) *Red Salud Mental de Bizkaia. Basque Public Health Service. Osakidetza.*

**Summary:**

**Introduction**

The study of geographical patterns of mental illness is of high interest both for health planning and etiological research, as they can generate hypotheses outside the scope of other methods. Schizophrenia and mood disorders are probably the most extensively studied categories of mental disorders but the research on their geographical patterns is still scarce.

**Aims**

- 1) To describe the spatial patterns of schizophrenia and mood disorders between 1992-2009 in the Basque Country (Spain) taking municipalities as the geographical unit of analysis.
- 2) To study how the rates of these disorders vary among municipalities based on their socio-demographic characteristics.

**Methods**

All adults diagnosed with schizophrenic or mood disorders (ICD-9 295 or 296 and ICD-10 F-20,F-21,F-25,F-30 or F-31) between 1992-2009 in the Basque Public Mental Health Service were identified from the Mental Health Register, which was also used to know their place of residence. Standardized diagnostic ratios were calculated for each municipality and they were then mapped.

**Results**

6,363 patients with schizophrenia and 7,419 with mood disorders were identified. Total crude rates were 2,99/1000 inhabitants for schizophrenia and 3,48 for mood disorders. The rates of both disorders decreased during the study period. Rural municipalities showed higher rates of schizophrenia but this was only significant at the beginning of the period (RR0,89 IC 95% 0,81 a 0,98). The opposite was found for mood disorders which showed significantly higher rates in urban municipalities and even bigger differences at the end (RR1,50 IC 95% 1,14 a 1,99). With regards to economic factors, an inverse association was found between rates of mental disorders and municipalities Gross Domestic Product, but this was only statistically significant for schizophrenia (p 0,029) and not for mood disorders.

**Conclusions**

The apparent decrease in the incidence of schizophrenia and mood disorders over the period is partially coincident with literature as they are also the findings about urban/rural distribution of disease, and all deserves further analysis. Results showing higher rates of schizophrenia in the more economically

deprived municipalities are of interest for health services planning and add to previous studies showing a link between environmental factors and severe mental disease.

**PP/309. Effectiveness of iconic therapy in the treatment of the emotional instability among young people with suicidal tendency in the context of borderline personality disorder (BPD).**

**Authors:**

(1) Silvia Hurtado; (2) Isabel Ruiz; (3) Nazaret Cantarero; (4) Joaquín Urquiza; (5) Fermin Mayoral-Cleries; (6) Hénar Campos; (7) Ángela Reyes; (8) M<sup>a</sup> Carmen Gómez; (9) Patricia Alarcón; (10) Desiré Conesa.

**Work Center:**

(1) *Psychologist and co-owner of the Iconic Therapy patent at San Juan de Dios Assistance Center in Málaga.;* (2) *Area Specialist Facultative of Psychologist at Community Mental Health Unit in North Málaga District.;* (3) *Area Specialist Facultative of Psychiatry at Community Mental Health Unit in Málaga Centre District.;* (4) *Area Specialist Facultative of Psychiatry at Maternity Hospital Unit in Málaga;* (5) *Area Specialist Facultative of Psychiatry at Regional University Hospital in Málaga.;* (6) *Collaborator Psychologist at Psychological Attention Service in Málaga University.;* (7) *Sanitary Psychologist at Costamed Polyclinic in Málaga.;* (8) *Psychologist registered at Sanitary Psychologist Master in Málaga;* (9) *Fellow Psychologist at the Evaluation Area of San Juan de Dios Assistance Center in Málaga.;* (10) *Sanitary Psychologist at Art Medical Clinic in Málaga.*

**Summary:**

**Introduction**

To reduce suffering and to prevent future complications among adolescents and young people between 15 and 25 years-old who tend to suicidal behavior in the context of BPD.

**Methods**

Experimental design of case-control with baseline measures (T0) and aftercare (T1), six months (T2) and after a year of the therapy (T3) . We test whether Iconic Therapy helps improve emotional stability in 60 young people with suicidal ideation and/or have been self injured from low to moderate lethality in the context of a personality disorder and, if so, whether this effect is maintained over time.

**Results**

We start recruiting the sample in September, it may take a couple of months probably. We roughly estimate that those receiving Iconic Therapy will reduce emotional instability measured as a better self-esteem, less depression, lower impulsivity, increased anger control, lower disadaptation and a renewed perception of improvement., which are usually sensitive to change after a further treatment. We will also check the subjective perception of improvement, social adjustment and cost- benefit for health services.

**Conclusions**

Currently, the cognitive- behavioral seems to be the most effective psychological approach to treat emotional instability in the borderline personality disorder, but there is no consensus about its evidence level. Validating Iconic Therapy might suppose, framed in the cognitive- behavioral approach, a renewed alternative to tackle self harm as a behavior disorder by supporting insight, validation and coping strategies in an early approach to the problem.

**PP/318. Variability of the incidence of schizophrenia and other psychotic disorders in Malaga (Spain). The INCESMA study methodology.**

**Authors:**

(1) M<sup>a</sup> Carmen Castillejos Anguiano; (2) Berta Moreno-Küstner.

**Work Center:**

(1) PhD Student. University of Málaga. Spain.; (2) University of Malaga. Spain.

**Summary:**

**Introduction**

Scientific literature says incidence rates of schizophrenia vary from 7.7 to 43.0 per 100,000 inhabitants. This variation may be due to both genetic and environmental factors, among which is the level of population density, socio-economic status and immigrant status.

**Aims**

To determine the incidence of schizophrenia and other psychotic disorders in Malaga, and to compare these incidence rates among different districts of the city.

**Methods**

A prospective study of two years of follow-up will be done. First episode of psychosis suspected cases meeting the inclusion criteria will be included. Possible cases must pass a clinical screening by completing the OPCRIT to confirm the diagnosis of first psychotic episode according to ICD-10 [F20-F29] codes. Personal data of the all included patients will be collected from their clinical databases and a personal interview will be also done. Annual incidence rates per 1000 population will be obtained with their corresponding confidence intervals at 95%.

**Results**

Crude incidence rates will be estimated for the total area and the different districts included in the study. These rates will be standardized indirectly becoming specific rates stratified by age and sex, allowing us to see the variation in incidence between different districts of Malaga.

**Conclusions**

This is the first epidemiological study on the incidence of psychotic disorders, in Spain. Keywords: Schizophrenia, Psychotic disorders, Epidemiology, Prevalence, Incidence, Variability.

**e-Poster 6: Miscellaneou**

**PP/69. The collective unconscious...**

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**Summary:**

**Introduction**

A hundred years after the publication of “The Archetypes and

the Collective Unconscious” where Carl G. Jung described twelve universal archetypes: the hero, the magician, the sage, the ruler, the innocent, the regular, the caregiver, the lover, the jester, the outlaw, the explorer and the creator. The Collective Unconscious refers to structures of the unconscious mind which are shared among beings of the same species.

**Aims**

Today, the economic crisis is affecting the mental health and the way that the illness becomes. From that point of view we would like to propose a thirteenth archetype, who has taken relevance at this moment of crisis: “the outraged”, and present that with a case report.

**Methods**

We want to analyze a case that attended our clinic:

A single 40 years old male, comes to the psychiatrist referring a generalised abuse and maltreatment from the bank, his own company and also from the health service.

Facing that real situation it could be said that he develops paranoid defenses against the system, he presents with a big suffering , matching his speech almost 100% with the collective unconscious.

**Results**

He was treated with antidepressant drugs (SSRIs) and psychological treatment, improving the symptoms of depression and his thoughts. His speech is still being against the abuse and discomfort generated by the situation, but it doesn't prevent him from doing the same things that he did before. The improvement is remarkable.

**Conclusions**

Why does not everyone react in the same way? We need to keep diathesis-stress model in mind and take it as a frame of reference. The individual vulnerability can explain that the same circumstance of stress interacts in a different way and could develop different adaptive responses.

**PP/67. Association of The Subjective Perception of Loneliness and Well-being with Mortality: A Preliminary Analysis**

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**Summary:**

**Introduction**

Loneliness is associated with increasing mortality. Positive psychological well-being, on the other hand, is associated with reducing all-cause mortality.

**Aims**

The aim of this study was to analyse the differential association of loneliness and well-being with mortality.

**Methods**

A nationally representative sample from Spain was obtained within the COURAGE in Europe project, a longitudinal survey. A total of 4753 non-institutionalised participants were interviewed. Loneliness was assessed with the UCLA Loneliness Scale. Subjective well-being was evaluated using the Day Reconstruction Method and obtaining two affect scores: positive affect and negative affect. Mortality was obtained from the National Death Index or from contacts with household members. A nested logistic regression was used to evaluate the differential impact of well-being and loneliness in mortality, after controlling for socio-demographics. Loneliness score and well-being measures were introduced in different blocks. The increase in the proportion of variance explained in each block was tested at each step by means of the difference in the likelihood ratio chi-square for each model.

**Results**

A total of 141 participants died in the following three years after the baseline evaluation. The mean age of the deceased participants was 79 years (SD=11.55), with a 60% of males. A significant increase in the percentage of variance explained was observed when well-being measures were added to the model (p=0.007), but not when the block corresponding to loneliness score was added (p=0.18). In the final model, positive affect was a marginally significant protective factor for mortality [OR=0.78; 95%CI=(0.64, 0.95)]. Negative affect and loneliness had not associated a significant effect. To be male and a higher age were also significantly related with mortality.

**Conclusions**

Positive affect had a favourable effect on survival in contrast with the effect of the subjective feeling of loneliness. Several studies have found that loneliness could be associated with mortality indirectly through health problems. Further research is needed to know the association of loneliness and well-being, and the association of each one with mortality.

**PP/31. Mental health first aid for elderly people**

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**Summary:**

**Introduction**

The prevalence of mental disorders among elderly people is considerable. Estimations made by the Swedish Board of Health

and Welfare show that 11-15% at any given time suffers from depression, 5-10% from anxiety disorders and 3-4% from psychotic disorders. There is also a lack of routines to discover mental health problems among this population since the care responsibility is placed within primary health care services. Elderly people with mental health problems too seldom get access to specialized psychiatric services. The consequences are a lack of proper diagnosis, inadequate treatment, excessive use of medication and insufficient follow-up. Furthermore, staff working with elderly in general lacks knowledge about how mental disorders manifest and how they should be treated. There is a need for interventions to raise the awareness of mental health problems among primary care workers in order to initiate adequate treatment for the elderly they care for.

**Aims**

In a pilot study of a Mental Health First Aid(MHFA) program adjusted for mental disorders among elderly investigate if staff members changed concerning:

Knowledge about mental disorders, confidence in helping a person with a mental disorder, helping behavior and attitudes toward persons with mental disorders

**Methods**

A training program based on MHFA adjusted for an elderly population was completed by staff members (n=139) working with home nursing and in nursing homes for elderly. Data was obtained at baseline and at a six months follow-up. The data included demographic information, knowledge, confidence in helping a person, helping behavior, and attitudes toward a person with a mental disorder.

**Results**

Analyses showed significant positive changes in knowledge about mental disorders, confidence in helping a person, to be inclined to give help and in attitudes toward persons with mental health problems.

**Conclusions**

There is a widespread lack of readiness for giving help to elderly people with mental disorders in the elderly care organization. Staff training in accordance with the MHFA concept appears to bring about great improvements. Further research should include controlled studies and to what extent changes in staff also improve the mental health among elderly.

**PP/152. The Phantom of my life.**

**Authors:**

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**Work Center:**

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**Summary:**

**Introduction**

The current social context is characterized by deeply unfavorable effects of a global economic crisis that is affecting the foundations of the welfare state. As a result there is an increase of referrals to mental health facilities, mainly anxiety disorders and depression.

The situation of a serious economic crisis carries often the appearance or worsening of the social inequality and this has a

considerable impact in mental health disorders.

#### Aims

In this clinical vignette we want to illustrate how an unfavorable economic situation, (with legal issues) ends up with the youngest family member becoming psychotic.

#### Methods

A 16-year-old male patient, born in Brazil. He lived in Spain with his mother, his stepfather and his sister until his stepfather was sent to Prison due to involvement in a corruption affair. Family was forced to move to a different city where he couldn't continue his studies. A few weeks later he starts to show disorganised behavior, thinking and speech with taquipsyquia, laxed association of ideas and recurrent associations between numbers and letters. He also had auditory hallucinations and delusions of mystical content and megalomaniac ideation. Intense anxiety related to his mother being involved in the judicial process. Global insomnia. Patient was taken to the emergency room following an episode of agitation.

After ruling out any disorder but mental, he was admitted to the inpatient Child-Adolescent Unit.

#### Results

After being admitted the patient is diagnosed with Acute Psychotic Disorder and he is put on pharmacological treatment with zyprexa 5mg 1-0-1. He makes progress in terms of his clinical symptoms, but he still seems desinhibited and manic, so we replace olanzapine for risperidone 3mg/12 hours, combined with valproic acid 500mg 1/12h, with the intention of stabilising mood, turning out to be a cash, so we conclude affective component of the episode. At the time of being discharged from Hospital his diagnosis is schizoaffective disorder vs. bipolar disorder.

#### Conclusions

Children in families with low income are exposed to more conflicts and unforeseen circumstances, and they are more likely to witness violent acts, since the quality of the familiar environment is directly related to the level of revenue.

### **PP/278. Contraception approach in women with mental illness.**

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#### Summary:

##### Introduction

The treatment of mentally ill patients in fertile age displays several ethical problems for the clinician. One of the main problems is respecting the subject autonomy while helping to avoid possible adverse consequences of a nonwished pregnancy.

##### Aims

Release last data about contraception methods after doing a bibliographical review. Also reflect present setup in Motril Day Hospital patients and their relationship with sexuality and contraception. At the same time we intend to clarify and unify the

proceedings on ethical problems respecting subject's autonomy, beneficence, qualification and minors' protection.

##### Methods

A comprehensive review of fertile age users' contraceptive methods will be made in our service. Afterwards a training session will be considered to agree future proceedings.

##### Results

We reached an agreement about future contraception approaches in Motril Day hospital users as part of the global treatment offered in our section

Motril Hospital gynaecology service has facilitated the proceedings for contraceptive subcutaneous implants insertion in those indicated women.

Day hospital patients were instructed individually and through group work about healthy sexuality.

##### Conclusions

Approaching ethical dilemmas in mental disease female patients related to contraception, respecting their autonomy in decisions and considering recovery model and the women's points of view.

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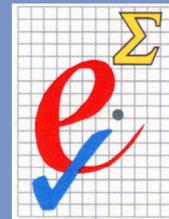
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