



**ENMESH**  
THE CONTEXT OF MENTAL HEALTH CARE  
**GRONINGEN 2017**

ABSTRACTBOOK



## On behalf of the ENMESH Board,

On behalf of the ENMESH Board, we offer you a very warm welcome to Groningen and to our 12th ENMESH Conference.

The European Network for Mental Health Service Evaluation (ENMESH) has a long history. In the early 1990s a few mental health service researchers identified the need for a network to bring together knowledge and experience. ENMESH was born from these conversations, and has now grown to a network across and beyond Europe, with several hundred people attending each ENMESH conference. This success highlights the central ENMESH value that we achieve more working together than apart.

The first ENMESH conference was held in 1994, also in the Netherlands. Since then our biennial conferences have been held across Europe, from Bulgaria and Poland to the UK, and from Sweden and Germany to Italy and Spain. And now, 23 years later, the ENMESH conference is for the first time back in its country of birth. We are delighted that Groningen are hosting our 12th ENMESH conference, and believe that an excellent conference is in prospect.

With the enthusiastic response we received to our call for papers the Scientific Committee and the Conference Organising team greatly enjoyed putting together a scientific program of high quality and drawing up a social program with an inevitable Dutch twist to it.

We hope you will enjoy the learning, networking and social opportunities the next three days have in store for us and wish you all an excellent conference!

### **Mike Slade**

Chair of ENMESH  
Professor of Mental Health Recovery  
and Social Inclusion,  
School of Health Sciences  
University of Nottingham, UK

### **Richard Bruggeman**

Chair Scientific Committee  
Professor of Neuropsychiatry  
of Psychotic Disorders  
Rob Giel Research Centre / UCP  
University of Groningen, NL

### **Rob van den Brink**

Chair Organising Committee  
Senior Researcher RGOc  
Rob Giel Research Centre  
University Centre Psychiatry  
University of Groningen, NL



# Committees

## **ENMESH Board**

- Prof Mike Slade (Chairperson) - University of Nottingham, UK
- Prof Bernd Puschner (Secretary), - Ulm University, Germany
- Prof Andrzej Cechnicki - Jagiellonian University, Krakow, Poland
- Prof David McDaid,- PSSRU London School of Economics and Political Science, UK
- Prof Arunas Germanavicius, - University of Vilnius, Lithuania
- Prof Lars Hansson - Lund University, Sweden
- Prof Martin RJ Knapp - London School of Economics and Political Science, UK
- Prof Berta Moreno-Küstner - University of Malaga, Spain
- Michail Okoliyski, PhD - National Centre of Public Health Protection, Sofia, Bulgaria
- Prof Mirella Ruggeri (Past-Chairperson) - University of Verona, Italy
- Prof Luis Salvador-Carulla - University of Sydney, Australia
- Prof Aart H. Schene - Radboud University Medical Center, Nijmegen, The Netherlands
- Graça Cardoso, MD, PhD - New University of Lisbon, Portugal
- Michael Clark- NIHR School for Social Care Research, and London School of Economics and Political Science, UK
- Prof Alain Lesage - University of Montreal, Canada
- Prof David Roe, psychologist University of Haifa, Israel
- Prof Stynke Castelein, University of Groningen, Lentis Research, Groningen

## **Scientific committee**

- Prof Richard Bruggeman - psychiatrist, director Rob Giel Research Centre UMCG
- Joeske van Busschbach, PhD - lector/senior researcher Windesheim / RGOc
- Prof Stynke Castelein - social scientist University of Groningen, Lentis Research.
- Prof Philippe Delespaul - clinical psychologist Maastricht University / Mondriaan
- Talitha Feenstra, PhD – health economist, epidemiology UMCG / RIVM
- René Keet, PhD - psychiatrist Community Mental Health Noord-Holland-Noord
- Prof Marieke Pijnenborg - psychologist University of Groningen/ GGZ Drenthe
- Tom Rusting - family member
- Prof Aart Schene - head Department of Psychiatry, Radboud UMC, Nijmegen
- Prof Robert Schoevers - head University Center Psychiatry UMCG
- Prof Jaap van Weeghel - director Phrenos expertise Center / Tilburg University

## **Organising committee**

- Rob van den Brink, PhD - senior researcher UMCG
- Agna Bartels, PhD - senior researcher UMCG/Lentis
- Prof Richard Bruggeman - head RGOc, psychiatrist UMCG
- Martha Messchendorp - communications RGOc UMCG
- Mariska Pater - director Groningen Congress Bureau
- Floor Verhoeven, PhD - post doc UMCG
- Ellen Visser PhD - senior researcher UMCG
- Joeske van Busschbach, PhD - senior researcher UMCG
- Marieke Pijnenborg, University of Groningen GGZ Drenthe

# Programme

## ENMESH GRONINGEN 2017

Thursday, October 5								
8.00-9.00	Registration							
9.00-9.45	Plenary session	Opening session (Welcome addresses, Presidential addresses)						
9.45-10.30	Plenary session	Opening Keynote lecture Helen Killaspy: Complex individuals in a complex society; how complex needs services should be the quality benchmark for mental health care						
10.30-11.15	Coffee break							
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 08	Lokaal 05	Carré zaal
11.15-12.15	Parallel session 1	<b>S1.1</b> Individual Placement and Support for regular employment or education; research findings on novel approaches in four European countries	<b>S1.2</b> Environment, vulnerability and usefulness of individualized approaches in first episode psychosis: Data from "real world" settings	<b>S1.3</b> Establishing the effectiveness of peer support in mental health services	<b>S1.4</b> Evaluation of multiple methodologies for Recovery Supportive Care for people with severe mental illness	<b>S1.5</b> Somatic health of patients with severe mental illness	<b>S1.6</b> Influencing mental health policies: the story of a forthcoming Canadian mental health transition fund on home care and psychotherapy	<b>S1.7</b> Family focused support programs
12.15-13.15	Lunch							
13.15-14.00	Poster sessions	Theme 1 Assessment	Theme 2 Epidemiology	Theme 3 Approaches	Theme 4 Policy	Theme 5 Other		
14.00-15.15	Plenary session	Keynote lectures Theme: Epidemiology David Roe: Using routine outcome measurement to improve personal care: paving bridges between data and people Cathy Mihalopoulos: Is there a place for economics in mental health care? Discussant: Reinhold Kilian						
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 08	Lokaal 05	Carré zaal
15.15-16.15	Parallel session 2	<b>S2.1</b> Community alternatives to acute psychiatric hospital admission: Implementation and quality improvement	<b>S2.2</b> Think again: New developments in the field of clinical staging	<b>S2.3</b> The role of experiential knowledge in mental health services research	<b>S2.4</b> Stigma and destigmatization: assessment, disclosure of mental health problems, and intervention	<b>S2.5</b> Incidence, use of services, gender differences and reported disease-related symptoms in schizophrenia outpatients in Spain	<b>S2.6</b> Use of observational data to gain insight into disease burden and treatment choices. Case studies in depression and psychosis	<b>S2.7</b> The aftermath of extramuralisation. The Amsterdam LTMH study: a cohort-study among patients with severe mental illness
16.15-16.45	Coffee break							
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 08	Lokaal 05	Carré zaal
16.45-18.00	Parallel session 3	<b>OP3.1</b> Costs of care	<b>OP3.2</b> Work & Education	<b>OP3.3</b> Primary care	<b>OP3.4</b> Involvement of service users	<b>OP3.5</b> Family	<b>OP3.6</b> Care networks	<b>OP3.5</b> Service use
18.30-20.00	Welcome cocktail at Groninger Museum + visit to museum exhibitions							



### WiFi Networks in the UMCG:

- UMCG Guest – free WiFi network, no login required
- Eduroam: connect with your institution login



### Contact

Groninger Congres Bureau  
Telephone +31 50 316 88 77

### Addresses Social Programme:

- Groninger Museum (October 5, 18:30-20:00 h): Museumeland 1, Groningen
- Der Aa Kerk (October 6, 19:30-22:00 h): Akerkhof 2, Groningen



Friday, October 6								
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 09	Lokaal 05	Carré zaal
9.00-10.00	Parallel session 4	<b>S4.1</b> New findings from the evaluation of the Time to Change Anti-stigma programme in England	<b>S4.2</b> Recovery and rehabilitation in service users in need of longer term intensive clinical treatment	<b>S4.3</b> Supporting the public mental health system in improving recovery-oriented practices: The Canadian Experience	<b>S4.4</b> Less is more; antipsychotic dose-reduction and discontinuation in first and multiple episode psychosis: update on trials	<b>S4.5</b> Lifestyle interventions and their effect on metabolic risks of patients with SMI: enhancing enduring results	<b>S4.6</b> Psychiatric re-hospitalisation by Record Linkage of Large Administrative Data Sets: the EU CEPHOS_LINK Study	<b>S4.7</b> The use of Experience Sampling as a clinical tool to personalize and contextualise mental health care
10.00-10.45	Coffee break							
10.45-12.00	Plenary session	Keynote lectures Theme: Assessment Marieke Wichers: The dynamic nature of psychopathology and the relevance of micro-level context Lucia Valmaggia: The use of Virtual Reality in mental health Discussant: Vanessa Pinfeld						
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 09	Lokaal 05	Carré zaal
12.00-13.00	Parallel session 5	<b>OP5.1</b> Decision making	<b>OP5.2</b> Social context	<b>OP5.3</b> Community care	<b>OP5.4</b> Disease burden	<b>OP5.5</b> Implementation in care	<b>OP5.6</b> Engagement in care	<b>OP5.7</b> Recovery-focused interventions
13.00-14.15	Lunch							
14.15-15.30	Plenary session	Keynote lectures Theme: Approaches Luis Salvador-Carulla: The Mental Health Atlas Project. Development and implications for consumer empowerment Catherine van Zelst: Enhancing stigma resilience and recovery using the individual's context Discussant: Viviane Kovess-Masfety						
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 09	Lokaal 05	Carré zaal
15.30-16.30	Parallel session 6	<b>S6.1</b> Let's recover! Restructuring health care and the use of recovery-oriented interventions	<b>S6.2</b> Dilemmas of choice in mental health care	<b>S6.3</b> What we can we offer long-term inpatients with psychosis: do's and don'ts regarding the treatment and quality of life	<b>S6.4</b> The social context of mental health in later life; implications for care	<b>S6.5</b> Implementation of context analysis in decision support systems for evidence-informed policy	<b>S6.6</b> Costs and economic evaluation in mental health care: how to make it work?	<b>S6.7</b> Insight in psychosis: integrating a social and neuropsychiatric perspective?
16.30-17.00	Coffee break							
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 09	Lokaal 05	Carré zaal
17.00-18.00	Parallel session 7	<b>S7.1</b> The QuEST Study: Quality and Effectiveness of Supported Tenancies. A national programme of research across England	<b>S7.2</b> Virtual Reality treatments for psychotic disorders - the beginning of a new era?	<b>S7.3</b> Prevalence and prevention of victimization in persons with severe mental illness: a research programme in The Netherlands	<b>S7.4</b> Severe mental illness in later life: recent research relevant for mental health care in a scientifically much neglected area	<b>S7.5</b> Supported Education: community participation for people with psychiatric disabilities	<b>S7.6</b> Attitude towards people with mental disorders in university students of health sciences From Portugal, Spain and Chile	<b>S7.7</b> Assessing recovery in mental health populations: a need for instruments that measure what matters most to service users
19.30-22.00	Conference Dinner at Der Aa-kerk							

Saturday, October 7								
Room		Blauwe zaal	Rode zaal	Ronde zaal	Lokaal 16	Lokaal 10	Lokaal 09	Lokaal 04
9.00-10.00	Parallel session 7	<b>OP8.1</b> Recovery-focused practice	<b>OP8.2</b> Therapeutic relationship	<b>OP8.3</b> Care content & Vocational rehabilitation	<b>OP8.4</b> Young clients	<b>OP8.5</b> Social outcomes & Lifestyle	<b>OP8.6</b> Forensic issues	<b>OP8.7</b> Activation
10.00-11.15	Plenary session	Keynote lectures Theme: Policy Philippe Delespaul: Mental Health as a Public Health Challenge: we need resilient, supportive communities to improve personal mental resilience Kwame McKenzie: Policy initiatives to support mental health and recovery in the community Discussant: Galia Moran						
11.15-11.45	Coffee break							
11.45-12.30	Plenary session	Closing Keynote lecture Mirella Ruggeri: Integrating generic and specialised community teams to promote a whole life approach						
12.30-13.00	Plenary session	Closing session (Poster award ceremony)						



# Table of contents

<b><u>On behalf of the ENMESH Board</u></b>	<b>2</b>	<b><u>Symposium 1.2</u></b>	
<b><u>Committees</u></b>	<b>3</b>	<b><u>Environment, vulnerability and usefulness</u></b>	
<b><u>Program</u></b>	<b>4</b>	<b><u>of individualized approaches in first episode</u></b>	
<b><u>Table of contents</u></b>	<b>6</b>	<b><u>psychosis: Data from ‘real world’ settings</u></b>	<b>27</b>
<b><u>October 5</u></b>	<b>23</b>	01	
<b><u>Opening Keynote Lecture</u></b>	<b>24</b>	Clinical and social trajectories of first episode	
Complex individuals in a complex society; how		psychosis patients over 5 years: the role of gender	
complex needs services should be the quality		differences	28
benchmark for mental health care	24	02	
		From childhood adversity to first-episode	
<b><u>Symposium 1.1</u></b>	<b>24</b>	psychosis: the effects of abuse and neglect on	
<b><u>Individual Placement and Support for people</u></b>		symptom profile. Data from the GET UP PIANO	
<b><u>with severe mental health problems seeking</u></b>		Trial.	28
<b><u>regular employment or education; research</u></b>		03	
<b><u>finding research findings on novel approaches</u></b>		The influence of childhood trauma on diagnosis	
<b><u>in four European countries</u></b>		and substance use in first episode psychosis.	
01		Data from the GET UP PIANO Trial.	29
Moving on to work and feeling better-A randomized		04	
controlled trial of supported employment adapted		Can we identify pre-treatment characteristics that	
for people with affective disorders	25	predict or moderate treatment outcomes for carers	
02		following multi element psychosocial intervention in	
Individual Placement and Support, cognitive		early psychosis? Findings from the GET UP Piano	
training and work related social skills training in		trial.	29
Denmark: a randomized controlled trial	25	<b><u>Symposium 1.3</u></b>	<b>30</b>
03		<b><u>Establishing the effectiveness of peer support</u></b>	
Individual Placement & Support for welfare		<b><u>in mental health services</u></b>	
recipients with serious mental illnesses: lessons		01	
learned from a pilot in the city of The Hague.	25	Peer support for discharge from inpatient to	
04		community mental health care: trial fidelity and the	
A Randomized Controlled Multicenter Trial of		principles of peer support	30
Individual Placement and Support (IPS) for		02	
Patients with Moderate to Severe Mental Illness		Randomised controlled trial of a peer-provided,	
in Norway	26	self-management intervention for people following	
05		mental health crisis	30
JobPrescription: A supported employment		03	
approach allowing for internships as part of job		An alternative approach to evaluate the	
search for persons with first episode psychosis	26	effectiveness of a community based programme	
		of peer support	31
		04	
		One-to-one peer support for individuals with SMI	31



## **Symposium 1.4** **32**

### **Evaluation of multiple methodologies for Recovery Supportive Care for people with severe mental illness.** **32**

- 01 Effectiveness of Illness management and recovery (IMR), results of an RCT in the Netherlands. 33
- 02 Patients' lived experiences with the Illness Management and Recovery program -my main goal was about everyday life' 33
- 03 The evaluation of an e-supported Illness Management and Recovery program for patients with Severe Mental Illnesses 33
- 04 Effectiveness of the Comprehensive Approach to Rehabilitation (CARE) Methodology: A Cluster Randomized Trial. 34
- 05 Recovery and daily life: A review on controlled studies on psychosocial interventions in sheltered facilities for people with severe mental illness. 34

## **Symposium 1.5**

### **Somatic health of patients with severe mental illness.** **35**

- 01 Predicting Metabolic Syndrome with Machine learning in psychosis 35
- 02 Somatic care utilization and needs for somatic health care of patients with Severe Mental Illness. 36
- 03 It's not always sunny in Groningen. Vitamine D, metabolic risk and negative symptoms in people with psychotic disorders 36
- 04 Implementation of somatic screening and lifestyle interventions in patients with SMI 37

## **Symposium 1.6**

### **Influencing mental health policies - the story of a forthcoming Canadian federal mental health transition fund and potential targets of home care or greater access to psychotherapy** **37**

- 01 Influencing mental health policies- the story of access to psychotherapy for common mental disorders in Canada and France, inspired by the UK and Australia models. 38
- 02 Experimentation of a management by non-drug therapies in some French regions in the primary care context. 38
- 03 Overshadowing the needs of severely mentally ill for evidenced-base home care programs. 39

## **Symposium 1.7** **39**

### **Family focused support programs**

- 01 Parenting and psychiatric rehabilitation: supporting families 39
- 02 Explanations for intergenerational transference of addiction: Perspective of the person with parent(s) who suffers from addiction. 40
- 03 Who Cares? Recognition, acknowledgment and needs of students living with a chronically ill family member. 40
- 04 Families' and Nurses' Experiences with Family Nursing Conversations in Home Health Care. 41



## **Guided poster session Theme 1**

### **Assesment: understanding the context 41**

01	Reliability and Validity of Farsi Version of Standardized Assessment of Personality -Abbreviated Scale (SAPAS).	41
02	Concurrent validity of the MATE-Q: a self-report assessment instrument developed in substance abuse treatment.	42
03	The Need and Nature of the Mental Health Services Reform in Moldova: A Situation Analysis	42
04	Assessment of the relative technical efficiency of Mental Health Services: A systematic review	42
05	The subjective experience of the situation of admission to a psychiatric ward from the perspective of patients.	43
06	Interactions between trauma, attachment and empathy among patients diagnosed with schizophrenia.	43
07	Cognitive functioning in employed and unemployed people with schizophrenia.	43
08	Depicting professional cultures of mental health workers: development and validation of the Bicocca Mental Health Professional Culture Inventory.	44
09	Comparing the Big-Five Personality Traits of Iranian Women in the Midst of Divorce and Women in the Normal State of Marriage, as Predictors of Divorce.	44
10	A pilot study: Developing an assessment strategy for integrated care interventions in Mental Health in Catalonia.	45
11	Symptom severity and quality of life in the course of a cognitive behavioural therapy treatment.	45
12	Predictors of severe mentally ill patients' maintenance in follow-up.	45

13	The World Health Organization's concept of participation: A proposal for assessing mental health and evaluating outcomes in real world settings.	46
14	Evaluation of a Norwegian pilot project: 'Screening of child and adolescent mental health at the intake in residential youth care - and coordination of services'	46
15	The workforce's patient experience: how and why it should be mined	47
16	Recovering Quality of Life (ReQoL): the reliability and validity of a new generic outcome measure for people with mental health conditions	47
17	Selecting and testing mental health outcome measures for offenders and prisoners.	47

## **Guided poster session Theme 2 Epidemiology:**

### **Methodological approaches supporting personalised care 48**

01	Development- and testing of a web-based decision support for users and health professionals in psychiatric services	48
02	Psychosial And Environmental Predictors Of Well-being For Residents Of An Epidemiologic Catchment Area In Montreal, Canada	48
04	The effect of Eye Movement Desensitization and Reprocessing (EMDR) in adult patients with an autism spectrum disorder and cormorbid post traumatic stress disorder.	48
05	Correlates of mental healthcare use: a research of social inequalities of mental healthcare use on a French representative transversal survey.	49
06	OmSorg (Dealing with Bereavement) Social consequences of childhood cancer late effects A Qualitative study of childhood cancer survivors' unique knowledge about late effects.	49





07	Assessment and recovery of self-regulation and executive functions in patients with bipolar disorder I	50
08	DEAL - Shared Decision Making in planning of discharge from in-patient psychiatric care.	50
09	Individual, programmatic and systemic services indicators of quality of mental health care and suicide mortality in Quebec.	50
10	Pathways to care and patterns of care in first episode psychosis patients treated in community based-mental health services. A 5-year follow-up from the PICOS.	51
12	Constructing a reward-related Quality of Life function in daily life -a proof of concept study-	51
13	Azerbaijan Acute phase/Recent onset Psychosis Survey (ARAS cohort): First episode psychosis in the context of Iranian culture.	52
14	The effect of the economic crisis on the use of services for mental health problems: first results of a national mental health survey follow-up	52
15	Help-seeking behavior among persons with first-episode psychosis after implementation of an early detection team (The TOP study) Nationwide register-based study in Denmark	52
16	Biomarker-based subtyping of depression and anxiety disorders using Latent Class Analysis. A NESDA study.	52
17	Getting a grip on your mood: the application of the experience sampling methodology to the treatment of bipolar disorder	53
18	Demonstrating the applicability of an mHealth Routine Outcome Measurement tool for Mental Health using the Experience Sampling Method	53

### **Guided poster session Theme 3 54**

#### **Approaches using the patient's own context**

01	Reducing barriers to help-seeking among unemployed individuals with mental health problems: a pilot RCT.	54
02	Is being satisfied with what you have the same as what you want? - a comparison of satisfaction with housing services with preferences among residents in housing facilities.	54
03	The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on patient-oriented outcomes (MULTI-study).	54
05	The use of masks in the treatment of patients with chronic auditory hallucinations	55
06	Active in My Home (AiMH) - a pilot and feasibility study of a lifestyle intervention in supported housing for people with psychiatric disabilities	55
07	Evaluating an empowerment approach for people with mental health problems and their families towards its inclusion in public policies: Activa't per la Salut Mental (Get active for mental health).	56
08	Building a theory of change for an intervention to address loneliness among people with complex depression and anxiety	56
09	Qualitative and psychometric evaluation of a new Recovery College fidelity measure	57
10	From isolation to a feeling of belonging: The meaning of group participation in the Balancing Everyday Life (BEL) intervention for mental health service users	57
11	The PULSAR Project: What is the cross-cultural relevance of a mental health recovery questionnaire?	58



12	Does specialized psychiatric assessment improve return to work rates among absentees with common mental disorders?	58	06	Access to care and spatial distribution of patients suffering from schizophrenia and bipolarity in 2015 in the French department of Ille et Vilaine	63
13	Factors associated with the attitudes of general practitioners towards patients with mental illness, mental health and their relationship with mental health services.	58	07	Mental health and multifactorial in schizophrenia: a study on young psychotic guests to rehabilitation facilities	63
14	Enabling a personalized approach to therapy: The development of an occupational therapy intervention specification for people with a diagnosis of psychosis.	59	08	Trends, socio-demographic and clinical characteristics of migrants seeking psychiatric care in Verona, Italy	63
15	No reductionism: Psychiatry is about the whole person in her whole context with her whole history and that in a dialectical way	59	09	Can the mental health of young people who provide unpaid care be improved by providing social care services to the person they support?	64
17	Evaluating the implementation of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients (MULTI-study)	60	10	Chronic abusive alcohol-related diseases mortality, community mental health coverage and social vulnerability in São Paulo, Brazil, 2013	64
	<b>Guided poster session Theme 4</b>	<b>61</b>	11	Integrated mental health care and vocational rehabilitation to improve return to work rates for people on sick leave because of common mental disorders (IBBIS):	65
	<b>Policy: Societal challenges for community mental health</b>		12	Design of the process evaluation of a cross-disciplinary intervention combining mental health care and vocational rehabilitation for people returning to work sick leave because of common mental disorders	65
01	Are we meeting the continuity of care needs of mental health service users? A retrospective evaluation of the Integrated Patient Assessment and Continuous Engagement system.	61	13	Non-utilization of medical rehabilitation before the occurrence of early retirement due to psychological and behavioural disorders in Germany - prevalence and sociodemographic determinants.	66
02	Influence of the patient socioeconomic status and subjective social status on the exposure to specialised and personal care continuity approach in Belgium	61	14	Cost-effectiveness of Healthy Activity Program(HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India alongside a randomised controlled trial	66
03	Contradicting Logics and Idealistic Professionalism - A Case Study of the Development of a Swedish Community Mental Health Service Market	61	15	Mental disorders and risk for committing and enduring Intimate Partner Violence: a review of the literature.	67
04	From deinstitutionalisation to public mental health; Regional action plans as a tool for promoting a new national policy in Sweden	62	16	Suicide, community mental health services and social vulnerability in são paulo, brazil - are there some relations?	67
05	Clinical and socio-demographic variables associated with the outcome of a vocational rehabilitation programme in an Italian Community Mental Health Center	62			



17	A qualitative approach to planning a psychoeducational intervention for people included in vocational rehabilitation programmes in an Italian Community Mental Health Centre	67	11	The Cost of Schizophrenia in the Northern Netherlands	72
	<b>Guided poster session Theme 5</b>	<b>68</b>	12	Micro-level emotional dynamics and future course of psychopathology in adolescents	72
	<b>Other</b>		13	Immigration detention in Canada: A colonial technology of racial and eugenic violence in the mental health system.	73
01	TExIEF: a thesaurus of expanded ICF Environmental Factor terms.	68	14	LGBTI people inequalities and barriers in health care settings: a new training for health professionals (Health4LGBTI EU project).	73
02	How to prevent long-term absence from work? Developing a tool for general practitioners.	69	15	CAT-I: When it works, it works? Implementation research to promote the daily use of Cognitive Adaptation Training (CAT)	74
03	Videoconferencing in mental health care: the visual novel as a means to stimulate awareness of a new care practice	69	17	Design, implementation and evaluation of a psychosocial intervention to prevent anxiety and depression in older adults who seek attention in primary care centers in Chile. Protocol.	74
04	Implementation of Safewards as evidence-based intervention to reduce conflict and containment in a secure psychiatric hospital across 5 pathways: men's and women's mental health, learning disability, adolescents and neuropsychiatry.	69	18	Individual mix of resources impacting individual outcomes and their infographic comparisons: preliminar results in three cohorts of outpatients assessed using the VilmaFABER system.	75
05	Common mental disorders in primary care in Chile. Prevalence and cluster analysis.	70		<b>Keynote lectures</b>	<b>76</b>
06	Cost-Effectiveness of Early Detection and Treatment for Alzheimer's Disease in Czechia	70		<b>Theme Epidemiology: Methodological approaches supporting personalised care</b>	
07	Inpatient costs of agitation and containment strategies in an urban area	71		Is there a place for economics in mental health care?	76
08	Factors associated with hospital admission and readmission in older adults with psychiatric and physical comorbidity	71		Using routine outcome measurement to improve personal care: paving bridges between data and people	76
09	The Apathy Study: exploring the possibilities to treat apathy with non-invasive brain stimulation and behavioral activation therapy in patients with schizophrenia.	71		<b>Symposium 2.1</b>	<b>77</b>
10	Anecdotal tales from prison to community: The ins and outs of conducting a 'through-the-gate' Randomised Controlled Trial (Engager) with offenders with common mental health problems.	71		<b>Community alternatives to acute psychiatric hospital admission: Implementation and quality improvement</b>	
			01	Mental Health Acute Day Units in England: results from a national survey and the ADCARE Study	77
			02	National implementation of Crisis Resolution Teams: findings from an English national survey	77



03	The CORE cluster-randomised trial of a service improvement programme for Crisis Resolution Teams	78
04	Delivering a service improvement programme: Insights and lessons learned from a qualitative study of a programme to improve crisis resolution team functioning in England	78
05	Observational study of practice, service users and outcome of Norwegian crisis resolution teams	79

### **Symposium 2.2** **79**

#### **Think again: New developments in the field of clinical staging**

01	The next stage for early intervention: Transdiagnostic, personalized, universal.	80
02	Prevalence and sociodemographic correlates of emotional disorder in an inner-city cohort: the REACH study.	80
03	Predicting symptomatic and functional outcome after first episode psychosis in a naturalistic cohort of patients: implications for clinical staging	80
04	Mirrør Mirrør on the wall, who's the most 'at risk' of all?	81

### **Symposium 2.3** **82**

#### **The role of experiential knowledge in mental health services research: ensuring that an understanding of the individual and social**

	The role of experiential knowledge in mental health services research: ensuring that an understanding of the individual and social context of people's lives is reflected in the research evidence base	82
01	Patient and public involvement as 'expertise by experience' in mental health research: a case study	82
02	Co-production, lived experience and large multidisciplinary teams: making it meaningful in practice.	82

03	Peer support workers perspective on clinical practice in Flexible Assertive Community Treatment in the Netherlands	83
04	EmPeeRie - individuals with severe mental health crisis use their knowledge of experience, to conduct their own research	83

### **Symposium 2.4** **84**

#### **Stigma and destigmatization: assessment, disclosure of mental health problems, and intervention**

	Stigma and destigmatization: assessment, disclosure of mental health problems, and intervention.	84
01	Measuring stigma - Which instruments are available and how to choose?	84
02	Development of a short version of the Discrimination and Stigma Scale (DISC) across seven different world regions.	84
03	Are you crazy?! Showing adolescents a schizophrenia documentary reduces stigmatizing attitudes.	85
04	To disclose or not to disclose a mental health problem in the workplace: views of five different stakeholder groups	85
05	Disclosure of mental health problems in the workplace: towards a Dutch decision aid and training	86

### **Symposium 2.5** **86**

#### **Incidence, use of services, gender differences and reported disease-related symptoms in schizophrenia outpatients in Spain**

	Incidence, use of services, gender differences and reported disease-related symptoms in schizophrenia outpatients in Spain.	86
01	Variability in the incidence of psychosis worldwide: environmental factors. A systematic review.	87



02	Schizophrenia-spectrum disorders: Are men and women actually different? Results from an epidemiological study in Malaga, Spain	87	03	The Amsterdam LTMH- study: Dying Too Soon: Excess Mortality in Severe Mental Illness	92
03	Needs, Perceived Support, and Hospital Readmissions in Patients with Severe Mental Illness.	87	04	Three profiles of pathways through care of SMI client with multiple public crisis interventions	92
04	Predictors of health service use among persons with schizophrenia and related disorders	88	05	The client-perspective on ambulatory mental health care: participation, recovery, and quality of life of people with a severe mental illness in an increasingly deinstitutionalized mental health care system	92
05	Patient Reported Disease-related symptoms in outpatient schizophrenia patients in Spain.	88		<b><u>Oral presentation session 3.1</u></b>	<b>94</b>
	<b><u>Symposium 2.6</u></b>	<b>89</b>		<b><u>Costs of care</u></b>	
	<b><u>Use of observational data to gain insight into disease burden and treatment choices. Case studies in depression and psychosis</u></b>			Patient-specific determinants of hospital costs in mental health	94
01	The clinical effectiveness of a structured guideline-based treatment program for depression in specialized mental health care: A comparison with efficacy trials	89		The Cost-effectiveness of an integrated mental health care programme in comparison to standard psychiatric care in Germany	94
02	Early-Life Socioeconomic Conditions and Depression in Older Adults	90		Use of the net benefit framework to evaluate the cost-effectiveness of Early Intervention in Psychosis - does this complex intervention translate outside the specialist setting?	94
03	Factors underlying short-term cost-effectiveness of Child and Adolescent Mental Health Services	90		Economic modelisation of access to psychotherapy for common mental disorders in the French context.	95
	<b><u>Symposium 2.7</u></b>	<b>91</b>		Hospital cost and reimbursement associated with psychiatric comorbidities in somatic care	95
	<b><u>The aftermath of extramuralisation. The Amsterdam LTMH study and satellite-projects: a cohort-study among patients with severe mental illness. Functioning, care-use and delivery, occurrence of crisis, victimisation and recovery</u></b>			<b><u>Oral presentation session 3.2</u></b>	<b>96</b>
01	The Amsterdam LTMH- study: aim, design, method and global results	91		<b><u>Work &amp; Education</u></b>	
02	Victimisation in adults with severe mental illness: prevalence and risk factors	91		Differences in working conditions for patients of psychotherapeutic consultation in the workplace vs. outpatient care -results from an observational study	96
				The effect of IPS-MA, an early supported employment intervention modified for people with mood and anxiety disorders: results of a randomised clinical trial	96
				Challenges and Contribution of Participation in Supported Education Program in Universities for Persons With Severe Mental Illness	96
				The effectiveness of occupational therapy to improve participation in activities of everyday life for people with a diagnosis of psychosis: a feasibility study.	97



### **Oral presentation session 3.3**

#### **Primary care 98**

The primary care psychologist: challenges and opportunities	98
Next generation in routine outcome measurement: Computerized adaptive testing	98
The effectiveness and cost effectiveness of e-mental health interventions for depression and anxiety in primary care: a systematic review and meta-analysis	98
Building Mental Health Capacity in Tunisia: Is a Training Program Offered to General Practitioners Sufficient?	99
Cluster randomized study of shared care by primary and mental health care	99

### **Oral presentation session 3.4**

#### **Involvement of service users**

'As a link between patient and staff' - Pilot testing the use of peer supporters as a new work force within Swedish mental health care	100
A Recovery-oriented peer provider (ROPP) work-role model and prototype measure	100
Generativity attainment and its characteristics in Life-story narratives and self-report measures of mental health peer-providers	100
Peer research methods: Changing mental health research by integrating lived experience expertise into research teams	101
Service user involvement in the reform of adult mental health care in Belgium	101

### **Oral presentation session 3.5**

#### **Family**

Integrating close relatives of people experiencing schizophrenia spectrum disorders in the mental health system in France : the perception of the families	102
Effectiveness of a web-based mindfulness intervention for families of a person with a mental and/or somatic illness	102
The role of parenting and family functioning in the development of psychotic experiences in adolescence	102
Drawing on the experiences of parents of conduct-disordered children to investigate how intervention can help prevent future antisocial behaviour: a longitudinal mixed methods study from an ecological, developmental perspective	103

Offspring of depressed/anxious patients: how do they fare after onset of a depressive/anxiety disorder?	103
---	-----

### **Oral presentation session 3.6**

#### **Care networks**

Sub-acute residential care models: Quality and Effectiveness of a Prevention and Recovery Care (PARC) Service in Victoria, Australia	104
Sub-acute residential care models in Australia: Are they providing a recovery-oriented alternative to hospital admission?	104
Quality of collaboration in service networks for Severe Mentally-Ill patients in Belgium	105

### **Oral presentation session 3.7**

#### **Service use**

Is a dedicated psychiatric emergency department the right service-delivery model for frequent emergency service users?	105
Unplanned Admissions to Inpatient Psychiatric Treatment and Services Received Prior to Admission	106
Continuous increase in community treatment orders and compulsory admissions in the Netherlands 2003-2016	106
Predictors of day hospital and psychosocial interventions' use in psychiatric outpatients: results from the SMAILE Project	106
Predicting secondary mental health care use in adolescence using self-, parent-, and teacher-reported problem behavior: A prospective community-based record-linkage study.	107

### **Symposium 4.1**

#### **New findings from the evaluation of the Time to Change Ant-stigma programme in England**

01 Relationships between anti-stigma programme awareness, disclosure comfort and intended help-seeking regarding a mental health problem	109
02 Attitudes and behaviour towards mental illness in London compared to other English regions (2009-2017)	109
03 Time To Change: are social networks really useful in challenging stigma?	110



04	Is campaign awareness associated with improved knowledge, attitudes, intended behaviour and observed positive treatment towards people with mental illness?	110	04	Transforming Mental Health Care System From Within: From Being A Patient To Becoming a Professional Staff Person In The Public System	114
<b><u>Symposium 4.2</u></b>		<b>111</b>	<b><u>Symposium 4.4</u></b>		<b>115</b>
<b><u>Recovery and rehabilitation in service users in need of longer term intensive clinical treatment</u></b>			<b><u>Less is more; antipsychotic dose-reduction and discontinuation in first and multiple episode psychosis: an update on upcoming, running.</u></b>		
	Recovery and rehabilitation in service users in need of longer term intensive clinical treatment	111		Less is more; antipsychotic dose-reduction and discontinuation in first and multiple episode psychosis: an update on upcoming, running and completed trials	115
01	Active Recovery Triad: a new initiative to provide hope and perspective for service users with severe mental illness in need of long-term clinical care.	111	01	Predicting Relapse and Outcome in First Episode Psychosis; Treatment Strategies and Negative Symptoms	115
02	The ART monitor; research on its validity and implementation.	111	02	Discontinuation versus maintenance therapy with antipsychotic medication in schizophrenia -Tailor: A randomized controlled trial	116
03	How to engage people with severe negative symptoms in activities; learning from the GetREAL trial	112	03	Better functioning sooner in first episode psychosis? Introducing the Reduce RCT comparing dose reduction of anti-psychotic medication to maintenance treatment.	116
04	Flexible Assertive Community Treatment and ART	112	04	To continue or not to continue: the HAMLETT study - Handling Antipsychotic Medication: Long-term Evaluation of Tapered Treatment	116
<b><u>Symposium 4.3</u></b>		<b>113</b>	05	The Bitterest Pills: antipsychotic-induced alterations, implications for the treatment of psychosis and design of a randomised trial of antipsychotic discontinuation	117
<b><u>Supporting the public mental health system in improving practices that integrate recovery-oriented services: The Canadian Experience</u></b>			<b><u>Symposium 4.5</u></b>		<b>118</b>
01	The implementation of recovery-oriented practices in community-based mental health teams in Quebec: A provincial initiative promoting the use of information and communication technologies (ICT)	113	<b><u>Lifestyle interventions and their effect on metabolic risks of patients with SMI: enhancing enduring results</u></b>		
02	Developing and sustaining a reflection and a recovery partnership in Quebec	113	Lifestyle interventions and their effect on metabolic risks of patients with SMI: enhancing enduring results.		118
03	The National Center of Excellence for Mental Health (NCEMH): A Provincial Mechanism that supports the implementation of best practices in mental health system	114			



01	Physical (in)activity and energy intake in schizophrenia patients and matched healthy controls; results of the TOPFIT study.	118
02	The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on physical activity and metabolic health (MULTI-study)	119
03	Improving lifestyle in people with severe mental illness: Are we running on the right path?	119
04	Lessons learned from lifestyle intervention trials aiming to improve cardiometabolic health in persons with a severe mental illness	119
<b><u>Symposium 4.6</u></b>		<b>120</b>
<b><u>Psychiatric re-hospitalisation by Record Linkage of Large Administrative Data Sets: the EU CEPHOS LINK Study</u></b>		
01	Comparing and predicting psychiatric re-hospitalisation rates across countries by using routine health care data: possibilities and limitations	121
02	Which factors before discharge have to be considered to prevent re-hospitalisation?	121
03	Mental health service users' experiences of hospitalisation and re-hospitalisation to hospital - a focus group study in six countries	121
04	Reducing psychiatric re-hospitalisation with the help of a Decision Support System	122
05	Mental health service users' experiences of admission and readmission to hospital - a focus group study in six countries	122

<b><u>Symposium 4.7</u></b>		<b>123</b>
<b><u>The use of Experience Sampling as a clinical tool to personalize and contextualise mental health care</u></b>		
The use of Experience Sampling as a clinical tool to personalize and contextualise mental health care		123
01	Personalized feedback based on the experiencing sampling method as a tool to boost depression treatment (ZELF-i): common patterns and individual differences	123
02	N=1 network analyses may be additive to clinical assessment and treatment	123
03	ACT in Daily Life - A Momentary Intervention Approach to Acceptance and Commitment Therapy	124
04	ESM in clinical practice: the possibilities, the pitfalls, and the promise	124
<b><u>Keynote lectures Theme assessments</u></b>		<b>125</b>
<b><u>Understanding the context</u></b>		
The dynamic nature of psychopathology and the relevance of micro-level context		125
01	The use of Virtual Reality in mental health.	125
<b><u>Oral presentation session 5.1</u></b>		<b>126</b>
<b><u>Decision making</u></b>		
Testing the CEDAR model on the relation between clinical decision making and outcome		126
Interactivity in Shared Decision Making in Swedish mental health services; A process evaluation of a tool to support user participation		127
Barriers to, and facilitators of, collaborative, recovery-focused, care planning and coordination in UK mental health services: findings from COCAPP and COCAPPA		127
Perceived assistance in pursuing personal goals and personal recovery among mental health consumers across housing services		127





<b><u>Oral presentation session 5.2</u></b>	<b>128</b>
<b><u>Social context</u></b>	
Experiences of social exclusion in service users with severe mental illness	128
Mov(i)es to Destigmatisation: An intervention with future mental health professionals in the United Arab Emirates	129
The effectiveness of Narrative Enhancement and Cognitive Therapy. A randomized controlled study of a self-stigma intervention	129
Evaluation of the mental health reform in Belgium: a baseline assessment of the perspective of patients, family carers and professionals	129
<b><u>Oral presentation session 5.3</u></b>	<b>130</b>
<b><u>Community care</u></b>	
Effectiveness of networks of health and social services on continuity of care and social integration: a case-control study for patients with severe mental illness.	130
Sense of belonging and social connectedness, what are we measuring?	130
Monitoring deinstitutionalisation and community care in the Netherlands: system changes, outcome and future directions	131
My Choice: Pathways to Community Living in New South Wales, Australia	131
<b><u>Oral presentation session 5.4</u></b>	<b>132</b>
<b><u>Disease burden</u></b>	
Prevalence and correlates of psychological distress and psychiatric disorders in asylum seekers and refugees resettled in an Italian catchment area	132
My Way Forward: An intervention for increased mental health, empowerment and participation among newly arrived refugees in Sweden	132
Factors associated with suicidal risk in general population in Andalucia (Spain). The PISMA ep-Study	132
<b><u>Oral presentation session 5.5</u></b>	<b>133</b>
<b><u>Implementation in care</u></b>	
Non-adherence to anti-psychotic medication guidelines in outpatient schizophrenia care affects hospital readmission and costs	133

A pairwise randomized study on implementation of guidelines and evidence based treatments of psychoses	133
Lessons from dissemination of the Flexible ACT model in the Netherlands.	134
Facilitators and Barriers for Sustainable Implementation of Integrated Support in a Sectored Community Mental Health Service System - Experiences from a Swedish Project.	134

**Oral presentation session 5.6** **135**

<b><u>Engagement in care</u></b>	
Development and validation of an objective measure of a service user's pattern of engagement with secondary mental health services	135
Decomposing psychiatric re-hospitalisation rates in Norway	135
Victorian consumer and staff experiences of the Safewards trial	135
Long term compulsory treatment for difficult-to-engage and homeless dual diagnosis patients.	136

**Oral presentation session 5.7** **137**

<b><u>Recovery-focused interventions</u></b>	
PULAREveryday - a consumer led project	137
A co-produced 'Building Resilience for Mental Health Recovery' Recovery College course - research and evaluation findings.	137
Participation and Shared decision making in a recovery oriented educational intervention for mental health professionals	137
Personal recovery of Dutch service users compared to siblings and healthy controls	138

**Keynote lectures Theme Approaches** **139**

<b><u>Novel approaches using the patient's own context</u></b>	
The Mental Health Atlas Project. Development and implications for consumer empowerment	139
Enhancing stigma resilience and recovery using the individual's context	139



## **Symposium 6.1** **140**

### **Let's recover! Restructuring health care and the use of recovery-oriented interventions**

Let's recover! Restructuring health care and the use of recovery-oriented interventions 140

01

Mapping recovery with large naturalistic cohorts and latent class growth analysis in people with psychotic disorders 140

02

The evaluation of TREAT: a computerized clinical decision support system for the treatment of psychotic disorders 140

03

REFOCUS: A theoretically-defensible and empirically-evaluated team-level intervention to promote recovery 141

04

Cognitive Adaptation Training: is it effective as a nursing intervention in people with severe mental illness in need of long-term intensive clinical treatment? 141

05

Home-based Peer Support and Skill Training for people with Psychotic disorders: a Recovery oriented Intervention 142

## **Symposium 6.2** **143**

### **Dilemmas of choice in mental health care**

01

Choosing and requesting to change psychiatrist in community mental health services: results of a literature review 143

02

Informed, advance treatment refusals by people with severe mental illness: demand, content and correlates 143

03

Italian psychiatric residential facilities: a recovery oriented choice or a step backward to institutionalization? The VALERE Project 144

04

An employment pilot to support forensic mental health service users into work and vocational activities: choices and opportunities 144

## **Symposium 6.3** **145**

### **What can we offer long-term inpatients with psychosis: do's and don'ts regarding the treatment and quality of life**

What we can we offer long-term inpatients with psychosis: do's and don'ts regarding the treatment and quality of life. 145

01

The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on patient-oriented outcomes (MULTI-study) 145

02

Evaluating the implementation of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients (MULTI-study) 146

03

Concurrent treatment with typical and atypical antipsychotics; double trouble. 146

04

Association between antipsychotics, movement disorders and accelerometer-measured physical activity in schizophrenia 146

## **Symposium 6.4** **147**

### **The social context of mental health in later life; implications for care**

01

Epidemiological studies on the influence of social relationships on mood problems 147

02

Epidemiological studies on the influence of social relationships on cognitive decline 148

03

Lessons learned from screening programs on depressive symptoms: interviews with older people on cause and need for care for low mood 149

04

Lessons learned from house calls to older inhabitants to address loneliness and social isolation: an action programme of the Rotterdam municipality 149



## **Symposium 6.5** **150**

### **Implementation of context analysis in decision support systems for evidence-informed policy**

01  
The use of integrated atlases of care for assessing availability, diversity and capacity of regional mental health systems in Australia 150

02  
Standard comparison of local mental health care systems in three regions of Spain (Andalucia, Cataluña, Basque Country): REFINEMENT España project 151

03  
Spatial analysis of psychiatric epidemiological data in Andalusia 151

04  
Impact assessment of micromanagement interventions on mental health care systems: the case of Bizkaia (Basque country, Spain) 151

05  
Bayesian networks in mental health care management: preliminary findings 152

## **Symposium 6.6** **153**

### **Costs and economic evaluation in mental health care: how to make it work?**

01  
Borderline Personality Disorder: What are the costs in Ireland? 153

02  
Cost-effectiveness of a 12-month multidimensional lifestyle intervention to improve cardiometabolic health in patients with a severe mental illness 153

03  
Societal costs for individuals with severe mental illness 154

## **Symposium 6.7** **155**

### **Insight in psychosis: integrating a social and neuropsychiatric perspective?**

01  
Insight and emotion regulation in schizophrenia: an fMRI study 155

02  
Brain areas associated with insight in psychotic disorders: a meta-analysis 155

03  
Changes in insight in psychosis and corresponding changes in functional connectivity during self-reflection: a 12-week follow-up study 156

04  
Insight into the illness: correlations with outcomes among patients and their parents 156

05  
Critical evaluation of the construct cognitive insight and how we measure it 157

## **Symposium 7.1** **158**

### **The QuEST Study: Quality and Effectiveness**

#### **of Supported Tenancies for People with Mental Health Problems. A national programme of research across England**

01  
The QuEST Study: Quality and Effectiveness of Supported Tenancies for People with Mental Health Problems. A national programme of research across England. 158

02  
What works? A new taxonomy for the classification of mental health supported accommodation services 158

03  
Results of a qualitative investigation of staff and service user experiences of a feasibility trial of supported accommodation in England 159

04  
Results of a study of staff morale in mental health supported accommodation in England 159

05  
Predictors of quality of supported accommodation services in England 159

## **Symposium 7.2** **160**

### **Virtual Reality treatments for psychotic disorders - the beginning of a new era?**

01  
Using virtual reality to assess associations between social performance and paranoid ideation 161



02	The effects of virtual reality based cognitive behavioral therapy in patients with persistent paranoid ideation and social avoidance	161
03	Effect of Virtual Reality enhanced CBT on cognitive biases and paranoia: a randomized clinical trial	161
04	Computer assisted therapy for auditory hallucinations: the AVATAR clinical trial.	162
05	Virtual Reality Social Cognition Training for individuals with psychotic disorder: a pilot study	162

### **Symposium 7.3** **163**

#### **Prevalence and prevention of victimization in persons with severe mental illness: findings from a national research programme in the**

##### **Netherlands**

01	Prevalence rate and risk factors of victimization in patients with a psychotic disorder: A systematic review and meta-analysis	163
02	Victimization and brain responses to emotional facial expressions in individuals with a psychotic disorder: results of the Beatvic study	164
03	Identifying subgroups among outpatients with severe mental illness based on social factors of victims and perpetrators	164
04	Development of Virtual Reality aggression prevention training (VRAPT) for forensic psychiatric inpatients	164
05	A cluster randomized controlled 12-month trial comparing detection of domestic violence (DV) in psychiatric patients of community mental health (CMH) teams trained in DV versus untrained teams: The BRAVE-R study	165

### **Symposium 7.4** **166**

#### **Severe mental illness in later life: recent research relevant for mental health care in a scientifically much neglected area**

01	Risk of Physical Healthcare Admissions for People with Severe Mental Illness at Older Age	166
02	Course and predictors of symptomatic remission in late-life schizophrenia: a 5-year follow-up study in a Dutch psychiatric catchment area	166
03	Unravelling the pathogenesis of schizophrenia: the importance of age at onset	167
04	Promoting resilience in older persons with schizophrenia: the case of The New Club, a novel facility offering social contact and activities	167

### **Symposium 7.5** **168**

#### **Supported Education: community participation for people with psychiatric disabilities**

	Supported Education: community participation for people with psychiatric disabilities	168
01	What hinders and what helps?	168
02	A working life on the horizon - Supported education for young adults with mental health problems in Sweden	168
03	Use of the tool 'To tell or not to tell?' to help students decide whether or not to disclose their psychiatric disability in an educational setting: a European feasibility study	169
04	Evaluation of a Supported Education career guidance course for (young) adults with psychiatric disabilities	169



<b>Symposium 7.6</b>	<b>170</b>	<b>October 7</b>	<b>175</b>
<b><u>Attitude towards people with mental disorders in university students of health sciences From Portugal, Spain and Chile. A Maristan network study</u></b>		<b><u>Oral presentation session 8.1</u></b>	<b><u>176</u></b>
01	Attitudinal change towards mental illness in students through clerkship: a meta-analysis	<b><u>Recovery-focused practice</u></b>	
02	Attitudes toward people with mental illness in university students of medicine, nursing, occupational therapy and psychology students' degrees. An international comparison between Chile and Spain	Development of a quality standard for recovery-oriented care	176
03	Stigma towards people with mental disorders in students of health-related degrees from Chile and Spain	Working with HOPE: Implementing a recovery framework within a Scottish community mental health charity.	176
04	Impact of clerkship in the attitudes towards people with mental illness: a comparison between medical students from Portugal, Spain and Chile	PULSAR: Implementing Recovery Oriented Practice in Primary and Secondary Care.	176
		Facilitating recovery in a lifeworld context	177
<b>Symposium 7.7</b>	<b>172</b>	<b><u>Oral presentation session 8.2</u></b>	<b><u>178</u></b>
<b><u>Assessing recovery in mental health populations: a need for instruments that measure what matters most to service users</u></b>		<b><u>Therapeutic relationship</u></b>	
01	The ReQoL measures: combining qualitative and quantitative evidence to produce a psychometrically robust measure.	Psychological Treatments for Early Psychosis can be Beneficial or Harmful, Depending on the Therapeutic Alliance: an Instrumental Variables Analysis.	178
02	Quality of life, are we asking the right questions: mental health service user views on potential items for the recovering quality of life measure (ReQoL)	Is patient-rated quality of life associated with continuity of care, therapeutic relation and unmet service needs? A study of outpatient mental health service users in Norway	178
03	A critical assessment of patient/service user involvement in constructing the ReQoL	Has personal continuity of care an effect on service use?	178
04	Understanding how to measure recovery in a clinically meaningful way: An example from the Canada Personal Recovery Outcome Measure (PROM) Project.	Victorian Safewards Trial: Evaluation of Training Outcomes	179
		<b><u>Oral presentation session 8.3</u></b>	<b><u>180</u></b>
		<b><u>Care content &amp; Vocational rehabilitation</u></b>	
		Telecare: mapping, articulating and understanding practices. How technology changes the (professional) context.	180
		Going where no other researchers go: Collecting information from primary and secondary care notes of people with severe mental illness in England: A multi-site cross-sectional observational study.	180
		Predictors of re-employment and mental health service use among unemployed people with mental health problems: a longitudinal study	180
		Supporting community engaged post discharge from hospital to reduce readmission and crisis services use: a feasibility study of an innovative intervention	181



#### **Oral presentation session 8.4** **182**

##### **Young clients**

Mental health care use during the transition from adolescence to early adulthood. Results from a prospective community-based cohort study.	182
Headspace Israel: An integrative clinical model providing psychological services focusing on prevention and early intervention and preliminary findings	182
Lost in Transition? Perspectives from young people with mental health problems and staff during the process of transfer of care	182
Psychiatric Modeling Framework for ADHD based on Global Functioning	183

#### **Oral presentation session 8.5** **184**

##### **Social outcomes & Lifestyle**

Social outcomes of Flexible ACT for clients with schizophrenia and other psychoses: A longitudinal study	184
Assessing and Measuring Social Inclusion in Mental Health Settings	184
Balancing Everyday Life (BEL) for people with severe mental illness - effective for activity engagement and level of functioning in an RCT study	184
Addressing the religiosity gap: Spirituality as a key dimension of mental health and recovery	185

#### **Oral presentation session 8.6** **186**

##### **Forensic issues**

Are migrants from disadvantaged countries at a higher risk than others for involuntary treatment in a secure mental hospital?	186
Aggressive episodes in in-patient psychiatric care in the Veneto Region (Italy). Findings from the Italian sites of the COFI study.	186
Introduction to and use of the DIARI: Decision-making In Abusive Relationships Interview	186
Interviews with clinicians on their perception of need factors of IPV victims	187

#### **Oral presentation session 8.7** **188**

##### **Activation**

Toward bridging the mental health gap in low-middle income countries: short-term effectiveness of internet-based behavioral activation for depression in Indonesia	188
'Walk this Way' A pilot RCT of an intervention to support people to be more physically active	188
Relationship between subdomains of negative symptoms and neurocognitive and social cognitive deficits and community functioning	188
The role of dance/movement therapy in the treatment of negative syndrome and psychosocial functioning of patients with schizophrenia - preliminary results from a pilot study.	189

#### **Keynote lectures Theme Policy** **189**

##### **Societal challenges for community mental health**

Mental Health as a Public Health Challenge: we need resilient, supportive communities to improve personal mental resilience	190
Policy initiatives to support mental health and recovery in the community	190

#### **Closing Keynote lecture** **190**

Integrating generic and specialised community teams to promote a whole life approach	190
--	-----

- ABSTRACTS -

**Thursday,**  
October 5



## Opening Keynote Lecture

Complex individuals in a complex society; how complex needs services should be the quality benchmark for mental health care

Helen Killaspy

University College London, London, United Kingdom

The last fifty years have seen one of the greatest international social movements of all time – the closure of large institutions and the development of community based mental health care. Although many factors have been suggested as fuelling this process, one major driver was a change in society's attitude towards people with mental illness, away from exclusion and marginalisation towards inclusion and participation. The process of deinstitutionalisation has been largely judged a success, is ongoing in many countries and is strongly supported by international mental health policy. Alongside this humanitarian shift in mental health care, research has helped to identify the most effective interventions, understand how to deliver them, and shaped the process further. However, as our knowledge has increased, so our services have become more specialised, leading to fragmented, complex systems, often provided by multiple agencies, that are difficult to navigate. Increasingly, the focus has been on prevention, promotion and earlier intervention. In this context, many 'deinstitutionalised' countries have failed to attend adequately to the needs of those with the most complex and longer term mental health problems. With appropriate intervention and support, most people with complex needs can achieve, sustain and enjoy a successful and rewarding life in the community, but without it they are at risk of neglect and institutionalisation. If a society's greatness is measured by how it treats its most vulnerable, mental health care should be measured by the quality of its complex needs services.

## Symposium 1.1

Individual Placement and Support for people with severe mental health problems seeking regular employment or education; research finding

Individual Placement and Support for people with severe mental health problems seeking regular employment or education; research findings on novel approaches in four European countries

Organiser: Jaap van Weeghel, Chair/Discussant: Evelien Brouwers

Background and aim Although most people with severe mental illnesses want to work, only 10-20% of this group are competitively employed. Individual Placement and Support (IPS) is an approach designed to help these persons obtain and maintain competitive employment and regular education. Critical ingredients of IPS are: rapid job search, integration in mental health services, and time-unlimited, individualized support. In this symposium we will discuss research findings concerning the effectiveness of IPS practices in various societal contexts. Activities Findings from five research projects in four European countries will be presented and discussed. The symposium entails presentations on a multicenter RCT comparing IPS to high quality usual care (Norway), a multicenter RCT concerning IPS for people with affective disorders (Sweden), an RCT concerning IPS enhanced with cognitive remediation and work related social skills training (Denmark), a pilot study on IPS for welfare recipients with serious mental health problems (Netherlands), and an outcome study addressing IPS for persons with first episode psychosis (Norway).

Scientific interest Whereas in the United States IPS has proven to be highly effective in enhancing employment





perspectives for persons with severe mental illness, until recently the evidence base was less abundant in countries which have a different socioeconomic context. We will address the feasibility and effectiveness of IPS in helping different groups of service users to obtain regular employment or regular education, and the collaborative efforts of mental healthcare organizations, national vocational regulations and local social services that are needed to achieve this in various European countries.

## 01

### Moving on to work and feeling better-A randomized controlled trial of supported employment adapted for people with affective disorders

Ulrika Bejerholm<sup>1</sup>, Susann Porter<sup>2</sup>, Suzanne Johanson<sup>2</sup>

<sup>1</sup>Lund University, Lund, Sweden

**Aim:** Mental health problems need to be connected to the return to work process of people with affective disorders. The Individual Enabling and Support model (IES) combines motivational, cognitive and time use strategies which are integrated with the evidence based supported employment model Individual Placement and Support. The aim was to study the effectiveness of IES on employment and health related outcomes as compared to traditional vocational rehabilitation among unemployed outpatients with depression or bipolar disorder at 12 months.

**Method:** A randomized controlled trial of 61 outpatients from four Swedish sites was performed. Assessment of employment status (primary), working hours, depression, quality of life (QoL), and empowerment was performed. ISRCTN93470551.

**Results:** No differences between groups were found at baseline. IES was more effective in terms of employment at 12 months (42.2% vs 4%; mean difference 38%, 95% CI 0.12-0.55,  $p=0.001$ ,  $\phi=0.44$ ). Significant group differences with respect to working hours, empowerment and depressive symptoms were also found. The IES group significantly decreased their depressive symptoms, increased their empowerment and QoL over time, while the control group did not.

**Conclusions:** Although limited by size and context, our trial shows that IES is effective for gaining employment and increasing mental health. Clinical differences are supported by qualitative and cost-benefit analysis research related to the trial.

## 02

### Individual Placement and Support, cognitive training and work related social skills training in Denmark: a randomized controlled trial

Thomas Christensen<sup>1</sup>, Merete Nordentoft<sup>2</sup>, Iben Gammelgaard Nielsen<sup>3</sup>, Lene Falgaard Epløv<sup>3</sup>

<sup>1</sup>Mental Health Center Copenhagen, University of Copenhagen, Copenhagen k, Denmark

<sup>2</sup>Psykiatrisk Center København, forskningsenheden, Denmark

Background: Individual Placement and Support (IPS) is established as the most effective vocational intervention in order to support people with severe mental illness to obtain competitive employment. However, a significant subgroup fails to receive the full benefits of IPS and long-term job retention and economic self-sufficiency have not yet been clearly demonstrated. A way to address these issues could be by integrating methods such as cognitive remediation and work-related social skills training.

Aim: 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/Design: The trial was designed as an investigator-initiated, randomized, three-arm, assessor-blinded, multi-center trial. A total of 724 patients with severe mental illness were randomly assigned into three groups 1) IPS; 2) IPS supplemented with cognitive remediation and work related social skills training; and 3) service as usual, at three sites in Denmark. The primary outcome was number of hours in competitive employment or education at 18 months follow-up. Secondary and exploratory outcomes were money earned, days to first employment, symptoms, functional level, self-esteem, and self-efficacy at 18 month follow-up. Results: Preliminary results as well as the supplement of cognitive remediation and work related social skills training will be presented and the implementation of the method in Denmark will be discussed.

## 03

### Individual Placement & Support for welfare recipients with serious mental illnesses: lessons learned from a pilot in the city of The Hague.

Harry Michon<sup>1</sup>, Lex Hulsbosch<sup>2</sup>, Catrien Smit<sup>2</sup>, Hans Kroon<sup>1</sup>

<sup>1</sup>Trimbos Institute, Utrecht, Netherlands

**Aim:** To improve the employment situation of citizens with serious mental illnesses who are recipients of



welfare benefits and clients of care agencies the Individual Placement & Support (IPS) model of vocational rehabilitation was implemented in collaboration between the municipality of The Hague, a mental health agency and a supported housing agency for people with a background of homelessness. IPS has been proven effective in general, but not for this specific target groups - who have complex combinations of mental health and social problems, e.g. being long-term unemployed.

**Method:** In an explorative feasibility study we monitored impact of IPS on the employment situation of 60 people of the target groups follow-up for one year using (semi-) questionnaires. Fidelity was measured with the IPS Fidelity Scale. Interviews with key actors and a selection of clients were carried out in two rounds.

**Results:** Overall, 13% of 45 participants for whom longitudinal data were available, found any competitive employment. Results were substantially better for the mental health clients as compared to the housing agency clients (19% of 31 versus 0% of 14 persons).

A fidelity score of < 100 indicated reasonable but not good IPS implementation. One lesson learned was that implementation of IPS needs time and even more attention when new cooperation between a municipality and mental health care is involved.

**Conclusion:** IPS could have a positive impact on the employment situation of mental health agency clients who are also recipients of welfare benefits, given that the model is well implemented.

## 04

### A Randomized Controlled Multicenter Trial of Individual Placement and Support (IPS) for Patients with Moderate to Severe Mental Illness in Norway

Vigdís Sveinsdóttir<sup>1</sup>, Tonje Fyhn<sup>2</sup>, Karin Monstad<sup>2</sup>, Silje Endresen Reme<sup>2</sup>

<sup>1</sup>Uni Research, Bergen, Norway

**Aim:** The study aimed to evaluate the effect of Individual Placement and Support (IPS) in Norway, for people with moderate and severe mental illness.

**Method:** The study was a randomized controlled multicenter trial (RCT) comparing IPS to high quality usual care in 410 participants. The main outcome was competitive employment at 12 months collected using register data, and secondary outcomes included survey

data on mental health, disability and quality of life. In addition to the effect evaluation, the study also included a process evaluation and a cost/benefit analysis.

**Results:** We will present results on vocational and non-vocational outcomes at 12 months. Results from long-term follow-up will also be reported, along with findings from the process evaluation and cost-effectiveness analyses.

**Conclusions:** The study is one of the largest IPS-trials to date, and the first to investigate the effect of IPS in a Norwegian context. Furthermore, the trial is one of few IPS trials looking at non-vocational outcomes, and provides information on the effectiveness of IPS for people with moderate as well as severe mental illness.

## 05

### JobPrescription: A supported employment approach allowing for internships as part of job search for persons with first episode psychosis

Wenche ten Velden - Hegelstad<sup>1</sup>, Inge Joa<sup>2</sup>, Lena Heitmann<sup>2</sup>, Jan Olav Johannessen<sup>2</sup>, Johannes Hendrik Langeveld<sup>2</sup>

<sup>1</sup>Stavanger University Hospital, Stavanger, Norway

**Background:** Individual Placement and Support (IPS) is an effective intervention helping persons with mental illness gain employment. It is evidence based but has worked best in the USA compared to other countries.

**Aim:** The aim of this study was first, to investigate the efficacy of a Norwegian IPS intervention for persons with a first episode of psychosis, with some adaptations to fit local circumstances. Second, to evaluate the contribution of symptoms, perceived self-efficacy and self-esteem on outcomes.

**Method:** Thirty-three participants in The early detection and Intervention in Psychosis (TIPS) study were matched on age, gender, and diagnosis to 33 control subjects (N=66). The intervention lasted one year. Participants were followed up over two years. A fidelity rating was conducted. Adaptations to the model included the use of internships as part of the job search process.

**Results:** Fidelity was "good". Forty-six per cent of participants were in competitive employment >20hrs/week post intervention, compared to 7.4 in the control group. Fifteen participants were enrolled in education >20hrs/week, some of whom also had employment, compared to five in the control group. Neither symptom levels, self-efficacy nor self-esteem were associated with employment



or education outcomes. Three participants were still in internships at the end of the intervention.

**Conclusion:** The use of internships lowered fidelity, but may still have been appropriate. Internships did on the whole result in paid employment. Results were however not sustained for the two-year follow up, proving a main point of the IPS method, namely that support should be time-unlimited.

## Symposium 1.2

### Environment, vulnerability and usefulness

#### of individualized approaches in first episode

#### psychosis: Data from 'real world' settings

### Environment, vulnerability and usefulness of individualised approaches in fep: data from 'real world' settings

Organiser: Mirella Ruggeri, Co-chair: Paul Bebbington, Discussant: Elisabeth Kuipers

**Aims.** To facilitate personalized care, decision making, and translation of findings to clinical practice, research on psychosocial interventions for first-episode psychosis (FEP) may benefit from studies performed in real world setting and in epidemiologically representative samples. This symposium aims to explore the role of vulnerability and environmental factors such as childhood adversity, abuse, neglect, drug abuse, gender differences and family burden, along with follow-up data on the clinical and social trajectories of these subjects.

**Activities.** Data presented are part of: **1)** the GET UP –PIANO Trial, a cluster-randomized controlled trial, comparing an integrated multi-element psychosocial intervention, comprising cognitive behavioral therapy, family intervention, and case management, with treatment as usual (TAU) for 1 year incident FEP patients in 117 community mental health centers (CMHCs) in a large area of northern Italy (10 million inhabitants), treated for 9 months after the first contact with services. The randomized units (clusters) were the CMHCs, and the units of observation the patients (and, when available, their family members). **2)** the PICOS Project, a multiwave follow up performed at 1, 2 and 6 years after the FEP.

**Scientific Interests.** These studies provide important findings on the characteristics of patients and carers that favor higher impact of interventions and on the most relevant modulating factors.



01

## Clinical and social trajectories of first episode psychosis patients over 5 years: the role of gender differences

Carla Comacchio<sup>1</sup>, Antonio Lasalvia<sup>2</sup>, Chiara Bonetto<sup>2</sup>, Doriana Cristofalo<sup>1</sup>, Elisabetta Miglietta<sup>1</sup>, Mirella Ruggeri<sup>1</sup>

<sup>1</sup>University of Verona, Verona, Italy

**OBJECTIVE:** We examined the 5-years clinical and social course of a cohort of FEP patients in order to test the following hypothesis: (a) gender-differences in psychopathology found at baseline would persist over 5-years; (b) female patients would show higher levels of insight into illness and subjective quality of life than males all along the study period; (c) male patients would present less needs for care than females, as a result of the increased support provided by families and mental health services.

**METHODS:** A cohort of FEP patients (n=397) was assessed within the Psychosis Incident Cohort Outcome Study (PICOS) framework—a multisite research project examining incident cases of psychosis in the Italian Veneto region. Patients were assessed at four time points with a set of standardized measures.

**RESULTS:** Longitudinal analysis revealed that some, but not all, gender-differences in psychopathology found at baseline persist over a 5 years period. No gender-differences were detected nor in the levels of insight neither in the perceived quality of life over time, with the exception of satisfaction with sexual life. A significant gender-related difference was found in the total functioning needs, that remained higher for female patients all along the study period.

**CONCLUSION:** These findings shed new light on rarely investigated sociocultural and contextual factors that may account for the observed discrepancy between psychopathology, global functioning, social disability, needs for care of the first years after psychosis onset. They also point to a need for further research on gender differences, with the purpose of delivering gender-sensitive effective mental health care.

02

## From childhood adversity to first-episode psychosis: the effects of abuse and neglect on symptom profile. Data from the GET UP PIANO Trial.

Rosa Ritunnano<sup>1</sup>, Maximilian Birchwood<sup>2</sup>, Katia de Santi<sup>2</sup>, Chiara Bonetto<sup>2</sup>, Mirella Ruggeri<sup>3</sup>, A. Thompson<sup>2</sup>

<sup>1</sup>Division of Mental Health and Wellbeing, Warwick Medical School, University of W, Warwick, United Kingdom

<sup>3</sup>University of Verona, Italy

**Background:** Childhood adversity has been linked to a raised risk of developing mental health problems including those belonging to the psychosis continuum. However, the pathways leading from early traumatic experiences to adverse trajectories in first-episode psychosis (FEP) are yet to be revealed. We explored the associations between specific forms of childhood adversity and severe psychotic symptoms in a large, representative and well-characterized sample of FEP patients.

**Methods:** The study was conducted within the framework of the Italian early intervention trial 'GET UP PIANO'. Complete information on sexual and physical abuse, antipathy and neglect was obtained from 296 patients, using the Childhood Experience of Care and Abuse Questionnaire (CECA-Q). Logistic regression analyses were performed to test the associations between different adversities and selected items from the Positive and Negative Syndrome Scale (PANSS) of at least moderate severity (scores  $\geq 4$ ).

**Results:** Prevalence of any adversity was high (61%) in FEP patients. Those with any adversity presented with higher positive symptoms, more severe depression and impaired global functioning. Childhood physical abuse predicted grandiosity (OR 2.80), unusual thought content (OR 1.78) and emotional withdrawal (OR 1.80). Neglect was related to severity of emotional withdrawal (OR 1.81), passive-apathetic social withdrawal (OR 2.03) and active social avoidance (OR 2.09). No associations were found between sexual abuse and symptom severity.

**Conclusions:** Results show that FEP patients exposed to adverse childhood experiences present with a more severe clinical and functional recovery profile. In this group, different forms of childhood adversity may foster a specific profile of psychopathological symptoms.



03

### The influence of childhood trauma on diagnosis and substance use in first episode psychosis. Data from the GET UP PIANO Trial.

Simona Tomassi<sup>1</sup>, Sarah Tosato<sup>2</sup>, Valeria Mondelli<sup>2</sup>, Giulia Fioravanti<sup>2</sup>, Chiara Bonetto<sup>2</sup>, Mirella Ruggeri<sup>1</sup>

<sup>1</sup>University of Verona, Verona, Italy

**Background:** Childhood trauma (CT) has been significantly associated to first episode psychosis (FEP), affective dysfunction and substance use.

**Aims:** To investigate, in a large sample of FEP patients, whether subjects who experienced CT present with higher rates of affective psychosis and lifetime substance use.

**Method:** Three hundred and forty-five FEP subjects were included in the study (57.7% male, mean age 29.8 ± 9.7 years).

**Results:** Severe sexual abuse in childhood was significantly associated with a diagnosis of affective psychosis ( $X^2=4.9$ ,  $p=0.04$ ) and higher rates of lifetime cannabis (68.2% vs 41.0%,  $p=0.02$ ) and heroin use (20.0% vs 4.6%,  $p=0.02$ ). Severe physical abuse was associated with an increased lifetime heroin (14.6% vs 4.7%,  $p=0.030$ ) and cocaine (31.7% vs 17.4%,  $p=0.05$ ) use.

**Conclusions:** FEP patients exposed to CT appear to constitute a distinctive subgroup in terms of diagnosis and lifetime substance use. Our findings entail some significant implications for therapeutic and/or prophylactic interventions.

04

### Can we identify pre-treatment characteristics that predict or moderate treatment outcomes for carers following multi element psychosocial intervention in early psychosis? Findings from the GET UP Piano trial.

Juliana Onwumere<sup>1</sup>, Chiara Bonetto<sup>2</sup>, Paul Bebbington<sup>2</sup>, Doriana Cristofalo<sup>3</sup>, Mirella Ruggeri<sup>3</sup>, Elizabeth Kuipers<sup>1</sup>

<sup>1</sup>King's College London, London, United Kingdom

<sup>3</sup>University of Verona, Italy

**Background:** The importance of intervening early in the onset of psychotic disorders and providing optimal treatments including best practice psychosocial interventions, are widely acknowledged. However, data are lacking on identifying the best treatment predictors and

moderators of carer outcomes. The current study sought to identify characteristics that predicted or moderated carer outcomes based on data from the GET UP PIANO trial, which investigated the impact of providing early multi-element psychosocial intervention to FEP patients and their caregivers.

**Method:** Caregiver demography, type of family relationship shared with patient, hours/week spent with patient, pre-treatment carer burden, and patient perceptions of childhood maternal and paternal criticism, care and protection, and expressed emotion (EE) were selected, *a priori*, as potential predictors/moderators of burden of care and emotional distress at 9 months post treatment. Outcomes were analyzed separately in mixed-effects random regression models.

**Results:** Analyses were performed on 260 caregivers. Higher levels of carer burden in terms of tension and strain in the caregiving relationship, at baseline, moderated greater reductions in carer emotional distress at follow up in the experimental group, compared to treatment as usual (TAU). Higher levels of perceived EE, moderated greater reductions in carer reports of tension in the experimental group at follow up. In younger caregivers there was a greater reduction in levels of worry at follow up in the experimental group.

**Conclusions:** The implications for service provision and future research are discussed.



## Symposium 1.3

### Establishing the effectiveness of peer support in mental health services

#### Establishing the effectiveness of peer support in mental health services

Organiser: Steve Gillard, Chair/Discussant: Thomas Craig

Scientific interest: Peer support – support offered by people who have used mental health services – is increasingly introduced as a form of mental health service delivery. A range of research is indicative of potential benefits, including greater sense of empowerment, increased hope in the future and reduced emergency service use. Randomised controlled trials (RCTs) are more equivocal, with trial quality often poor, peer support not well described and a lack of modelling of the relationship between peer support and outcome. There is a need for high quality research demonstrating the effectiveness of defined models of peer support in specific settings.

Aim: This symposium addresses this evidence gap by presenting studies evaluating a number of approaches to peer support using trial and quasi-experimental methodologies.

Activities: An RCT of one-to-one peer support for people in ambulant clinical mental health settings in Germany improved on the quality of existing trials and described in detail the approach to peer support. An RCT of peer support for discharge from inpatient to community mental health services in the UK includes a fidelity index designed to explore the relationship between outcomes and adherence to a peer support handbook. A cluster-randomised controlled trial evaluated peer support for discharge from UK Home Treatment Teams where peers delivered a self-management intervention. In a study of less formal, open access peer support in the UK, a modified self-controlled case series design was used to estimate associations between change in outcomes and change in the amount of peer support people accessed.

01

#### Peer support for discharge from inpatient to community mental health care: trial fidelity and the principles of peer support

Steve Gillard<sup>1</sup>, Rhiannon Foster<sup>2</sup>, Sarah Gibson<sup>2</sup>, Lucy Goldsmith<sup>2</sup>, [Jacqueline Marks](#)<sup>2</sup>, Sarah White<sup>2</sup>

<sup>1</sup>St George's, University London, London, United Kingdom

**Aims:** Discharge is a difficult time for many people, with high rates of suicide, self-harm and readmission. There is some evidence for the effectiveness of transitional interventions that begin on the ward and continue into the community. There is evidence to suggest that peer support might help reduce readmission rates post-discharge, but we lack understanding of how peer support impacts on outcome. The ENRICH programme comprises a trial of peer support for discharge that will recruit 600 participants and will measure the fidelity of peer support.

**Methods:** Literature suggests that the distinctiveness of peer support, compared to other forms of mental health support, is grounded in a set of underpinning values. A systematic narrative review of research about one-to-one peer worker roles in mental health services, and a consensus exercise with a panel with expertise in developing, leading and providing peer support were used to develop a set of principles for implementing values-based peer support. Principles formed the domains of a fidelity index, with iterative rounds of consultation with our expert panel used to generate items for the index. The index was evaluated using telephone interviews with peer workers and participants in twenty peer support projects, testing acceptability, inter-rater reliability and item redundancy.

**Results:** Results of the testing process will be reported.

**Conclusions:** The potential to estimate the impact of fidelity to peer support values on the effectiveness of peer support interventions will be discussed, with implications for the introduction of peer worker roles in mental health services considered.

02

#### Randomised controlled trial of a peer-provided, self-management intervention for people following mental health crisis

[Brynmor Lloyd-Evans](#)<sup>1</sup>, David Osborn<sup>2</sup>, Louise Marston<sup>2</sup>, Gareth Ambler<sup>2</sup>, Rachael Hunter<sup>2</sup>, Sonia Johnson<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aims:** Self-management interventions which involve supporting service users in recognising and managing signs of their own illness have some supporting evidence, but have not been tested as a means of preventing readmission to acute care for people leaving community crisis care. The CORE Programme therefore undertook a randomised controlled trial to test the effectiveness of such an intervention. Peer support workers were selected as the preferred staff to deliver such an intervention, as



they are well-placed to model and encourage active and autonomous recovery from mental health problems.

**Methods:** The CORE self-management trial tests the effectiveness of a peer-provided self-management intervention for people leaving Crisis Resolution Team care as an addition to treatment as usual. Treatment group participants are supported by a peer support worker to develop a personal recovery plan over 10 meetings. Control group participants receive a self-management booklet, but no other support additional to treatment as usual. The planned sample is 440 participants, including 40 participants in an internal pilot. The primary outcome is readmission to acute care over 1 year follow-up. Secondary outcomes include self-rated recovery, satisfaction with care and symptom severity at four and at 18 months follow up. An intention to treat analysis will use random effects logistic regression modelling with adjustment for clustering by peer support worker to test the primary hypothesis.

**Results:** Trial outcomes will be reported.

**Conclusions:** Implications regarding how to support recovery from a mental health crisis will be discussed. Effective settings and interventions for peer-delivered support will be considered.

### 03

#### An alternative approach to evaluate the effectiveness of a community based programme of peer support

Sarah White<sup>1</sup>, Steve Gillard<sup>1</sup>, Sarah Gibson<sup>2</sup>, Rose Thompson<sup>2</sup>, Pinfold Vanessa<sup>2</sup>

<sup>1</sup>St George's, University London, London, United Kingdom

**Aim:** This project developed an innovative study design to examine the effectiveness of a peer support programme in the community. The nature of the project posed many limitations on the evaluation; a heterogeneous intervention, variation in speed and timing of implementation across regions, an intervention for which participation is voluntary and where non-participation is not a failure of the intervention, tight resources and timescales.

**Methods:** We conducted a naturalistic study which used a time series approach to collection of data but applies a modified self-controlled case series design to the analysis strategy. Monthly data on peer support receipt and provision, wellbeing, hope, self-efficacy and social networks is collected via online surveys. Mixed-effect modelling is

used to explore how participants change in use of peer support is associated with change in outcomes.

**Results:** 786 participants were recruited into the study, and in total 2064 logs were returned over a 15 month period, with 121 participants returning six months or more of data. Analyses demonstrated a significant association between change in the amount of peer support individuals accessed overall, and of different types of peer support, and change in a range of outcomes.

**Conclusions:** This study has taken an original approach to explore the effectiveness of a community intervention on a range of outcomes. The extent to which we can make claims about effectiveness in comparison to evidence from a randomised controlled trial may be limited. However given the nature of peer support this naturalistic study design proved to be very appropriate.

### 04

#### One-to-one peer support for individuals with SMI

Candelaria Irene Mahlke<sup>1</sup>, Thomas Bock<sup>2</sup>, Kolja Heumann<sup>2</sup>

<sup>1</sup>University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany

**Background:** One-to-one peer support is a resource-oriented approach for patients with severe mental illness. Existing trials provided inconsistent results and commonly have methodological shortcomings, such as poor training and role definition of peer supporters, small sample sizes, and lack of blinded outcome assessments.

**Methods:** This is a randomised controlled trial comparing one-to-one peer support with treatment as usual. Eligible were patients with severe mental illnesses: psychosis, major depression, bipolar disorder or borderline personality disorder of more than two years' duration. A total of 216 patients were recruited through in- and out-patient services from four hospitals in Hamburg, Germany, with 114 allocated to the intervention group and 102 to the control group. The intervention was one-to-one peer support, delivered by trained peers and according to a defined role specification, in addition to treatment as usual over the course of six months, as compared to treatment as usual alone. Primary outcome was self-efficacy measured on the General Self-Efficacy Scale at six-month follow-up. Secondary outcomes included quality of life, social functioning, and hospitalisations.



Results: Patients in the intervention group had significantly higher scores of self-efficacy at the six-month follow-up. There were no statistically significant differences on secondary outcomes in the intention to treat analyses.

Conclusions: The findings suggest that one-to-one peer support delivered by trained peer supporters can improve self-efficacy of patients with severe mental disorders over a one-year period. One-to-one peer support may be regarded as an effective intervention. Future research should explore the impact of improved self-efficacy on clinical and social outcomes.

## Symposium 1.4

### Evaluation of multiple methodologies for Recovery Supportive Care for people with severe mental illness.

Organiser: Bert-Jan Roosenschoon.

Aim of this symposium is to show results of five research projects on different methodologies for Recovery Supportive Care for people with severe mental illness. Three projects concern Illness and Recovery (IMR): 1. Results of an Randomised Clinical Trial (RCT) on the effectiveness of Illness Management and Recovery (IMR) in the Netherlands are presented; 2. In a project in Denmark experiences of participants of IMR were investigated with a phenomenological approach; 3. In another project research has been executed on the added value of e-health for IMR. Two presentations regard evaluation of the effectiveness of Recovery Supportive Methodologies in sheltered housing: 4. one with results of an RCT on the Comprehensive Approach to Rehabilitation (CARE/SRH) Methodology and 5. the other with a review on controlled studies on psychosocial interventions in sheltered facilities.

Activities are five presentations and discussion.

The scientific interest of this symposium is the presentation of the results of two RCT's, including the first RCT on the CARE/SRH Methodology, and one review on controlled studies. So we have three presentations on IMR and two presentations on the effectiveness of different Recovery Supportive Care in sheltered and supportive housing.





01

## Effectiveness of Illness management and recovery (IMR), results of an RCT in the Netherlands.

Bert-Jan Roosenschoon<sup>1</sup>, Jaap van Weeghel<sup>2</sup>, Mathijs Deen<sup>3</sup>, Niels Mulder<sup>4</sup>

<sup>1</sup>Paranssia Groep, ROTTERDAM, Netherlands

<sup>2</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

<sup>4</sup>Epidemiological and Psychiatric Research Institute, Netherlands

**Aim:** The Illness Management and Recovery program (IMR) is an empirically-supported standardized intervention to teach illness self-management strategies, such as psycho-education, coping and social skills training to people with a severe mental illness. Half of each session participants work on individual recovery goals and the other half they work on relevant subjects (11 modules) using workbooks. The overall aim is to reduce symptomatology and support subjective and objective recovery. First, implementation was evaluated with a pilot-study; an RCT appeared to be feasible.

**Method:** In a randomised multi-centre, single blinded, clinical trial IMR has been compared with treatment as usual for 187 outpatient clients with a severe and persistent mental illness. We have investigated whether IMR leads to better illness management, fewer symptoms and fewer relapses, and to better subjective and objective recovery. The primary outcome measure is the score on the client version of the Illness Management and Recovery Scale. Secondary outcome measures are the clinician version of the Illness Management and Recovery scale, measures on illness management, coping, symptoms, the number of relapses, and measures of recovery. Measurement has taken place before randomisation, and 12 months and 18 months after randomisation. We have explored the working mechanisms of the conceptual framework of Mueser et al (2016). Results and Conclusions of the RCT will be presented at the conference.

02

## Patients' lived experiences with the Illness Management and Recovery program -my main goal was about everyday life'

Sofie Bratberg Jensen<sup>1</sup>, Lene Falgaard Epløv<sup>2</sup>, Iben Gammelgaard<sup>2</sup>, Kirsten Schultz Petersen<sup>2</sup>

<sup>1</sup>Mental Health Center Copenhagen research united, COPENHAGEN, Denmark

The illness Management and Recovery program (IMR) is a systematic curriculum-based rehabilitation program for patients diagnosed with severe mental illness. IMR starts with framing personal goal-setting as the silver line throughout the program. The IMR-instructors support the participants in breaking pre-defined goals into manageable steps used as a learning approach for attending the program.

**Aim:** to explore the patients' lived experiences with participating in IMR and the programs impression on their idea of recovery and personal goal-setting in everyday life.

**Method:** a phenomenological approach was chosen in order to gain a deeper understanding of the participants' experiences of IMR and to learn about the programs' impact on their idea of recovery. Preliminary findings was presented and discussed with an advisory board with lived experiences with recovery after severe mental illness.

**Findings:** Fifteen IMR-experienced participants (nine women and six men) from one Community Mental Health Center and two social psychiatric residents in the Capital Region of Denmark were included. The participants experienced the IMR-group as a place to break the taboo of their ordinary day. They experienced the interaction with the IMR-instructors created a normal social interaction. More detailed description of the main findings will be presented at the conference.

03

## The evaluation of an e-supported Illness Management and Recovery program for patients with Severe Mental Illnesses

Titus Beentjes<sup>1</sup>, Betsie van Gaal<sup>2</sup>, Peter Goossens<sup>2</sup>, Hester Vermeulen<sup>2</sup>, Ria Nijhuis-van der Sanden<sup>2</sup>

<sup>1</sup>Radboudumc, Nijmegen, Netherlands

**Aim:** The aim of the study is to 1) explore the potential effectiveness and effect-size, 2) to identify outcome measures that most likely capture patients' potential



benefits of the e-IMR (Illness Management and Recovery) intervention, 3) to explore the actual use and added value, and 4) to evaluate continued participation or dropping out of the e-IMR intervention. The e-IMR intervention consists of face-to-face delivery of the IMR program and an e-health application containing peer-testimonials on videos, follow up on recovery goals and coping strategies, monitoring symptoms, solving problems, and communication opportunities.

**Method:** We executed an exploratory cluster randomized controlled trial with a 12-month follow-up from baseline. The control-condition consists of face-to-face delivery of the IMR program. At baseline, six, and 12 months, the following parameters were collected: illness management, recovery, symptoms severity, self-management, quality of life, and general health. At 12 months login data on the frequency of participants' use of the website of the e-IMR program were collected. Patients and trainers were interviewed about the added value of the e-IMR program, the actual use and continued participation, or dropping out.

**Results:** At the 12<sup>th</sup> ENMESH conference we will present the preliminary results, the experience of the patients with SMI who used the e-IMR intervention and the role of the trainers.

**Conclusion:** This study will provide insight into the boundaries of e-health for patients with SMI.

#### 04 Effectiveness of the Comprehensive Approach to Rehabilitation (CARE) Methodology: A Cluster Randomized Trial.

Neis Bitter<sup>1</sup>, Diana Roeg<sup>2</sup>, Jaap van Weeghel<sup>3</sup>, Chijs van Nieuwenhuizen<sup>4</sup>

<sup>1</sup>Tilburg University, Tilburg, Netherlands

<sup>2</sup>GGzE, Netherlands

<sup>3</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim:** The CARE methodology aims to improve the client's quality of life by supporting the client in realizing his/her goals and wishes, handling his/her vulnerability and improving the quality of the client's social environment. The methodology is influenced by the concept of 'personal recovery' and the 'strengths case management model'. The aim of this study was to investigate the effectiveness of the CARE methodology on clients of supported housing facilities.

**Methods:** A Cluster 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 were completed at baseline (T0), after 10 months (T1) and 20 months (T2) post baseline. Primary outcomes were recovery, social functioning and quality of life.

**Results:** A total of 263 clients participated in the study. Outcome did not differ between the intervention and the control group. Quality of life increased significantly and the total amount of unfulfilled needs decreased significantly in both groups. Model fidelity of the CARE methodology in the intervention group teams was moderate, but contrast between the conditions was observable.

**Conclusion:** In this study no additional value of the CARE Methodology could be shown. A possible explanation of this finding is that model fidelity, which was measured at T1 and T2, was moderate. This was possibly influenced by policy and organizational developments. In the presentation, we will discuss what we can learn from this study.

#### 05 Recovery and daily life: A review on controlled studies on psychosocial interventions in sheltered facilities for people with severe mental illness.

Neis Bitter<sup>1</sup>, Diana Roeg<sup>2</sup>, Jaap van Weeghel<sup>3</sup>, Chijs van Nieuwenhuizen<sup>4</sup>

<sup>1</sup>Tilburg University, Tilburg, Netherlands

<sup>2</sup>GGzE, Netherlands

<sup>3</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim** People with severe mental illness (SMI) report many unmet needs concerning work, social relations and daily activities. Besides that, their societal participation is also still very limited.

With the aim to support these people in their recovery and daily life, mental health care organizations, including housing facilities, make use of psychosocial interventions. However, although research on some interventions shows (modest) promising results, most of these studies concern mainly outpatients or people with a short-term admission. Little is known about the use and effectiveness of these practices for clients of sheltered facilities. Although, it is important to pay attention to this group separately as they experience specific problems as for example persistent positive and negative symptoms, cognitive deficits and



complex comorbidities. In order to achieve insight in the use and results of psychosocial interventions conducted in sheltered housing and long-term treatment facilities, this study aims to give an overview of studies on these interventions conducted in these settings.

**Method:** A literature review that evaluates quantitative studies on psychosocial interventions focusing on recovery and daily life for people with SMI. Studies were included if they were executed in a sheltered facility and if they contained a control group.

**Results:** We will present the type of interventions we found in the literature and give an overview of relevant and interesting results and trends concerning the psychosocial interventions in sheltered facilities.

**Conclusion:** In this presentation we will discuss the evidence regarding the use and outcomes of psychosocial interventions in sheltered facilities.

## Symposium 1.5

### Somatic health of patients with severe mental illness.

#### Somatic health of patients with severe mental illness

Organiser: Wilma Swildens, Chair/Discussant: Marieke Pijnenborg

**Aim and background symposium :** Patients with SMI face a higher risk on somatic problems and a 15-20 years shorter life expectancy. Premature mortality is for a large part associated with somatic disease. Early detection and integrated health - & lifestyle interventions in collaboration with patients, community mental health care (CMHC), primary care and informal caregivers in the neighborhood are generally recommended. Interventions should be tailored to patients' capacities and personal needs. This symposium highlights the urgency of improvement in this area and research on promising new directions for improvement. **Activities :** The research themes presented are: prediction of metabolic syndrome with machine learning, somatic health care utilization and somatic health care needs of patients with SMI, Vitamine D, metabolic risk and negative symptoms in people with psychotic disorders, Implementation of somatic screening and lifestyle interventions in patients with SMI . **Scientific interest :** The symposium presents current research on prediction of metabolic risk and the role of vitamine D, somatic health care use, somatic screening and lifestyle interventions. Different research methods are included: epidemiological studies, implementation- and evaluation research, 'big data' and machine learning research.

#### 01

#### Predicting Metabolic Syndrome with Machine learning in psychosis

Wiepke Cahn  
UMC Utrecht Brain Center Rudolf Magnus, Utrecht,  
Netherlands

**Aim:** Metabolic complications and related cardiovascular risk are widespread in psychotic disorders and contribute to the reduced life expectancy of about 15-20 years in patients. It has been estimated that more than 40% of patients with psychosis suffer from Metabolic Syndrome as compared to 20-30% in the European non-psychiatric



population. This machine learning study aims to predict, which patient with psychosis is at risk for developing metabolic syndrome

**Method:** This study is using support vector machine learning for the individual patients in the Genetic Risk and Outcome of Psychosis (GROUP) cohort and will examine which demographic, environmental and clinical variables at baseline are related to the development of metabolic syndrome after a 6 year follow up. **Results:** The results will be presented during the meeting. **Conclusion:** If we are able, with great accuracy to predict metabolic syndrome in the individual patient with psychotic disorder, the next step will be the development of prediction tools for clinical practice.

## 02

### Somatic care utilization and needs for somatic health care of patients with Severe Mental Illness.

Wilma Swildens<sup>1</sup>, Fabian Termorshuizen<sup>2</sup>, Alex de Ridder<sup>2</sup>, Hugo Smeets<sup>2</sup>, Iris Engelhard<sup>2</sup>

<sup>1</sup>Altrecht, Utrecht, Netherlands

*Aim:* Research has revealed higher risks of somatic problems among patients with non-affective psychotic disorders (NAPD) compared to the general population. The aim of this study was to examine whether NAPD patients also show increased somatic health care utilization compared to personally-matched controls without a psychiatric diagnosis and patients with unipolar depression, anxiety disorder or bipolar disorder.

*Methods:* Data from a large Health Insurance agency were used to analyze prescribed somatic medication, general practitioner consultations, and treatment by a somatic specialist.

*Results:* Patients with NAPD showed serious somatic undertreatment, which was associated with older age and longer illness duration. The comparatively low HCU among NAPD patients at higher ages was especially noteworthy for patients with problems related to cardiovascular diseases and diabetes.

*Conclusion:* In view of the high risk on natural death causes among patients with NAPD, our data indicate under treatment for physical disorders, especially at older age and with longer duration of the mental disorder.

## 03

### It's not always sunny in Groningen. Vitamine D, metabolic risk and negative symptoms in people with psychotic disorders

Joanneke Bruins<sup>1</sup>, Frederike Jörg<sup>2</sup>, Edwin van den Heuvel<sup>3</sup>, Agna Bartels-Velthuis<sup>2</sup>, Richard Bruggeman<sup>2</sup>, Marieke Pijnenborg<sup>4</sup>

<sup>1</sup>Lentis, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>4</sup>University of Groningen, Netherlands

*Aim:* Vitamin D insufficiency is highly prevalent in people with psychotic disorders and might contribute to increased metabolic risk by promoting atherosclerosis and hypertension. Vitamin D insufficiency is also associated with increased negative symptom severity, which interferes with a healthy lifestyle and increases metabolic risk. We aim to investigate whether vitamin D levels can predict metabolic risk in people with psychotic disorders and if this association is mediated by negative symptom severity.

*Method:* Data of 1843 people with a psychotic disorder from the ongoing Dutch PHAMOUS cohort were examined. With linear regression analyses and a Sobel test we investigated if logarithmic serum 25(OH)D was associated with metabolic syndrome Z-scores and if this effect was mediated by the logarithmic PANSS Negative subscale. Differences in mean PANSS Negative subscale and metabolic syndrome Z-scores between seasons and between patients with and without vitamin D supplementation were examined.

*Results:* Vitamin D insufficiency (serum 25(OH)D < 50 nmol/l) was prevalent in 62.7% (n=1154) of the patients. Low vitamin D was significantly associated with increased metabolic risk (B=-0.21, 95% CI=-0.31:-0.11, p<0.001) and increased negative symptom severity (B=-0.073, 95% CI=-0.114:-0.032, p<0.001). Negative symptoms did not mediate the relation between vitamin D and metabolic risk. Metabolic risk and negative symptom severity did not follow the seasonal fluctuation of vitamin D and did not differ between patients using supplementation and non-users (p>0.05).

*Conclusions:* Vitamin D insufficiency is highly prevalent among people with psychotic disorders and associated with metabolic risk, but this association was not mediated by negative symptom severity.



04

## Implementation of somatic screening and lifestyle interventions in patients with SMI

Berno van Meijel

Inholland, -, Netherlands

**Aim:** In 2015, two multidisciplinary guidelines were developed in The Netherlands concerning somatic screening and lifestyle interventions for patients with severe mental illness (SMI). The mental health nurses and the clinical nurse specialist have a central position in these guidelines in their role as care manager, being responsible for coordination and continuity of care.

**Method:** In this study, we evaluated the implementation process and outcomes of guidelines, including the supporting e-health tool.

**Results:** The evaluation provided insight into the barriers and facilitators during the implementation process, which are explanatory for the outcomes of the intervention program.

**Conclusion:** The study results provide information for the development of alternative and tailored implementation strategies for somatic screening and life-style interventions.

## Symposium 1.6

### Influencing mental health policies - the story of a forthcoming Canadian federal mental health transition fund and potential targets of

#### Influencing mental health policies- the story of a forthcoming Canadian federal mental health transition fund and potential targets of home care or greater access to psychotherapy

Organiser: Alain Lesage, Chair/Discussant: Roger Bland

The federal government of Canada just announced in March 2017 a 10-year transition fund for mental health, 5 billionsCAN\$ over 10 years, representing 10-15% of the 'de facto' mental health budget in each of the provincial public managed care systems, or 0.5% of the 'de facto' health and social services budget. Currently, mental health budget represent 6-8% of the health budget in each province; in comparison it is 13% in the UK NHS. In France, the Health ministry is on its way to increase mental health funding by publicly funding access to psychotherapy for common mental disorders. Implementation sciences studies have been helpful in supporting Health Technologies Agencies (HTA) and health ministry planners. In a January 2017 Editorial, the Canadian speakers argued for such a transition fund, and to target both access to psychotherapy for common mental disorders in the primary care context, and intensive home care for the most severely mentally ill in the community.

The speakers from Canada and France have been researching together and advocating in their country (introduced by Lesage). 1. Vasiliadis will describe a fact-finding project in the UK and Australia, and an economic modelisation of cost-benefits in the Canadian context; 2. Kovess will describe the next step towards France being close to publicly funded psychotherapy, a demonstration project. 3. Musgrave, a Canadian clinical champion of home care for severely mentally ill, will describe the recommendations for intensive home care and the risks that priorities of new funding for common mental disorders in the primary care context overtake the needs of severely mentally ill for equally evidence-based programs in the community (IHE, a Canadian HTA made recommendations to that effect), and the vision of a balanced mental health care system.



01

## Influencing mental health policies- the story of access to psychotherapy for common mental disorders in Canada and France, inspired by the UK and Australia models.

Helen-Maria Vasiliadis<sup>1</sup>, Alain Lesage<sup>2</sup>, Egon Jonsson<sup>3</sup>, Ian Musgrave<sup>3</sup>, Viviane Kovess-Masfety<sup>4</sup>, Anne Dezetter<sup>3</sup>

<sup>1</sup>Université de Sherbrooke, Canada

<sup>2</sup>University of Montreal, Montreal, Canada

<sup>4</sup>EHESP, France

Economic modelisation of access to psychotherapy for depression in the Canadian context.

**Methods:** Using Discrete Event Simulation, we predicted health service use, clinical events (relapse, recovery, hospitalisations, suicide attempts, suicide) and associated utility (QALY), over a 40 year period in a Canadian population, aged 20-84 years, with incident depression. Model parameters included epidemiologic, pharmacologic and economic data from the literature as well as secondary data analyses of the 2012-CCHS-MH survey. Costs were measured from the health system perspective. Other societal costs considered were paid incapacity benefits for sick-leave and costs; lost productivity (absenteeism-presenteeism). We estimated the incremental cost-effectiveness ratio (ICER) associated with improved access to psychological services among individuals not receiving adequate mental health care and reporting an unmet mental health need as compared to the present situation of health service use for mental health reasons in Canada.

**Results:** The increased investment to cover publicly funded psychological services for those in need, generates 0.17 QALYs gained per person and average cost savings to society reaching up to CDN \$2590 (\$1266 to \$6320) which translates into a ICER of – CDN \$12 071 (-\$37 176 to - \$4129,) per QALY gained. In Canada, every \$1 invested in the program would yield on average \$2.00 (\$1.78 to \$3.15) in savings to society.

**Conclusion:** Covering psychological services as part of Medicare for those with an unmet mental health need pays for itself due to reduced disability, health system costs and loss of productivity.

02

## Experimentation of a management by non-drug therapies in some French regions in the primary care context.

Viviane Kovess-Masfety<sup>1</sup>, Alain Lesage<sup>2</sup>

<sup>1</sup>EHESP, France

<sup>2</sup>University of Montreal, Montreal, Canada

**Aims:** The French National health insurance conducted a study on mental health expenditures in 2010, showing the importance of patients treated with antidepressants: 3.3 million patients and 7 billion Expenditure and flag major dysfunctions among them a Widespread use of antidepressants, combined with the lack of support for psychotherapy.

**Methods:** A paper has been published on a model used in the UK in order to provide appropriate care to mild and moderate mental health disorders (Dezetter 2010) through stepped care approaches with the aim of improving the quality of the diagnosis, regular assessment and appropriate patient management according to the Severity of the pathology.

The presentation will describe the experiment aimed at patients from 18 to 60 years with depressive disorders or unexplained somatic or adaptation disorders. Only forms of mild to moderate intensity will be retained. The PHQ9 and GAD7 scales will be used to monitor depressive and anxious patients. Practical guides will be given to doctors and psychotherapists who will have to be registered at the regional health authority. For the experimentation phasis , no therapy will be privileged: the choice of the therapy will depend on the severity of the pathology and the therapist in a logic of therapeutic alliance with the patient, and in agreement with the doctor.

**Conclusion:** the experiment which includes a medico economic component aims to transform the treatments offered to large prevalent mental health disorders as to reorganise the pathway to care and redefine respective roles of the mental health professions.



03

## Overshadowing the needs of severely mentally ill for evidenced-base home care programs.

Ian Musgrave<sup>1</sup>, Alain Lesage<sup>2</sup>, Egon Jonsson<sup>1</sup>

<sup>2</sup>University of Montreal, Montreal, Canada

Institute of Health Economics (IHE) supported by the Alberta Government, held a consensus conference in November 2014 on transitions to the community of services for the severely mentally ill, with wide ranging contributions from countries at the forefront of community care and evidence based approaches. It recommended one Assertive Community Treatment Team (ACT) and one Intensive Case Management (ICM) team per 100 000 inhabitants. Typically, an ACT team, with a multidisciplinary staff of 10 -12, (including a psychiatrist), follows 70-100 patients, mostly with psychosis and a myriad of co-morbidities rendering them heavy users of services. Both ACT and ICM are well supported evidence based systemic psychosocial interventions. Both ACT and ICM have been successfully implemented and tested in the At Home project with homeless severely mentally ill patients, including housing support. It has attracted attention in France where it is now implemented. Effectiveness and cost-effectiveness were shown in this very practical randomised trial in 5 Canadian cities. Musgrave, acting as a Ministry clinical consultant, together with a provincial task force, developed some 60 ACT teams in the '90s. But at this point, Ontario and other Canadian provinces as a whole lags behind in fully and properly developing these programs: a strong national vision and expertise is required to scale up these interventions.

The March 22<sup>nd</sup> 2017 federal budget announced a 5 Billions\$CAN over 10 years mental health transition fund to provinces. Will the federal further target both access to psychotherapy for common mental disorders, in theory 10% of the population, and intensive home care, for about 0.3% of the population?

## Symposium 1.7

### Family focused support programs

#### Family focused support programs

Organiser: Peter van der Ende

**Aim:** Giving information about several programs to support families with mental (including addiction) or physical problems. The focus is on informal caregiving by sons and daughters and on professional support of the informal caregivers. Special attention will be given to the transference of parental problems to their children.

**Activities:** An expert by experience will tell about own experiences, failures and successes. Next four researchers will present their studies. At the end, there will be time for a discussion with the audience.

**Scientific interest:** In the studies, different designs are used. One was a pilot study with a non-equivalent control group design, another was a survey. Also two qualitative studies that revealed new information were executed. Support for families by the network of these families and support to develop an identity in one's own role, parent or child, are central issues. Strategies and programs to grow in these roles and an evaluation of the programs are part of these studies.

#### 01

### Parenting and psychiatric rehabilitation: supporting families

Peter van der Ende<sup>1</sup>, Joeske van Busschbach<sup>2</sup>, Joanne Nicholson<sup>3</sup>, Lies Korevaar<sup>1</sup>, Jaap van Weeghel<sup>4</sup>

<sup>1</sup>Hanze University Groningen, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim:** This pilot study, was to identify the initial experiences with and results of the program *Parenting with Success and Satisfaction* (PARSS), which was developed to support parents with severe mental illness on the basis of psychiatric rehabilitation and personal recovery.

**Method:** The program was evaluated in a pilot study. The outcome measures were: Satisfaction with parenting reported by the parents and successful parenting reported by mental health practitioners (TOPSE, Tool to Measure Parenting Self-Efficacy), effects on empowerment (PES, Psychological Empowerment Scale), which was also observed by practitioners, and quality of life (EUROQOL-



VAS and WHOQOL-BREF).

**Results:** In the PARSS group, satisfaction with parenting increased after one year. Self-reported quality of life changed during the year in both groups, but with a significantly higher change for the intervention group compared with the control group. There were no significant changes in either group for success in parenting and empowerment reported by parents. Fidelity measures showed that only in some cases PARSS was fully used as intended.

**Conclusion:** The first experiences with the PARSS program were mixed. This program for mental health practitioners has the potential to function as a useful tool in supporting parents. However, since this was a pilot study, larger controlled studies are needed, with special attention to enhancing program fidelity.

Van der Ende P.C. , Van Busschbach J.T., Nicholson J., Korevaar, E.L. ,Van Weeghel, J. (2014). Parenting and psychiatric rehabilitation: Can parents with severe mental illness benefit from a new approach? *Psychiatric Rehabilitation Journal*, Vol 37(3), Sep 2014, 201-208.

## 02

### Explanations for intergenerational transference of addiction: Perspective of the person with parent(s) who suffers from addiction.

Margreet van der Meer-Jansma<sup>1</sup>, Danielle Jansen<sup>2</sup>, Gabriel Anthonio<sup>2</sup>

<sup>1</sup>Verslavingszorg Noord Nederland, Groningen, Netherlands

**Aim:** Gaining insight in the explanations of persons with substance abusing parents on why they had become addicted themselves or not. The research question is: 'Which factors play, according to persons with parents who suffer from addiction, a role in becoming addicted themselves or not?'

**Methods:** An explorative qualitative design was used. In total 21 respondents with parent(s) who suffered from addiction, were included in the study. Twelve of them had addiction problems, the other nine had no addiction problems. By using narratives and life stories. data were collected. The recruitment of the respondents was done via snowballing. All interviews were recorded, transcribed and analyzed via Atlas-ti

**Results:** The results show a cluster of risk and protective factors while growing up, that are valid for all respondents.

These factors can be divided in personal factors, such as character, family factors, for example an instable family situation and environmental factors such as the influence of peers. In the subgroup of respondents that did not become addicted, several other protective factors are mentioned, such as having high intelligence and education.

**Conclusion:** The explanations of persons with parents who suffer from addiction, on becoming addicted themselves or not, give more insight in the risk- and protecting factors that are important with the transference of addiction. Knowing these factors, can support further development of prevention programs and treatment for children of parent(s) with an addiction.

## 03

### Who Cares? Recognition, acknowledgment and needs of students living with a chronically ill family member.

Hinke van der Werf<sup>1</sup>, Marie Louise Luttkik<sup>2</sup>, Wolter Paans<sup>2</sup>, Petrie Roodbol<sup>2</sup>

<sup>1</sup>Hanze University Groningen, Groningen, Netherlands

**Background:** Several studies show that adolescents living with a chronically ill family member experience significant pressure and concomitant symptoms like stress and depression related to this care situation. Students (age 17-25) in this situation often delay or drop out of their studies when the combination of caring and their studies is exacting. Suitable supporting interventions for this group are hardly known and studied. This study aims to identify these students, mapping their needs and evaluating the adequacy of the support they experienced.

**Methods:** All students, lecturers from eight different schools and deans of the student support desk will be invited to participate in a survey at the Hanze University of Applied Sciences in Groningen. The survey will target the amount of students living in a care situation; the incidence of stress related symptoms and needs regarding support and experienced support from these three perspectives.

**Results:** Based on the international literature we expect a high prevalence of young carers at the Hanze University most of them in health care and service studies. Also, we expect a substantial proportion to experience stress related symptoms and inadequate support from professionals.

**Conclusions:** The results of this exploratory study (due July 2017) will provide insight in the amount of students that are involved in a care situation and their needs related to this specific situation. These insights will be used to





develop supporting interventions for this group of students. These interventions will then be examined in focus groups with young carers, educational and healthcare professionals.

#### 04 Families' and Nurses' Experiences with Family Nursing Conversations in Home Health Care.

Susanne Broekema<sup>1</sup>, Marie Louise Luttkik<sup>2</sup>, Wolter Paans<sup>2</sup>, Petrie Roodbol<sup>2</sup>

<sup>1</sup>Hanze University Groningen, Groningen, Netherlands

**Aim:** The aim of this study is to explore families' and home health care nurses' experiences with family nursing conversations (FAM-NC), and their perspectives on the effects of FAM-NC. FAM-NC are planned conversations between a patient, one or more family members, and a nurse or other health care professional. These conversations are intended to prevent overburden of family caregivers, strengthen the family network, and improve collaboration between family and professional caregivers.

**Method:** Nurses trained in FAM-NC will conduct these conversations as part of their daily practice. Four to six weeks after a FAM-NC, all those participating in the FAM-NC will be interviewed about their experiences, and the effects of the FAM-NC. The interviews will be semi-structured, individual and face-to-face. Data collection will continue until saturation has been reached. We expect to include 10 to 15 families in the study.

**Results:** Results are due in April 2017, and will be presented at the conference. Preliminary results indicate that families appreciated there was ample time available for the FAM-NC. They generally felt free to speak openly during the conversation. Major results of the FAM-NC were that all participants had a clear and corresponding overview of the situation afterwards, and appropriate actions were taken when necessary.

**Conclusion:** The results of the study will be used to develop a model for the effects of FAM-NC. In a subsequent study, this model will need to be tested in a larger sample, using quantitative measures.

## Guided poster session Theme 1

### Assesment: understanding the context

01

#### Reliability and Validity of Farsi Version of Standardized Assessment of Personality -Abbreviated Scale (SAPAS).

Maryam Sepehri<sup>1</sup>, Sara Farhang<sup>2</sup>, Habibeh Barzegar<sup>2</sup>, Hamidreza Shamekhi<sup>2</sup>, Ali Fakhari<sup>2</sup>, Saeed Dastgiri<sup>2</sup>

<sup>1</sup>Tabriz University of Medical Sciences, Tabriz, Iran

**Aim:** Personality Disorder (PD) is considered as a significant public health problem associated with some health outcomes in population. However, the length of diagnostic interviews causes an important barrier in obtaining large scale population-based data on PD. Therefore, a short screening tool for high risk individuals may be valuable for both clinicians and investigators. The aim of the present study was evaluation of validity and reliability of Farsi version of Standardized Assessment of Personality – Abbreviated Scale; SAPAS. **Method:** After translation and back translation of English version of SAPAS we conducted a cross sectional study in an urban non-clinical setting. Validity was 150 persons of clients and staff of the primary health care centers in Tabriz city, and 235 students of the medical science University of Tabriz for reliability evaluation through convenience sampling. In this study SAPAS was used for data collection compared to short form of Minnesota Multiphasic Personality Inventory (MMPI). The data assessment was done by means ROC curve analysis and operating characteristic for diagnostic efficacy, as well by means cronbach's alpha and test-retest for reliability evaluation. **Result:** The results of conclusions included AUC=0.566 (0.455-0.677); SN=0.89, SP=0.26 in cutoff  $\geq 2$ . The total cronbach's alpha coefficient was 0.38 and the domain of kappa contain 0.5 to 0.8. **Conclusion:** The current study revealed that the Farsi version of Standardized Assessment of Personality Abbreviated Scale (SAPAS), in term of validity and reliability, was less efficiently screening instrument in the population.



02

### Concurrent validity of the MATE-Q: a self-report assessment instrument developed in substance abuse treatment.

Suzan Oudejans<sup>1</sup>, Masha Spits<sup>2</sup>, Gerdien de Weert-van Oene<sup>2</sup>, Wencke de Wildt<sup>2</sup>, Anneke Goudriaan<sup>2</sup>

<sup>1</sup>Mark Bench, Amsterdam, Netherlands

**Introduction/Rationale:** The *Measurement in the Addictions for Triage and Evaluation* (MATE) is an interview for assessing patient characteristics in a valid and reliable manner, for purposes of referring patients to treatment and treatment evaluation. The MATE focuses on addicted patients, but some components apply equally well to non-addicted individuals undergoing mental health treatment (Schippers, Broekman, & Buchholz, 2011). In the Netherlands, the MATE is implemented in many Substance Abuse Treatment Centers. Interviewing with the MATE is time-consuming. Therefore, the self-report MATE-Q was developed. Feasibility of the MATE-Q turned out to be adequate (Broekman & Schippers, 2014). The next step, in order to determine if the MATE-Q can act as an alternative for the MATE, is to assess concurrent validity.

**Methods:** Both MATE intake and MATE-Q were digitally implemented, using software for Routine Outcome Monitoring (ROM). In total 150 baseline assessments were collected, containing sets with both MATE versions. Inclusion of patients was balanced against low treatment intensity, corresponding with the MATE-Q's target population. Data-analysis consisted of comparison of scores on the relevant MATE dimensions.

**Results:** Preliminary results containing correlations will be presented, as well as agreement of scores on substance use matrices. In addition, findings on implementation and feasibility of the MATE in ROM software are presented.

**Discussion:** Discussion concerns the capability of the MATE-Q to serve as an alternative for the MATE-intake, based on findings on concurrent validity and feasibility in this study. Further implications for assessment and outcomes monitoring, including findings on implementation will be discussed.

03

### The Need and Nature of the Mental Health Services Reform in Moldova: A Situation Analysis

Marjonneke Vetten, de<sup>1</sup>, Laura Shields-Zeeman<sup>2</sup>, Ionela Petrea<sup>2</sup>, Niek Klazinga<sup>2</sup>

<sup>1</sup>Trimbos Institute, Utrecht, Netherlands

**Aim:** In Moldova, a LAMIC landlocked between Ukraine and Romania at the outskirts of the former Soviet Union (FSU), hospital based care lies at the heart of the mental health care system which is characterized by poor health

outcomes and human rights violations. The four-year mental health services reform project in Moldova, MenSana (2014-2018), aims to implement accessible and effective mental health services at the community level, improving the wellbeing of people with a mental illness. In line with the growing interest in effective reforms of mental health care services in low-and middle income countries this study aims to create an understanding about the specific mental health services reform needs in FSU LAMIC Moldova, and how the reform strategy addresses those needs. Research outcomes contribute to the iterative implementation process of the reform in Moldova and to successful mental health services reforms in similar settings.

**Methods:** A multi-methods study was applied including data extraction from national and international databases, a review of reports, legal/regulatory documents and ministerial orders using thematic content analysis, supplemented with a thematic analysis of focus groups with services users, carers, (mental) health care providers and interviews with care managers.

**Results and conclusion:** Results and conclusions are expected to be finalized at the time of the conference. Focus groups will be held in May 2017 and the data extraction from databases is ongoing.

04

### Assessment of the relative technical efficiency of Mental Health Services: A systematic review

Nerea Almeda<sup>1</sup>, Carlos García-Alonso<sup>1</sup>, José Alberto Salinas-Pérez<sup>1</sup>, Mencía, R Gutiérrez-Colosía<sup>1</sup>, Luis Salvador-Carulla<sup>2</sup>

<sup>1</sup>Universidad Loyola Andalucía, Sevilla, Spain

<sup>2</sup>Australian National University, Australia

Due to the current high prevalence of mental disorders and their economic and social impact, the World Health Organization has promoted the development of evidence-based policies and practices to reduce their burden. Recent reports demonstrate that the Relative Technical Efficiency (RTE) is an indicator for improving resource allocation and outcomes.

This study aims to systematically review the empirical background about the assessment of the RTE using Data Envelopment Analysis (DEA), order-alpha or order-m models, in mental health services.

The PRISMA guidelines was followed in the bibliographic search procedure. Based on several exploratory analysis, the Boolean algorithm was identified. Firstly, it was piloted in PubMed SP MEDLINE database. Later, it was adapted to: SCOPUS, Web of Science and PROQUEST. According to the PICO strategy, the inclusion criteria were: mental health services assessment using DEA, order-alpha or order-m models. There were no language and time constrains.

This study was registered in PROSPERO (International



prospective register of systematic reviews) with the number CRD42017056827.

12 studies out of the 66 fulfilled the inclusion criteria. The final set gives information about: types of mental health services, catchment areas, methods utilised, RTE scores, variable grouping and decision support. Results showed that the interest in assessing RTE has decreased, RTE should be increased, RTE studies are mainly focus on specific services and even though RTE is related to decision making, no real applications are found.

RTE should be integrated in top level decisional tools describing interrelated services to identify and assess potential improvements of the system.

## 05

### The subjective experience of the situation of admission to a psychiatric ward from the perspective of patients.

Piotr Bladzinski<sup>1</sup>, Lukasz Cichocki<sup>1</sup>, Artur Daren<sup>1</sup>, Dagmara Metel<sup>1</sup>, Andrzej Cechnicki<sup>2</sup>

<sup>1</sup>Jagiellonian University Collegium Medicum, Cracow, Poland

**Aims:** The aim of the study is to evaluate patients' subjective experience of the situation of admission to a psychiatric hospital using FEA-P questionnaire (evaluating feelings related to the adoption of the psychiatric ward) and assessing its suitability to the specifics of Polish treatment system.

**Methodology:** The study group will include 600 patients evaluated in the period from 4 to 10 days after admission. Part of this group is examined for the second time prior to the discharge from the ward (100 people with psychotic symptoms) with additional clinical evaluation tools: PANSS, MDQ, HCL, GAF, "My thoughts and feelings," MARS. The patients assess the situation of admission and the first three days of hospitalization in a psychiatric ward. Exclusion criteria include a diagnosis of dementia or consciousness disorders. Research questions concern the relationship between the subjective experience of admission and variables such as diagnosis, symptom severity, number of hospitalizations, whether the need for hospitalization was discussed with the psychiatrist, duration of illness, cooperation in the treatment, voluntariness of admission, social support, work, family (children).

## 06

### Interactions between trauma, attachment and empathy among patients diagnosed with schizophrenia.

Dagmara Metel<sup>1</sup>, Piotr Bladzinski<sup>1</sup>, Artur Daren<sup>1</sup>, Lukasz Cichocki<sup>1</sup>, Andrzej Cechnicki<sup>2</sup>

<sup>1</sup>Jagiellonian University Collegium Medicum, Cracow, Poland

The question of interactions between trauma and development of psychotic disorders is currently being an intensively explored field of research, both by biological (the impact of trauma on structure and function of the brain), and socially oriented psychiatry. The results of studies conducted in this second branch challenge the dominant biological model of psychosis, showing the importance of psychosocial factors such as family environment, discrimination or physical and emotional traumas for the development of severe mental disorders. In our research we focus on the correlations between the parameters of trauma such as type of trauma, age of trauma experience and subjective assessment of the severity of emotions associated with trauma (all measured by Cumulative Trauma Scale-Short Form), with psychopathology (PANSS), attachment style (ECR-RS and RSQ) and the level of cognitive-emotional empathy (EQ quotient and Interpersonal Reactivity Index) in the group of 50 individuals diagnosed with schizophrenia.

Allowing better understanding of the impact of past traumas, the results will find practical application in the planning and execution of therapeutic interventions aimed at reducing distress and improving the quality of life of people suffering from schizophrenia.

## 07

### Cognitive functioning in employed and unemployed people with schizophrenia.

Artur Daren<sup>1</sup>, Przemyslaw Adamczyk<sup>2</sup>, Aleksandra Sulecka<sup>2</sup>, Piotr Bladzinski<sup>1</sup>, Lukasz Cichocki<sup>1</sup>, Aneta Kalisz<sup>2</sup>

<sup>1</sup>Jagiellonian University Collegium Medicum, Cracow, Poland

**Objective:** The study's purpose is to identify differences in cognitive functioning between people suffering from schizophrenia and either employed or unemployed OC participants as well as a healthy control group. It is also to assess interrelationships of various aspects of cognition and symptomatology.

**Method:** The study group included 33 people diagnosed with schizophrenia and employed in supported workplaces, 29 people with diagnosed schizophrenia participating in occupational therapy workshops and 31 healthy people in a control group. The measures employed assessed general screening of global cognitive functioning (MoCA), verbal memory (RVLT), identification and discrimination of emotional expressions (computerized tests), planning (ToH) communication skills based in the right brain hemisphere (RHLB-PL) as well as psychopathology assessment (PANSS). The results analyzed so far indicate multiple differences between healthy controls and subjects suffering from schizophrenia, and some of them also indicate that employment status entails better results in several assessed areas in people diagnosed with schizophrenia while no



differences in others. This provides grounds for investigating relationships between these aspects of cognitive functioning as well as with the severity of various symptoms.

08

### Depicting professional cultures of mental health workers: development and validation of the Bicocca Mental Health Professional Culture Inventory.

Filippo Rapisarda<sup>1</sup>, Alain Lesage<sup>2</sup>, Amélie Felix<sup>3</sup>, Luigi de Benedictis<sup>3</sup>, Massimo Miglioretti<sup>3</sup>

<sup>1</sup>Università degli Studi di Milano Bicocca, Milan, Italy

<sup>2</sup>University of Montreal, Canada

**AIM:** The aim of the poster is to show the Bicocca Mental Health Professional Culture Inventory (BMHPCI), a new self-administered instrument designed to assess mental health services workers (MHWs) professional behaviours. The BMHPCI adopted the notion of “professional culture” as a hybrid construct between the individual and the organizational level and that could be directly associated with professional practices of mental health workers.

**METHOD:** The questionnaire has been created and developed in by a conjoint Italian-Canadian research team, with the purpose of obtaining a fully cross-cultural questionnaire. A pilot study was conducted to determine whether linguistic or cultural differences could affect items' comprehension to prevent reductions of internal validity.

A validation survey started in northern Italy (Lombardia and Piemonte region) and in Canada (Montreal area, Quebec) in July 2017 2016 and will be completed in June 2017. Maslach Burnout Inventory (MBI) and Team Climate Inventory were also included in the survey, to test concurrent validity and to assess work climate.

**RESULTS:** A preliminary analysis was performed in February 2017 on a sample of 345 mental health workers (229 from Italy, and 116 from Canada). Explorative factor analysis identified five components, named: “Rehabilitation Role and Vision”, “Sexuality and Spirituality”, “Family Involvement”, “Availability in the community” and “Perceived risk of aggression”. Statistically significant differences in BMHPCI scales were found between professional roles, care settings and at Country level.

**CONCLUSION:** Results suggest that the BMHPCI could be considered a reliable instrument to depict professional cultures of MHWs in Italy and in Canada.

09

### Comparing the Big-Five Personality Traits of Iranian Women in the Midst of Divorce and Women in the Normal State of Marriage, as Predictors of Divorce.

Rozita Amani<sup>1</sup>, Mohammadreza Majzoubi<sup>2</sup>, Kiana Hadian Hamedani<sup>2</sup>, Rozhina Hadian Hamedani<sup>2</sup>, Naeime Majzoubi<sup>2</sup>

<sup>1</sup>Bu-Ali Sina university, Hamadan, Iran

Marriage is believed to be one of the most important relationships in an individual's life. This relationship can improve the well-being of the individual and, on the other hand, collapse the relationship or divorce may entail negative consequences. Inspecting major factors such as personality traits in this area appears to be essential; therefore the aim of this study is to compare the Big-Five personality traits of women in the midst of divorce and women in the normal state of marriage, as predictors of divorce. In this descriptive correlational study, the population consists of all married women in an ordinary marriage and women in the midst of divorce who lived in Hamadan, Iran from 2013 to 2014. The study sample consists of 100 women in the midst of divorce and 100 in an ordinary marriage, selected by convenience sampling method from the family court and by cluster sampling method from the public parks of the city, respectively. Both groups completed the NEO Personality Inventory (Costa & McCrae, 1992). The results of the Discriminant Analysis showed that women in the midst of divorce and women in an ordinary marriage are significantly different in personality traits of Neuroticism and Openness to Experience, therefore, the success or failure of marriage can be predicted based on these two traits. Thus, according to this study, marriage and family consultants can evaluate personality traits in the consultation process prior to the marriage.

10

### A pilot study: Developing an assessment strategy for integrated care interventions in Mental Health in Catalonia.

Noemi Robles<sup>1</sup>, Laura Muñoz<sup>2</sup>, Jorge Arias<sup>3</sup>, Mireia Espallargues<sup>2</sup>

<sup>1</sup>Strategic Research Community in Mental Health, Universitat Autònoma de Barca, Barcelona, Spain

<sup>2</sup>REDISSEC, Spain

**AIM** The aim of the present study is to explore the possibility to adapt to Mental Health (MH) an existing



strategy for evaluating integrated care developed by *The Agency for Health Quality and Assessment of Catalonia*.

**METHOD** 1) Evaluating the adequacy of an existing list of 18 indicators in MH framework; 2) Checking indicators' availability in the Comprehensive Public Healthcare System of Catalonia (SISCAT); 3) Testing the implementation strategy: Basic Health Areas (ABS) of Catalonia as unit of analysis. Indicators from 2015, obtained from SISCAT, were implemented through fitted models. Performance was calculated using observed/expected rates for each ABS, comparing those with vs without integrated MH programmes. For benchmarking, ratios were represented in funnel plots (CI 95% and 99.8%).

**RESULTS** All the indicators were considered adequate although two of them could be reoriented to better-fit MH. Regarding availability, three SISCAT databases were revised: 5 indicators are currently calculated, 9 could be easily calculated, 3 were considered difficult to obtain, 1 was impossible to calculate. "Hospital stay" and "Visits to emergency settings" were implemented for Schizophrenia and Type I Bipolar Disorder. Observed rates for stay were in the expected range in those ABS covered by programmes in both diseases whereas emergency visits had an irregular pattern.

**DISCUSSION** The study showed that it is feasible to adapt the strategy to MH although some issues should be considered such as the availability and quality of information, and the possibility to add some indicators more specific to MH.

## 11 Symptom severity and quality of life in the course of a cognitive behavioural therapy treatment.

Zsuzsa Litvan<sup>1</sup>, Melanie Wegerer<sup>2</sup>, Maria Gruber<sup>2</sup>, Daniel König<sup>2</sup>, Marion Freidl<sup>2</sup>

<sup>1</sup>Medical University of Vienna, Vienna, Austria

**Aim:** Quality of life (QoL) indicators have been increasingly assessed in psychotherapy outcome studies. Data on associations between the improvement of symptoms of anxiety or depression and QoL following cognitive behavioural therapy (CBT) is, however, sparse. The aim of our study was to determine if there is a correlation between changes in symptom severity and QoL following CBT in patients with anxiety disorders (AD) or depressive disorders (DD). **Method:** A retrospective analysis of the clinical data of 128 patients with AD and/or DD who had completed the standard 7-weeks CBT-treatment of our psychotherapeutic ward was conducted. We assessed QoL with the short version of the World Health Organization Quality of Life

Questionnaire (WHOQOL-BREF), symptoms of anxiety with the State-Trait Anxiety Inventory (STAI) and depressive symptoms with the Beck Depression Inventory (BDI) at the beginning and at the end of the treatment. **Results:** Symptoms of anxiety and depression have significantly improved by the end of the 7-weeks CBT-treatment. There was a significant increase in the physical, psychological and environmental domains of QoL, which showed correlation with symptom reduction. We found no significant change in the social domain. **Conclusion:** Increase in QoL showed association with the amelioration of symptoms at the end of the CBT-treatment in patients with AD and/or DD. Our finding of a lack of improvement in the social domain of QoL might have resulted from the shortness of the assessment period. Follow-up studies should be conducted in the future in order to examine long-term changes in QoL.

## 12 Predictors of severe mentally ill patients' maintenance in follow-up.

Marie Molera Gui<sup>1</sup>, Pablo Nicaise<sup>1</sup>, François Wyngaerden<sup>2</sup>, Delphine Bourmorck<sup>1</sup>, Pierre Smith<sup>3</sup>, Vincent Lorant<sup>1</sup>

<sup>1</sup>Université Catholique de Louvain, Brussels, Belgium

<sup>2</sup>Université catholique de Louvain, Belgium

**Aim:** Contact maintenance with Severe Mentally Ill (SMI) patients is challenging, particularly within community-based care systems. However, little is known about effective contact methods. Hence, this study aims to identify predictors of follow-up contact and effective strategies with SMI patients.

**Methods:** Within a large European study (COFI), 1046 SMI patients were recruited during a hospital stay in Belgium in 2015. Contact details were collected within baseline assessment. Patients were followed up after 12 months. A hierarchical contact protocol included e-mail, phone, contact with relatives, and postal mail. Contact effectiveness was analysed according to clinical and sociodemographic characteristics.

**Results:** Phone contact was effective for 70.5% of patients, although 18% refused to participate. Refusal was higher in patients with anxiety disorders compared to others diagnoses (RR=1.27). Phone contact rate did not vary across diagnosis, gender, and educational groups. The median number of call attempts was 2, and the third quartile was attained after 4 attempts. However, additional contact details from recruiting hospitals were requested for 26% of reassessed patients. Mood-disordered and higher-educated patients had a higher reassessment rate compared to other diagnoses (RR=1.3), and less



educated patients (RR=1.26). Gender did not influence reassessment.

**Conclusion:** Phone is effective to maintain contact with SMI patients, although additional contact details with relatives or other professionals may be requested. Results suggest that reassessment effectiveness is more influenced by patients' education status and disorder type than by the contact method.

### 13

#### The World Health Organization's concept of participation: A proposal for assessing mental health and evaluating outcomes in real world settings.

Catriona Connell<sup>1</sup>, Mary Birken<sup>2</sup>, Joanne Inman<sup>2</sup>

<sup>1</sup>University of Warwick, Coventry, United Kingdom

<sup>2</sup>Plymouth University, United Kingdom

**Aims:** Mental health is a complex interaction between person and environmental factors. However, consensus is lacking on how to meaningfully assess and measure mental health as real world outcome for practice, research and policy. We propose the World Health Organisation's concept of 'participation' as a useful construct in assessment, to direct intervention and to evaluate success by mental health services.

**Method:** Defined as 'involvement in a life situation', participation is integral to health, functioning and disability. Participation describes the experience of engaging in activity and society. It is distinct from but dependent upon the structure and function of the body, activities performed, personal factors and the environmental context.

Critical questions relating to defining and operationalising participation in mental health were identified during research to develop interventions that improve real world outcomes for people with mental health diagnoses. This included several systematic reviews of the literature.

The relationship of participation to other concepts was evaluated e.g. social functioning, wellbeing.

**Results:** Participation addresses some limitations and gaps in the current understandings of mental health, intervention, assessment and real world outcomes. However further exploration and clarification of the term is required before it can be applied meaningfully to assessment, in effectiveness research and practice. Potential solutions to some key conceptual and operational challenges to applying participation are presented for further discussion.

**Conclusions:** Research to advance services and societies that facilitate health, requires stakeholder consensus on the real world outcomes; the concept of participation warrants further consideration to support this.

### 14

#### Evaluation of a Norwegian pilot project: 'Screening of child and adolescent mental health at the intake in residential youth care - and coordination of services'

Jannike Kaasbøll<sup>1</sup>, Line Melby<sup>2</sup>, Marian Ådnanes<sup>1</sup>

<sup>1</sup>SINTEF, Trondheim, Norway

**Background:** A large proportion of children and young people in residential youth care institutions (RYCI) have unmet needs for mental health services. To address this challenge, The Office for Children, Youth and Family Affairs (Bufetat) in Norway have designed and are conducting a pilot project containing new routines and forms of interdependent interaction between the different services involved to achieve early identification of mental problems and disorders.

**Aim:** The aim of the present study was to explore the usefulness of the new model, and to investigate factors that promote and hinder effective interaction and cooperation among providers.

**Method:** RYCI staff and psychologists from the local Child and adolescent outpatient clinics in the pilot project were required for focus group interviews. Individual semi-structured interviews were conducted with RYCI managers, adolescents (12 to 18 years), and social caseworkers. In total, 25 individuals participated in the study.

**Results:** The introduction of the model contributed to a systematic screening (using the Achenbach System of Empirically Based Assessment) of all newly entered adolescents living in RYCI and a routine for subsequent treatment or follow-up if needed. Factors promoting effective interaction included the use of deadlines and clear decision lines. The main challenge was to involve social caseworkers in the collaboration and multi-informant assessment of the adolescent's mental health.

**Conclusions:** The model of interdependent interaction seems promising and useful for ensuring that newly entered adolescents in RYCI receives necessary mental health care.

### 15

#### The workforce's patient experience: how and why it should be mined

Suzan Oudejans

Mark Bench, Amsterdam, Netherlands

I want to submit a talk in TED format, based on my own experiences. The talk will be in line with a piece I wrote for the Dutch newspaper NRC (<https://www.nrc.nl/nieuws/2016/05/14/hulpverlener-heeft-zelf-ook-hulp-nodig>)



2318241-a387639) Therefore this abstract is very short and deviates from the regular format. I hope it will fit within your conference! ----- **Abstract**

The workforce in mental health care is not immune for mental illness. However, this invaluable experience and knowledge remains often unseen, untold and unused. Suzan Oudejans, researcher and consultant in mental health care, shares views and opportunities on how and why the mental health care sector, and moreover their patients, can profit from this goldmine.

16

### Recovering Quality of Life (ReQoL): the reliability and validity of a new generic outcome measure for people with mental health conditions

Keetharuth, AD

Univeristy of Sheffield, United Kingdom

**Background:** Ten and 20-item versions of the measure Recovering Quality of Life (ReQoL) have recently been developed for

people experiencing mental health difficulties.

**Aims:** To examine the reliability and validity of the ReQoL-10 and ReQoL-20 in different mental health populations.

**Method:** All samples consisted of service users.

Reliability was examined by Cronbach's alpha (n = 4266) and test re-test

reliability coefficients (n = 491); validity via convergence (n = 1261); known group differences (n = 4037) using standardised effect sizes; and responsiveness (n = 953) using standardised response means.

**Results:**

Both versions achieved acceptable internal consistency (alpha >.92) and test-retest reliability (>.85). They reflected known group differences (general population versus patient population and by severity of non-psychotic conditions), convergence with related measures and were responsive over time (SRM>.4). They performed marginally better than SWEMWBS and markedly better than EQ-5D.

**Conclusions:** ReQoL-10 and ReQoL-20 are brief, reliable and valid measures for use in mental health populations.

17

### Selecting and testing mental health outcome measures for offenders and prisoners.

Weston, L., Kirkpatrick, T., Byng, R., Lennox, C., Shaw, J.

University of Plymouth; United Kingdom

**Aim:** Among offender and prisoner populations there is a high prevalence of mental health problems, with considerable comorbidity between anxiety and mood disorders, substance misuse, personality problems, and social isolation. Selecting appropriate intervention outcome measures requires careful consideration with regard to the relevance, acceptability and psychometric properties of the measures. However, there is limited consensus concerning which measures are most important and appropriate for this population, and limited evidence of the feasibility and acceptability of available instruments.

**Method:** We conducted a three-stage consultation exercise with care professionals and expert by experience stakeholders. First, initial ratings of outcome domains were collected using a structured questionnaire. Then, candidate measures within the most highly ranked domains were piloted in a sample of 61 prisoners to determine instrument acceptability and psychometric viability. Finally, a panel meeting of professionals and stakeholders considered the relevance and suitability of candidate measures.

**Results:** The questionnaire findings, completed by 16 professionals and 10 peer research group members, revealed that measures of mental disorder presence, self-harm, social inclusion, substance misuse, and reoffending were highest ranked. Pilot testing of candidate measures indicated that many were not psychometrically viable for use in the trial.

Ceiling effects were evident on subjective ratings of social inclusion, and insufficient numbers achieved 'caseness' on disorder specific mental health problem measures. At the panel meeting, decisions were made based on criteria such as length of assessment, and ease of readability/ understanding. The 34-item CORE-OM was selected as the trial's primary outcome measure.

**Conclusions:** Measuring the extent of prisoners' social and psychological problems and their response to interventions is crucial to service quality and development. This study provided essential baseline data into the psychometric viability of outcome.



## Guided poster session Theme 2

### Epidemiology: Methodological approaches supporting personalised care

01

#### Development- and testing of a web-based decision support for users and health professionals in psychiatric services

Katarina Grim<sup>1</sup>, David Rosenberg<sup>2</sup>, Petra Svedberg<sup>3</sup>, Ulla-Karin Schön<sup>4</sup>

<sup>1</sup>Dalarna university, Karlstad, Sweden

<sup>2</sup>Umeå University, Sweden

<sup>3</sup>Halmstad University, Sweden

<sup>4</sup>Dalarna University, Sweden

**Aim:** Shared decision making (SDM) is considered a central component in a recovery-oriented practice. While decision aids are often regarded as an essential component for successfully implementing SDM they are still largely lacking within psychiatric services.

The aim of this study was to utilize a participatory design in order to facilitate the development of a user-generated, web-based decision aid for individuals receiving psychiatric services. The results of this effort as well as the lessons learned during the developmental- and usability processes are reported.

**Methods:** The participatory design included 4 iterative cycles of development. Various qualitative methods for data collection were employed with potential end users who participated as informants in focus group interviews and individual interviews, and as usability and pilot testers.

**Results:** Interviewing and testing identified usability problems which led to refinements making the subsequent prototypes increasingly user friendly and relevant, and which. In each phase of the development process, feedback from potential end-users provided indispensable guidance in the formation of a decision aid for strengthening the position of users by building on an interactive web based environment.

**Conclusions:** The decision aid which resulted from this process has the potential to strengthen service users' experience of self-efficacy and control as well as giving staff access to user knowledge and preferences. Studies employing participatory models focusing on usability have potential to significantly contribute to developing and implementing tools that reflect user perspectives.

02

#### Psychosocial And Environmental Predictors Of Well-being For Residents Of An Epidemiologic Catchment Area In Montreal, Canada

Jean Caron<sup>1</sup>, Aihua Liu<sup>2</sup>

<sup>1</sup>McGill University, Montréal, Canada

**Objectives:** The aim of this study is to identify predictors of well-being, a positive indicator of mental health. **Method:** We used data from the Epidemiological Catchment Area Study in Montreal, a longitudinal study that focuses on the mental health and wellbeing of residents in the southwest region of Montreal. The study recruited a randomly selected sample of 2,434 individuals between 15 and 65 years of age at T1, 1,303 of whom agreed to be re-interviewed four years later (T3). QOL was measured with Personal Well-being Index (Cummins, 2003). Direct interviews gathered self-reported data on: socio-demographic variables, life events, coping abilities, social support, perceptions of neighbourhoods, working status and income, mental disorders, psychiatric family history and mental health services utilization. Social and built features of the environment were determined using Geographic information System (GIS). Hierarchical linear regression, using a forward entry (for blocks of variables) and backward deletion procedure (for individual variables) was used to identify predictors of QOL at T3, among the aforementioned variables assessed at T1. **Results:** The final model explains 41% of the variance of well-being. Eight blocks of variables and single variables were found to be significant predictors of well-being, including socio-demographics, income, stress and coping, social support, mental health status, satisfaction with precise life domains, satisfaction with the physical state and the density of the vegetation in the neighbourhood and the average property values (GIS). **Conclusion:** Better understanding predictors of well-being will enable the development of more effective mental health promotion programs.

04

#### The effect of Eye Movement Desensitization and Reprocessing (EMDR) in adult patients with an autism spectrum disorder and comorbid post traumatic stress disorder.

Sigrid Piening<sup>1</sup>, Nisso Mirzaeva<sup>2</sup>, Petra Huizinga<sup>2</sup>, Marian Vieira Rocha<sup>2</sup>, Sonja Dijkstra<sup>2</sup>, Ingrid van Balkom<sup>2</sup>

<sup>1</sup>Jonx (Lentis), Groningen, Netherlands

**Aim:** Patients with an autism spectrum disorder (ASD) are presumably more likely to experience traumatic events and to develop post traumatic stress disorder (PTSD). Although Eye Movement Desensitization and Reprocessing (EMDR)





is an effective treatment option for PTSD, its effect on patients with ASD and comorbid PTSD is largely unknown.

**Method:** Three self-report questionnaires (Dutch versions of the: Impact of Event Scale, Social Responsiveness Scale Adult, and the World Health Organisation Disability Assessment Scale 2.0) were filled out before and after treatment by adult patients with ASD and PTSD (diagnosed according to DSM IV criteria). Patients were treated by experienced and qualified psychologists. Paired sample t-tests were performed to assess any significant differences in treatment effect on total scores of the questionnaires.

**Results:** Preliminary results show that EMDR did not reduce trauma-related symptoms significantly on a group level (n=5 males, aged 19-32; p=0.09). However, ASD characteristics and social functioning did improve significantly (p= 0.04 and p=0.03, respectively). When looking at individual results, scores of 4 out of 5 patients improved for trauma-related symptoms (mean reduction of 18.6 points on the Impact of Event Scale, which can be considered a relatively large reduction). The remaining patient experienced a personal crisis during treatment which could account for the lack of effect on group level.

**Conclusion:** In order to facilitate a more reliable conclusion about the effect of EMDR on a larger group of patients with ASD and comorbid PTSD, data collection will continue and will be presented at the conference.

## 05

### Correlates of mental healthcare use: a research of social inequalities of mental healthcare use on a French representative transversal survey.

Jean-Baptiste Hazo<sup>1</sup>, Christel Dindorf<sup>2</sup>, Maxime Auriol<sup>2</sup>, Amélie Prigent<sup>2</sup>, Jean-Luc Roelandt<sup>2</sup>, Karine Chevreul<sup>2</sup>  
<sup>1</sup>INSERM -APHP, Paris, France

Mental health (MH) treatment gap has serious consequences. In order to reduce it, additional knowledge should be gathered on individual and environmental characteristics associated with MH services use.

This study aimed to identify such individual factors (e.g. clinical and demographic characteristics, disorder recognition) and characteristics of environmental health care supply that are associated with formal help-seeking behaviours.

The study uses a cross-sectional survey undertaken in France between 1999 and 2003 in 49 French sites. 39,617 individuals passed questionnaires on their MH literacy, socioeconomic and demographic information, the MINI and their attitudes toward their disorders if any.

13,565 individuals were identified as suffering from mental disorders through the MINI and composed our study population. 54.3% of them reported having not used any

health service for their disorders. On environmental factors, only the overseas French territories were significantly associated with low rates of MH services use, no other variable such as health care professional density or socio-economic level of the areas were found associated with MH services use. Modelling showed that, after adjustment, young, men and people with extra-European origins are less prone to use MH services. Depressive, anxious, psychotic and bipolar disorders as well as suicidal risk increase the use, at the difference of substance use disorders. The acknowledgement of one own disorder, literacy in MH and social support are also positively associated with formal help-seeking. Receiving a religious treatment is reversely strongly associated with a lack of formal treatment, as well as being Muslim and stigmatizing the mental disorders.

## 06

### OmSorg (Dealing with Bereavement) Social consequences of childhood cancer late effects A Qualitative study of childhood cancer survivors' unique knowledge about late effects.

Line Thoft Carlsen

Danish Cancer Society, Copenhagen, Denmark

There are an increasing number of adults living with late effects of childhood cancer. 50 percent of childhood cancer survivors have documented physical late effects.

**Aim:** The purpose of this qualitative study is to generate new knowledge about how late effects influence the childhood cancer survivors' social life once treatment has ended.

**Methods:** The study includes patients' perspectives and is based on the unique knowledge and experiences provided by young adult childhood cancer survivors. The study includes knowledge about both physical, mental and social late effects.

Empirically the study is grounded in 25 semi-structured qualitative interviews with childhood cancer survivors between the age of 18 and 39. Besides attending the interviews, participants were asked to provide personal details including their disease history.

**Results:** It is important to focus on the total sum of all the late effect complications to understand the overall daily consequences of life with late effects. Four aspects of childhood cancer survivors' social life can especially be negatively influenced by late effects: 1) Education, job and economic opportunities 2) Participation in social life 3) Establishment of own family 4) Relationship to siblings and parents.

The study explores three terms which are relevant to fully understand and uncover the consequences. These are:



1) Complications on each late effect 2) Current amount of consequences of all the different late effects 3) Current life situation.

**Conclusions:** The final conclusions imply that childhood cancer survivors' late effects can influence the quality of social life.

07

### Assessment and recovery of self-regulation and executive functions in patients with bipolar disorder I

Juul Koene

University of Applied Sciences Leiden, Leiden, Netherlands

Patients with bipolar disorder often show cognitive impairments that not only exist during (hypo)manic or depressive episodes, but also persist in the absence of acute symptoms. The most profound deficits are found in executive functions, which previous research has associated to difficulties in psychosocial and daily functioning. More specifically, difficulties during work, including reduced work efficiency and difficulties in sustaining employment, are associated with these impairments.

Executive functions are usually measured by (neuro) cognitive test batteries. These tests, however, lack ecological validity and are limited in how well they relate (neuro)cognitive impairments to daily functioning. Assessing executive functions in an ecologically valid and personalized manner is of importance for shaping (neuro) cognitive recovery processes of patients with bipolar disorder and to improve transfer of learned strategies to daily life.

A theoretical method to assess self-regulation and executive functions has been developed by the University of Applied Science Leiden and will be further developed in a PhD project. This method attempts to relate difficulties in functioning to deficits in executive functions, and focuses on possibilities for recovery. These insights can thereafter be used to shape a personal plan to focus on (neuro) cognitive recovery in the relevant context.

The project emphasizes on the experiences of patients, peer support workers with bipolar disorder type I, and their family members with self-regulation and executive functions during work and education. Their experiences will guide further development of the method, after which the method will be tested in a small pilot study to determine validity, utility and reliability.

08

### DEAL - Shared Decision Making in planning of discharge from in-patient psychiatric care.

Tove Janarv<sup>1</sup>, Maria Bendtsen Kronkvist<sup>1</sup>, Patrik Dahlqvist Jönsson<sup>2</sup>, Manne Sjöstrand<sup>2</sup>, Lena Flyckt<sup>2</sup>, Mikael Sandlund<sup>2</sup>

<sup>1</sup>Umeå University, Stockholm, Sweden

**Introduction** Participation in decision making for patients in psychiatric services is a prioritized matter in recovery focused organizations, however patients' participation is still often lacking. The method of Shared decision making (SDM) has shown some promising results.

**Aims** The aim is to evaluate SDM in psychiatric in-patient care in the planning of discharge regarding patient participation, clinical outcomes and the experience of patients and staff.

**Method** A pilot study including persons in Swedish in-patient psychiatric care is conducted in preparation of a randomized controlled trial planned for 2017-2018. In the pilot study 25 persons receiving SDM are compared to 25 persons receiving treatment as usual. The evaluation of SDM consists of questionnaires, register data, recorded decision talks and interviews.

**Conclusion** The pilot study has shown that the planned RCT is feasible regarding informed consent from involuntary treated persons and if the results are generalizable the lack of participation motivates studies focusing on methods with expectations on improving patient participation, such as Shared Decision Making.

09

### Individual, programmatic and systemic services indicators of quality of mental health care and suicide mortality in Quebec.

Alain Lesage<sup>1</sup>, Lise Thibodeau<sup>2</sup>, Elham Rahme<sup>2</sup>, Louis Rochette<sup>2</sup>, Eric Pelletier<sup>2</sup>, Ann John<sup>2</sup>

<sup>1</sup>University of Montreal, Montreal, Canada

The linked health administrative databases in public managed care systems can be exploited at 3 levels to inform decision at the system, program and individual clinical level about the services dimension that may affect the risk of suicide in populations, in regional health and social services mental health and addiction programs and at the individual clinician encounters. Recently Kessler et al. (2015) showed the potential of harnessing large databases to predict the risk of suicide at the individual encounter. John et al. (2014) also indicated the potential of Wales linked health administrative databases to nest case-control designs and assess gaps in services at the program level. The Quebec Network on Suicide, Mood Disorders and Related Disorders (RQSHA) and the Quebec public



health agency (INSPQ) have started to exploit INSPQ linked health administrative databases of its Chronic diseases surveillance system (QCDSS) to identify gaps in services. The public managed care nature of health in Quebec and Canada allows to cover the entire population with the QCDSS. We will report work in progress at the system level. We used program and system gaps identified by the literature and our audit work to define fifteen quality of care indicators that can be identified at the regional level. They range from regional mental health or addiction services budget; follow-up by primary care physician of incident cases of depression or substance abuse; to follow-up after hospital discharge for suicide attempt or mental disorders; to the balance between primary and specialist care in the region.

## 10 Pathways to care and patterns of care in first episode psychosis patients treated in community based-mental health services. A 5-year follow-up from the PICOS.

Elisabetta Miglietta<sup>1</sup>, Antonio Lasalvia<sup>2</sup>, Sara Petterlini<sup>2</sup>, Carla Comacchio<sup>1</sup>, Chiara Bonetto<sup>2</sup>, Mirella Ruggeri<sup>1</sup>  
<sup>1</sup>University of Verona, Verona, Italy

**Aims:** To investigate the pathway to care and patterns of interventions provided by community based-mental health services to a cohort of first-episode psychosis (FEP) patients over a 5-year period, with the aim to explore to which degree treatment guidelines are met in routine clinical practice.

**Methods:** Study carried out in the context of the Psychosis Incident Cohort Outcome Study (PICOS), a multisite naturalistic research conducted in the Veneto Region (Italy) on FEP patients in a 4.6 million inhabitants catchment area. A comprehensive set of standardized measures was used, including *ad hoc* schedules to collect information on referrals to psychiatric services and on pharmacological and psycho-social treatments according to a multiwave follow-up design (1-, 2- and 5 years).

**Results:** Overall, 397 FEP patients were assessed at BL, 286 at 1 year, 233 at 2 years and 205 at 5 years. Forty-seven per cent of patients were helped to seek care by family members, more than one half entered the treatment route through an emergency access. Regarding the interventions received, 96% of patients had been prescribed neuroleptics and atypical were the most prescribed class (66.9%). Only half received a psychosocial intervention during the first year and this percentage progressively decreased at each FU.

**Discussion:** This study confirms that discrepancies exist between interventions provided within routine practice to FEP patients and recommendations provided by treatment guidelines, thus suggesting the need to implement specific initiatives aiming to close the gap between research and clinical practice

## 12 Constructing a reward-related Quality of Life function in daily life -a proof of concept study-

Simone Verhagen<sup>1</sup>, Claudia Simons<sup>2</sup>, Catherine van Zelst<sup>3</sup>, Philippe Delespaul<sup>4</sup>

<sup>1</sup>Maastricht University, Maastricht, Netherlands

<sup>3</sup>Kenniscentrum Phrenos, Netherlands

<sup>4</sup>University of Maastricht, Maastricht, Netherlands

**Aim:** Mental health care needs person-tailored interventions. The Experience Sampling Method (ESM) can provide daily life monitoring of personal experiences. Intuitively, quality of life improves by spending the most time in rewarding experiences. ESM treatment interventions can use this information to coach individuals to engage more often in satisfying activities and realize an optimal balance. This study explores measures of momentary reward-related Quality of Life (rQoL) and test its feasibility.

**Method:** A 'behaviour setting' is a meaningful situation. Optimal mental states (high positive affect) reflect subjective rewarding moments. High rQoL occurs when subjects frequently engage in situations that often elicit positive affect (or seldom activities with reduced positive affect). Resampling procedures were used to assess the reliability of rQoL using various behaviour setting definitions. Also, the stability of rQoL was evaluated for different sample sizes with restrictions to elaborated activity patterns. Finally, we explore whether rQoL is distinct from positive affect.

**Results:** Seeds for resampling come from a set of 1058 real ESM observations and from xx 'virtual' subjects. In sampled virtual subjects 'who-what' contextual information best defines the behaviour settings and reliable assessments of rQoL require at least 100 ESM observations. In real subjects, 'who-what' situations often lack differentiation, and 'who-what-where' situations are preferred. Sample sizes below 50 responded beeps only generate stable rQoL in subjects with restricted behaviour settings. Finally, rQoL is distinct from positive affect.

**Conclusion:** rQoL is feasible. Future research should explore other options in defining rQoL and pilot its applicability in treatment.



13

### Azerbaijan Acute phase/Recent onset Psychosis Survey (ARAS cohort): First episode psychosis in the context of Iranian culture.

Sara Farhang

Tabriz University of Medical Sciences, Tabriz, Iran

**Aim:** Most of available knowledge about psychotic disorders comes from western world. This report introduces Azerbaijan Acute phase/Recent onset Psychosis Survey (ARAS cohort) which is established in Iran. ARAS cohort aims to set up a longitudinal observational cohort of patients with a first episode of schizophrenia spectrum disorders, investigate indicators for personalized medicine, by validating diagnostic tools, setting up an outcome monitoring system, revealing indicators for choosing the best treatment strategy, and finally to improve the mental health care for Iranian patients with schizophrenia spectrum disorders.

**Method:** The study is a longitudinal prospective cohort and biobank study with a follow-up duration of 5 years. The catchment area for this cohort study is East Azerbaijan, a province of Iran, with more than 3,700,000 inhabitants, being majority as Turkish speaking Azeri ethnic background. Standard tools will be measure medical history and biography (including risk and resilient factors), physical health status (including anthropometrics, chemicals and substance use), psychiatric and neurocognitive symptoms, response to medications and level of functioning.

**Results:** The study began in first of January 217 with a pilot phase to evaluate feasibility, make the constructs and reveals any drawbacks and unmet needs of the project. Eleven patients with first episode of psychosis were enrolled within the first three months.

**Conclusions:** ARAS cohort and biobank will improve the knowledge about psychotic disorders is the described study population for the first time and will give this opportunity in the context of Iranian culture.

14

### The effect of the economic crisis on the use of services for mental health problems: first results of a national mental health survey follow-up

Graça Cardoso<sup>1</sup>, Manuela Silva<sup>2</sup>, Ana Antunes<sup>2</sup>, Diana Frasilho<sup>2</sup>, José Caldas-de-Almeida<sup>2</sup>

<sup>1</sup>NOVA Medical School, NOVA University of Lisbon, Lisbon, Portugal

**Aim:** To analyse the patterns of care and the use of services for mental health problems in Portugal during the economic crisis.

**Methods:** In this 2015 follow-up study, a probability sub-sample of respondents to the 2008 National Mental Health Survey was re-interviewed. Sociodemographic and clinical variables and treatment patterns were assessed using a structured interview (n=911). A descriptive analysis was conducted to assess the

patterns of care and the use of services for mental health problems.

**Results:** Treatment for mental health problems was sought by 27.9% of the respondents in the previous 5 years, and general practitioners were the most contacted professionals. Overall the health system reasonably responded to the increased demand for care, but substantial insufficiencies in terms of continuity and quality of care were found. Low perceived need and structural barriers were the main obstacles for access to care.

**Conclusions:** To meet the mental health challenges of the economic crisis and to improve care the Portuguese health system must address the main problems found: under-treatment, low continuity of care, and low adequacy of treatment

**Funding:** EEA Grants: Programa Iniciativas em Saúde Pública

15

### Help-seeking behavior among persons with first-episode psychosis after implementation of an early detection team (The TOP study) Nationwide register-based study in Denmark

Lene Halling Hastrup<sup>1</sup>, Ulrik Haahr<sup>2</sup>, Erik Simonsen<sup>2</sup>

<sup>1</sup>Region Zealand, Slagelse, Denmark

**Objective:** Research has demonstrated that an early detection program and targeted information towards the public and health professionals can ease pathways to care and reduce duration of untreated psychosis for FEP patients. In Denmark, the first early detection team (TOP-team) was implemented in one region (Region Zealand) in 2012. The early detection team was combined with a targeted information campaign. Objective of this study was to examine whether implementation of an early detection team has eased access to mental health services for FEP patients in Region Zealand.

**Method:** The study population was all Danish patients diagnosed with a first-episode psychosis (ICD10 F20.0-20.99) in during 2009 to 2015. We combined the study population drawn from national quality databases with individual data from official administrative registers to assess the patients' pathways to care and service use before their first episode of psychosis. Socio-demographic variables, data on inpatient and outpatient psychiatric treatment, contacts to GP's and medical specialists, prescription medication, and criminal charges was included. We used logistic regression models to analyze differences in help-seeking pathways across background variables and geographic area.

**Results/Conclusion:** The study is under preparation.

16

### Biomarker-based subtyping of depression and anxiety disorders using Latent Class Analysis. A NESDA study.

Beijers, L

UMCG; Netherlands;



Etiological research of depression and anxiety disorders has been hampered by diagnostic heterogeneity. In order to address this, researchers have tried to identify more homogeneous patient subgroups. This work has predominantly focused on explaining interpersonal heterogeneity based on clinical features (i.e. symptom profiles). However, to explain interpersonal variations in underlying pathophysiological mechanisms, it might be more effective to take biological heterogeneity as the point of departure when trying to identify subgroups. Therefore, this study aimed to identify data-driven subgroups of patients based on biomarker profiles. Data of patients with a current depressive and/or anxiety disorder came from the Netherlands Study of Depression and Anxiety (NESDA), a large, multi-site naturalistic cohort study (n=1460). Thirty-six biomarkers (e.g. leptin, BDNF, tryptophan) were measured, as well as sociodemographic and clinical characteristics. Latent class analysis (LCA) of the discretized (lower 10%, middle, upper 10%) biomarkers was used to identify different patient clusters. These analyses resulted in three classes, which were primarily characterized by different levels of metabolic health: 'lean' (21.6%), 'average' (62.2%) and 'overweight' (16.2%). Inspection of the classes' clinical features showed the highest levels of psychopathology, severity and medication use in the overweight class, suggesting a relationship between the 'overweight' subtype and internalizing psychopathology.

## 17

### Getting a grip on your mood: the application of the experience sampling methodology to the treatment of bipolar disorder

Bos, FM

UMCG, Netherlands

**Background:** Research has shown that the experience sampling methodology (ESM) offers unique and valuable insights into the daily lives of patients with psychiatric disorders. For patients with bipolar disorders especially, who are characterized by seemingly unexpected and uncontrollable fluctuations in mood, personalized information on their mood and the factors that influence it may benefit both patients and clinicians.

**Aim:** The study aims to show how ESM affects the treatment and daily life of patients with bipolar disorder. In this poster presentation, I will share results of a first participant who completed the study.

**Methods:** Twenty bipolar type I/II patients complete ESM questionnaires five times a day for four months. After these four months, personalized ESM-derived feedback is discussed by the clinician with the patient, including (1) variation in mood and symptoms, (2) activities that are related to mood and symptoms, (3) warning signals for a potential manic or depressive episode, and (4) feedback on the patient's own questions. Three months later, the patient is

interviewed to qualitatively assess how ESM and ESM-derived feedback affected the patient's treatment and daily life.

**Results:** The first participant experienced both a manic and a depressive episode during the study. The participant mentioned increased insight in her mood and concrete examples of behavioral change as a result of her participation, such as limiting activities after sleeping poorly and going outside when she noticed her mood was low.

**Conclusion:** Preliminary findings suggest ESM and ESM-derived feedback may promote insight and behavioral change in patients with bipolar disorder.

## 18

### Demonstrating the applicability of an mHealth Routine Outcome Measurement tool for Mental Health using the Experience Sampling Method

Simone Verhagen<sup>1</sup>, Juliënne Berben<sup>2</sup>, Carsten Leue<sup>2</sup>, Philippe Delespaul<sup>3</sup>, Jim van Os<sup>2</sup>, Richel Lousberg<sup>2</sup>

<sup>1</sup>Maastricht University, Maastricht, Netherlands

<sup>3</sup>University of Maastricht, Maastricht, Netherlands

**Aim:** Routine Outcome Monitoring (ROM) is used in mental health care for benchmarking and treatment monitoring. ROM, however, can be improved by using the Experience Sampling Method (ESM), allowing repeated momentary assessments in daily life in order to monitor relevant ROM constructs. This is the first study that uses an ESM application (the PsyMate™) as a routine mobile-ROM (mROM) tool in mental health within a university hospital outpatient setting. The overall aim is to demonstrate adequate psychometric properties of the PsyMate™ app assessing both symptom severity levels as well as daily life functioning.

**Method:** In a sample of 64 outpatients, an mROM protocol (6 days ESM, at 10 semi-random moments a day) and a standard ROM instrument (HADS) were administered at baseline and at three-months follow-up. We measured positive affect (PA), negative affect (NA), quality of sleep, social- and activity related stress, tiredness, and feeling unwell.

**Results:** Subjects completed 52.7% of the measurements at baseline (N=64) and 48.2% at follow-up (N=29). Factor analysis and subsequent reliability analysis on PA and NA confirmed the two constructs. Significant and meaningful correlations were found between PA, NA and HADS scores (ranging from  $r=.4$  to  $r=.7$ ). Multilevel analyses yielded significant change scores for all measures, thereby showing sensitivity to change.

**Conclusions:** The mROM tool can be reliably used in the clinic: it shows adequate psychometric properties, concurrent validity and sensitivity to change over time on relevant ROM constructs. The mROM tool uniquely contributes to ROM, because it assesses functioning in the daily life context.



## Guided poster session Theme 3

### Approaches using the patient's own context

01

#### Reducing barriers to help-seeking among unemployed individuals with mental health problems: a pilot RCT.

Tamara Waldmann<sup>1</sup>, Tobias Staiger<sup>2</sup>, Marie Christine Dekoj<sup>2</sup>, Thorsten Brosch<sup>2</sup>, Lisa Gabriel<sup>2</sup>, Nicolas Rüschi<sup>2</sup>  
<sup>1</sup>Ulm University, Bezirkskrankenhaus Günzburg, Ulm, Germany

Background: People with mental illness often choose not to use mental health services and therefore do not benefit from available therapies. Unemployed individuals often also limit their jobsearch activities, which leads to productivity losses and poor clinical outcomes. There are few evaluated interventions to increase mental health service use and job search for unemployed people with mental health problems. Aims: To examine the feasibility and efficacy of an intervention to increase help-seeking and job search among unemployed people with mental health problems. Methods: A pilot randomized controlled trial (RCT) with approximately 100 unemployed people with mental health problems will be conducted. Participants are randomly allocated to either an intervention group or a control group (TAU). The intervention is based on Acceptance and Commitment Therapy (ACT). Inclusion criteria are being between 18 and 64 years of age, currently unemployed (persons receiving full disability pension excluded) and psychological distress as indicated by a score  $\geq 13$  on Kessler's Psychological Distress Scale (K6). The intervention consists of four sessions, covering acceptance, sense and purpose of life, disclosure and help-seeking. Assessments take part at baseline before starting the intervention (t0), and at 3 (t1) and 6 (t2) weeks after baseline. Results: We present preliminary findings about the feasibility and efficacy of the RCT-intervention with respect to the acceptance, self-esteem, help-seeking and motivation of jobsearch. Conclusions: The pilot-RCT will provide a basis to develop further interventions to increase jobsearch efforts and participation in mental health care of unemployed individuals with mental health problems.

02

#### Is being satisfied with what you have the same as what you want? - a comparison of satisfaction with housing services with preferences among residents in housing facilities.

David Brunt<sup>1</sup>, Rosita Brolin<sup>2</sup>, Mikael Rask<sup>2</sup>  
<sup>1</sup>Linnaeus University, Växjö, Sweden

The aim of the study was to compare the levels of the residents' satisfaction concerning housing services for people with psychiatric disabilities with their preferences concerning housing. 370 residents living in supported housing facilities or in their own accommodation with outreach support in 20 municipalities in urban and rural areas of Sweden were invited to report on their satisfaction about and preferences concerning their housing situation. An instrument, containing items measuring satisfaction and preferences inspired by original self-report questionnaires from the USA and adapted for use in Sweden, was created and tested. Further information was gathered about the available options and the influence of others in the selection of residential area and dwelling. Differences were found between the two different types of housing concerning satisfaction with housing support, social life and available choices. Security and privacy, as well as other's influence on the choice of residential area and dwelling proved to be important predictors for satisfaction. The preliminary analysis of the preferences has shown that aspects of the housing support, seclusion, choice and control score highest among the preferences. The evaluation of housing services for people with psychiatric disabilities is often based on measures of satisfaction. However, it is known that this group can often express satisfaction and gratitude for poorer housing conditions that would not be acceptable to others in the community. A comparison of satisfaction and preferences in this context can provide valuable information concerning the provision of housing services for this group.

03

#### The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on patient-oriented outcomes (MULTI-study).

Jeroen Deenik<sup>1</sup>, Diederik Tenback<sup>2</sup>, Ingrid Hendriksen<sup>2</sup>, Erwin Tak<sup>2</sup>, Peter van Harten<sup>2</sup>  
<sup>1</sup>GGZ Centraal, Amersfoort, Netherlands



**Aim:** Premature mortality in severe mentally ill (SMI) patients is mainly caused by cardiovascular disease. Especially long-term inpatients are characterized by an unhealthy lifestyle, whereby they are sedentary (sitting/lying) for 84% of their waking time. However, in this severely ill population, changing lifestyle-behaviour is challenging. Therefore, we started a multidisciplinary lifestyle-enhancing treatment, based on a 'change-from-within-principle', and found significant improvements in physical activity and metabolic health after 18 months. Since this does not necessarily mean that patients feel better, we additionally evaluated effects on patient-oriented outcomes.

**Method:** Quasi-experimental design in long-term SMI inpatients whose baseline data (2013) was available and if they participated in no other lifestyle-related intervention (N=123). We collected:

Psychotic symptoms [PANSS-r]

Psychosocial functioning [HoNOS]

Quality of life (QoL) [EQ-5D & WHOQoL-Bref]

Analysis: hierarchical multilevel regression using change-scores, correcting for baseline outcome-value, age, diagnosis, baseline illness-severity and treatment-ward.

**Results:** Sufficient data of intervention (N=65) and controls (N=49). Results show significant improvements in overall psychosocial functioning ( $B = -3.6, p = 0.03$ ), impairments ( $B = -0.7, p = 0.04$ ) and especially in social functioning ( $B = -3.0, p < 0.001$ ). QoL improved significantly in both groups.

**Conclusions:** Findings show that, besides improving clinical health, a multidisciplinary lifestyle-enhancing treatment sustainably improves psychosocial functioning and perceived quality of life in long-term SMI inpatients. Most likely another intervention (not related to lifestyle / physical activity) resulted in QoL improvements in the control group, confirming that there are more ways to improve QoL.

No lifestyle-enhancing treatment = no significant improvement (or deterioration) in psychosocial functioning.

## 05

### The use of masks in the treatment of patients with chronic auditory hallucinations

Lukasz Cichocki<sup>1</sup>, Joanna Palka<sup>2</sup>, Andrzej Cechnicki<sup>2</sup>

<sup>1</sup>Jagiellonian University Collegium Medicum, Cracow, Poland

**Aim.** The aim of this article is to describe a useful therapeutic approach in a patient with chronic auditory hallucinations resistant to a previous drug treatment and other forms of treatment available in the community therapeutic program.

**Person and method.** The patient, a 28-year-old man, resident of a big city, treated psychiatrically from the age of 16, from the age of 20 diagnosed with psychotic disorders. A significant role in his illness history was played by severe, persistent auditory hallucinations associated with the illness for years, causing considerable suffering and acute problems in social functioning. Previous pharmacotherapy with antipsychotic drugs, full and part-time hospitalization, individual outpatient treatment and participation in group therapy did not produce symptom remission.

**Results.** After a therapeutic intervention using a mask made by the patient which was a modification of the Avatar therapy described by Julian Leff, a significant improvement of the patient's condition was obtained: a dramatic reduction of auditory hallucinations and their severity and a marked improvement in social functioning. In the therapeutic process some elements – dialogue with the "voice", support by the therapists, understanding the content of the hallucinations in the context of patient's life history and changing patient's reactions towards the hallucinations were the crucial changes.

**Conclusions.** Cognitive therapy with the use of a mask is a useful method in the treatment of patients with chronic auditory hallucinations, also for those who have experienced trauma. Low cost of this type of intervention compared with the Avatar therapy is an additional advantage.

## 06

### Active in My Home (AiMH) - a pilot and feasibility study of a lifestyle intervention in supported housing for people with psychiatric disabilities

Carina Tjornstrand<sup>1</sup>, Elisabeth Argentzell<sup>2</sup>, Ulrika

Bejerholm<sup>1</sup>, David Brunt<sup>3</sup>, Mona Eklund<sup>1</sup>

<sup>1</sup>Lund University, Lund, Sweden

<sup>2</sup>Lund university, Sweden

<sup>3</sup>Linnaeus University, Sweden

**Aim:** The aims are twofold: 1) to present the AiMH method, which consists of a lifestyle intervention with a focus on activities in the home environment for residents in supported housing (SH) and workshops for their support workers, and 2) to present the findings of an ongoing feasibility study evaluating the AiMH.

**Method:** SH facilities in Sweden are for individuals with a need for on-site support. The intervention was developed in relation to previous research and theory and in collaboration with a user panel. It is a manualized course for the residents and includes both individual and group sessions. Support workers received education in workshops regarding how to promote activity in the



supported housing context and collaborated with the residents throughout the intervention. SH facilities that received the intervention were compared with SH facilities that provided care as usual. The participants completed questionnaires about activity, well-being and recovery. Results: The AiMH intervention will be presented, as well as preliminary findings from the pilot and feasibility study based on interviews with stakeholders, such as participants in AiMH, SH managers and staff, and the occupational therapist providing AiMH.

Conclusions: AiMH is a novel occupational therapy intervention with a potential to enrich the SH environment and support residents' personal recovery goals. By educating staff, and residents in the AiMH course, the residents will receive support for engaging in everyday activities they find meaningful. This pilot and feasibility study will form the basis for a larger RCT study.

## 07

### Evaluating an empowerment approach for people with mental health problems and their families towards its inclusion in public policies: Activa't per la Salut Mental (Get active for mental health).

Maria Jesús San Pió<sup>1</sup>, Emilio Rojo<sup>2</sup>, Jordi Sanz<sup>2</sup>, Gemma Marcet<sup>2</sup>

<sup>1</sup>Federacio Salut Mental Catalunya, Barcelona, Spain

**Aim:** The aim of the project is to investigate the effectiveness of a program to **enhance an active role by people with mental disorders and their families in their processes of recovery and improvement** of quality of life.

The program is based on **validated experiences that have been consolidated into a single integrated care circuit** that flows from the health vision to the social-based community network. The circuit includes: information services, psychoeducation programmes, empowerment training programmes and peer support groups.

**Method:** The main evaluation method consists in a **randomised controlled trial**, with family units of people with severe mental disorders and their informal caregivers. 450 people (225 units) were randomised from 12 territories of Catalunya, from different territorial and social contexts. The study measures three outcomes at **baseline** (before randomising), **6 and 12 months** after the psychoeducation programmes.

The measured outcomes are:

- Patient Outcomes: Recovery scale (Stori)
- Caregiver outcomes: caregiver burden (ECFOS II and DUKE)

- For both of them, systemic outcomes (use of services and medications consuming).

The RCT is complemented with an evaluation of implementation with qualitative approaches.

Results:

The intermediate evaluation of implementation is available. The first results of the follow up will be available at the end of 2017.

Conclusions: Great interest among all stakeholders: users and families advocacy groups, service providers, social services, municipalities, community.

Specific evaluations are being developed for some areas: such as the information services and the peer support groups.

Improvements are being identified and implemented to the training programmes.

## 08

### Building a theory of change for an intervention to address loneliness among people with complex depression and anxiety

Vanessa Pinfold<sup>1</sup>, Johanna Frerichs<sup>2</sup>, Brynmor Lloyd-Evans<sup>3</sup>, Sonia Johnson<sup>2</sup>, Jessica Bone<sup>2</sup>

<sup>1</sup>McPin Foundation, London, United Kingdom

<sup>3</sup>University College London, United States of America

**Aim:** To coproduce a theory of change as part of developing and testing an intervention to address loneliness for people with complex anxiety and/or depression.

**Method:** A coproduction working group of service users with an interest in research and experience of depression and/or anxiety (n=6), practitioners working in relevant secondary mental health services (n=3) and researchers (n=5) was formed and met regularly. Together they developed the Community Navigator programme, and produced a theory of change to illustrate how this intervention would reduce loneliness. Three sources of information were used: working group minutes; a rapid literature review; and in-depth interviews with participants and Community Navigators during the intervention pilot (n=10).

**Results:** The theory of change is structured around assumptions, inputs, activities, enablers, intermediate outcomes and the final goal of the programme. It incorporates research on methods to reduce loneliness: increase the use of support available from existing relationships; develop new social connections; change thinking about current social relationships. Feedback from participants emphasised the importance of receiving





personalised guidance around activities and interests to pursue and planning the steps to achieve their goals. Community navigator feedback emphasised the importance of training and supervision in maintaining the narrow social remit of their role. Reflections from members of the working group on this process will also be presented.

### Conclusions

The process of coproducing the theory of change allowed explicit articulation of how the intervention is intended to work and informed collaborative decision making about the development and trialling of the intervention.

## 09

### Qualitative and psychometric evaluation of a new Recovery College fidelity measure

Rebecca Toney<sup>1</sup>, Peter Bates<sup>2</sup>, Helen Jennings<sup>2</sup>, Mike Slade<sup>3</sup>

<sup>1</sup>The University of Nottingham, Nottingham, United Kingdom

<sup>3</sup>University of Nottingham, United Kingdom

**Aim:** Recovery Colleges (RCs) offer co-produced adult education for students with mental health problems. This use of the person's own context to inform experience is proving popular, with 40 RCs established in England. Only preliminary investigation of key components of RCs has been published. The Recovery Colleges Characterisation and Testing (RECOLLECT) Study will develop a quantitative measure of RC fidelity.

**Method:** Literature review and consultation with experts by experience and profession have informed the development of a draft framework. We will interview 10 RC managers in England about this framework. Thematic analysis of these interviews will characterise participants' understanding about the essential features of a RC, and will enable the development of a draft Fidelity Checklist to inform implementation of RCs. Managers (n=1), peer trainers (n=4) and students (n=10) in three sites (n=45 in total) will then complete the Fidelity Checklist and a semi-structured interview about its comprehensiveness and acceptability. We will revise and finalise the Fidelity Checklist. The Checklist will be amended to a quantitative Fidelity Measure to be completed by the RC Manager. We will ask all RC managers in England to complete this Fidelity Measure twice (two weeks apart), to establish its psychometric properties.

**Results:** The iterative development and evaluation of the Fidelity Checklist and Fidelity Measure will be described.

### Conclusions

The Fidelity Measure will be used in a future grant

application to allow investigation of the relationship between each dimension and student outcomes in Recovery Colleges.

## 10

### From isolation to a feeling of belonging: The meaning of group participation in the Balancing Everyday Life (BEL) intervention for mental health service users

Elisabeth Argentzell<sup>1</sup>, Kristine Lund<sup>2</sup>, Christel Leufstadius<sup>2</sup>, Carina Tjörnstrand<sup>3</sup>, Mona Eklund<sup>3</sup>

<sup>1</sup>Lund university, Lund, Sweden

<sup>3</sup>Lund University, Sweden

**Aim:** The aim of this qualitative study was to explore mental health service users' perceptions of taking part of the Balancing Everyday Life (BEL) lifestyle intervention; specifically, the personal meaning of participating in the group.

**Method:** This study is part of a larger study evaluating the BEL intervention. Eighteen participants who had taken part of the BEL intervention were interviewed. The focus in this study was on the participants' experience of group. The proportion of women/men was 13/5 and the mean age was 44. Self-reported diagnoses included depression, anxiety, psychosis, bipolar and neurological disorders. The data was analyzed using Grounded Theory.

**Results:** As participants described the meaning of participating in the BEL group, it involved connecting with others in new and unexpected ways and enjoying the interaction with supportive peers and group leaders. Participants shared their process of participating in the group and how, for many, it led to improved self-confidence, valuing their competencies, and making lifestyle changes. Main categories were Joining: Overcoming isolation and fears, Belonging: I'm not alone with my daily struggles, Sharing: Challenging self-stigma, and Re-valuing: Enhancing self-competencies. The four main categories, together with sub-categories, are constructed and presented as a process.

**Conclusion:** The group seemed to be an important tool for the participants and supported improving self-confidence and not feeling alone in the struggle to handle everyday life and social relationships. By giving and receiving support the participants could identify their abilities.



11

### The PULSAR Project: What is the cross-cultural relevance of a mental health recovery questionnaire?

Vrinda Edan<sup>1</sup>, Lisa Brophy<sup>2</sup>, Ritsuko Kakuma<sup>3</sup>, Cajethan Uchenna<sup>3</sup>, Frances Shawyer<sup>3</sup>

<sup>1</sup>Monash University, Melbourne, Australia

<sup>2</sup>The University of Melbourne, Australia

**Background:** Prevalence of mental illness has been increasing globally, and is common among people from culturally and linguistically diverse (CALD) backgrounds. The Questionnaire about the Process of Recovery (QPR), a self-report instrument that measures personal recovery outcomes for consumers, is currently being used as the primary outcome measure for the Principles Unite Local Services Assisting Recovery (PULSAR) Project. The extent to which the QPR is relevant among CALD communities in Australia, has not yet been evaluated. This pilot study aimed to examine the cultural relevance of the QPR.

**Methodology:** Semi-structured interviews were conducted with two GP's and nine consumers from two clinics in communities with a high representation of Iranian and Burmese clients. The consumers were asked to complete the QPR at the start of the interview to familiarise themselves with the tool before commencing the interview. Transcripts were analysed using thematic framework approach.

**Results:** While there was a general agreement that a tool to facilitate the discussion and assessment of recovery would be useful, the QPR requires modification to make it more relevant to CALD consumers. Participants' responses revealed different conceptualization of personal recovery and different levels of knowledge and understanding about mental health. Issues specific to CALD communities such as immigration status, language issues and different understandings of specific items of the QPR were identified as important considerations to improve the tool.

**Conclusion:** The QPR is potentially a useful and relevant tool among CALD communities but more work needs to be done in its adaptation to different cultures.

12

### Does specialized psychiatric assessment improve return to work rates among absentees with common mental disorders?

Andreas Hoff<sup>1</sup>, Carsten Hjorthøj<sup>2</sup>, Lene Epløv<sup>2</sup>

<sup>1</sup>Mental Health Center Copenhagen, Copenhagen, Denmark

**Aim:** Primarily to examine the effect on vocational status following sick leave after standard GP assessment and standard vocational rehabilitation intervention compared to specialized psychiatric assessment supplying standard GP assessment and standard vocational rehabilitation intervention. Secondary aim: To gain knowledge about the prevalence of psychiatric disease among people on sick leave. **Methods:** The study will be conducted in a quasi-experimental design with an intervention group and a control group. **Inclusion criteria:** 1) Sick leave recipients during sick leave through no less than four weeks (of if at any time a duration of possibly more than 8 weeks is expected); 2) absentee regards a common mental disorder as the cause of absenteeism 3) age min. 18 years. A cohort will be formed: all citizens who are assessed in the specialized team A control group will be formed, consisting of citizen *eligible for referral* to assessment but who is not offered such (due to chance).

Difference between groups will be calculated regarding: Time from baseline to return to work (RTW) at 6, 12 and 24 months (primary outcome is 12 months)

Share in ordinary work at 6, 12 and 24 months

Time from RTW to possible recurrent sick leave with a duration of more than four weeks, at 24 months after baseline

Number of weeks at work from baseline at 6, 12 and 24 months

Controls will be matched individually with cases, utilizing *propensity score matching*. Analyses will be conducted using conditioned logistic regression and cox-regression.

13

### Factors associated with the attitudes of general practitioners towards patients with mental illness, mental health and their relationship with mental health services.

Antonio Bordallo Aragón<sup>1</sup>, Berta Moreno-Küstner<sup>2</sup>, David Aguilera Fernández<sup>3</sup>, Jesús Sepúlveda Muñoz<sup>3</sup>

<sup>1</sup>HRU de Málaga, Malaga, Spain

<sup>2</sup>University of Malaga, Spain

**Aim:** This study aims to explore the attitudes of general practitioners (GP) in Málaga (Andalucía) towards their patients with schizophrenia and related disorders to examine the influence of sociodemographic and working variables, including the existence of a collaborative attention model between primary care and mental health services.



**Method:** a questionnaire about attitudes of general practitioners towards mental health was developed including three dimensions: relationship, beliefs and training. This self-administered and anonymous questionnaire was sent to 188 general practitioners belonging to 13 primary care center depending of the Regional Hospital of Malaga including a survey about sociodemographic and working factors. Statistical analysis was conducted with t-test, ANOVA and Pearson's r.

**Results:** the response rate was 77% (145 of 188). We found a significant relationship between the dimension "relationship" with a bigger number of assigned patients and with the primary care center of the GP. The dimension "beliefs" showed a significant relationship with the primary care center of the GP too. In both cases the primary care centers with a collaborative attention model showed a better punctuation in these two dimensions. No relationship was found with the dimension "training".

**Conclusions:** the results point that the existence of a collaborative attention model between primary care and mental health services could be a good instrument to change some attitudes of GP about mental health, improving the attention for patients with mental illness.

## 14

### Enabling a personalized approach to therapy: The development of an occupational therapy intervention specification for people with a diagnosis of psychosis.

Joanne Inman<sup>1</sup>, Katrina Bannigan<sup>2</sup>, Jacqueline Akhurst<sup>2</sup>  
<sup>1</sup>Plymouth University, Plymouth, United Kingdom

**Aim:** Occupational therapy a widely-used intervention in mental health settings, is a complex intervention delivered using a client-centred approach (Creek 2003). This paper describes the method used to create an occupational therapy intervention specification that supports this individualised approach, whilst also enabling replicability for research and practice.

**Method:** *The Developing and Evaluating Complex Interventions Guidance* (Medical Research Council 2008) was applied. A task analysis of occupational therapy with people with a diagnosis of psychosis was conducted utilising the best available evidence from research and practice (Gitlin 2013). This was scrutinised by the POINTER study steering group, academics and clinicians; amendments were made. The occupational therapy intervention specification was applied in a pre-post feasibility study for a pragmatic RCT; validity and utility was explored as a process outcome.

**Results:** The occupational therapy intervention specification connects the theory base, therapy goals, objectives, activities and the hypothesized outcomes. The feasibility study process identified that 98% of occupational therapy practice was captured, occupational therapy was tailored to the individuals needs and context and the intervention specification met the Template for Intervention Description and replication (TIDieR) checklist and guide (Hoffmann et al 2014).

**Conclusion:** Occupational therapy is a complex intervention which is responsive to the individual and the life context. This intervention specification has been shown to have good utility for research and practice; it will be used in a larger pragmatic RCT to test the efficacy of occupational therapy with people with a diagnosis of psychosis, living in the community.

## 15

### No reductionism: Psychiatry is about the whole person in her whole context with her whole history and that in a dialectical way

Jan Verhaegh

(former) boardmember European Network for Users/ Survivors of Psychiatry, Maastricht, Netherlands

**Aim** In the conference "From the individual to society." I want to plea for more attention for dialectical philosophy as a possible method to overcome reductionism and to place the individual in her whole context and history in a dialectical way. **Method** Presentation with arguments for this plea. **Results** Very often we see in psychiatry a way of looking to a problem in a reductionist way. That has also (besides a lot of other causes) to do with a theory of science, in which we reduce the method of science to a mathematical, statistic, formal logic one, in which human beings are rational beings as long as the brain functions. We see the individual without a relation to the whole of the social context. The society is not seen as contributing to the psychiatric problem. We can compare this with a photo or with a thinking by computer. This way of thinking needs complement in which we make from photos a film and in which we go beyond this computer thinking in the direction of specific human thinking. There is another way of looking in philosophy, which can overcome this reductionism. That is the model of dialectical philosophy. (Hegel and others) I will explain it and give the basic principles how this model of thinking works. It can contribute on theoretical level to practices in same direction. **Conclusion;** When we want to go from the individual to society it would be good to pay more attention to dialectical philosophy.



16

## Clinical Management in an ACT team in Spain

Juan José Martínez Jambrina

Hospital San Agustín, Avilés, Spain

Clinical management in Spain is a novel approach to improve the results of mental health services. Clinical management is under debate because of some ethical issues and its complex philosophical basis. There are three main ingredients in it: economical results, quality indicators and activity indicators. Professionals working in psychosocial rehabilitation should be trained in these topics. The Avilés ACT team has been working under Clinical Management since 2011. We show the results obtained in our last evaluation. We show the quality and activity indicators used in our team in order to evaluate our interventions. We discuss about the usefulness of this approach.

17

## Evaluating the implementation of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients (MULTI-study)

Jeroen Deenik<sup>1</sup>, Diederik Tenback<sup>2</sup>, Ingrid Hendriksen<sup>2</sup>,  
Erwin Tak<sup>2</sup>, Peter van Harten<sup>2</sup>

<sup>1</sup>GGz Centraal, Amersfoort, Netherlands

*Aim:* There are serious metabolic health problems in especially long-term severe mentally ill inpatients. After studying physical activity, quality of life and psychological determinants to understand the context of the challenge to change lifestyle behaviour, we developed a multidisciplinary lifestyle-enhancing treatment. Results after 18 months showed significant improvements in physical activity, metabolic health, quality of life and psychosocial functioning. Additionally, we wanted to perform a process-evaluation, to support further optimization and valorisation of the treatment.

### *Method*

Four categories of determinants (innovation, professional/user, organisational context and socio-political context) were assessed using a questionnaire based on the Dutch validated Measurement Instrument for Determinants of Innovations (questions scored on a 5-point Likert-scale). The questionnaire was sent digitally to 42 healthcare professionals (HP). A reduced version (e.g. excl. organisational context) was administered to patients (N=33) in a semi-structural interview.

### *Results (preliminary)*

Both groups were positive about determinants of the

treatment ( $M=3.88$  and  $M=3.89$ , respectively), although patients stated it wasn't easy to participate in the treatment ( $M=2.18$ ). Determinants of the HP and patients themselves scored positive ( $M=3.90$  and  $M=3.76$ , respectively), while organisational context (e.g. staffing, facilities and financial resources) scored low ( $M=2.80$ ). Difficulties in getting patients involved, relapse after discharge and a lack of paramedical support and clear policy are main topics in open answers/suggestions.

### **Conclusions**

Overall, determinants of the treatment and users seems to facilitate treatment-implementation.

Implementation strategies regarding organisational factors are needed.

Detailed analysis of scores and open answers/suggestions will be done to gain more insight into preliminary findings.



## Guided poster session Theme 4

### Policy: Societal challenges for community mental health

01

#### **Are we meeting the continuity of care needs of mental health service users? A retrospective evaluation of the Integrated Patient Assessment and Continuous Engagement system.**

Daniel Poremski<sup>1</sup>, Margaret Hendriks<sup>2</sup>, Esther Quek<sup>2</sup>, Hong Choon Chua<sup>2</sup>

<sup>1</sup>Institute of Mental Health, Singapore, Singapore

**AIM:** Ensuring that people with schizophrenia and delusional disorders receive the continuity of care required to remain in good health can be challenging in large urban centers with large patient volume. This is especially important given an ageing population with more comorbid metabolic syndromes. The Integrated Patient Assessment and Continuous Engagement (IPACE) system was developed to merge case management with regular risk and needs assessment in an electronic record platform. **METHOD:** The IPACE programme is located at the Institute of Mental Health in Singapore, the sole source of tertiary psychiatric care in the country. It has a capacity of 2000 inpatient beds and serves a population of 5.5 million citizens. Our retrospective evaluation relies on administrative data collected between April 2010 to December 2016. We reconstructed timelines to observe the longitudinal effect of the iPACE system on four clinical outcomes and process measures: 1) the rate of attendance at post-discharge appointment, 2) the rate of re-admission, 3) the rate of completion of risk assessments, and 4) the functional outcomes of service users (Global Assessment Scale & Clinical Global Impression-improvement). We used interrupted time series analysis to determine the impact of the various refinements of the programme.

**RESULTS:** Analyses are underway and are expected to be completed by August 2017.

**CONCLUSION:** Conclusions about the effect of the system have not yet been made. However, the merger of case management and regular risk and needs assessment can be facilitated, on an institutional level, by electronic record platforms.

02

#### **Influence of the patient socioeconomic status and subjective social status on the exposure to specialised and personal care continuity approach in Belgium**

Pierre Smith, Pablo Nicaise, Vincent Lorant

Université Catholique de Louvain, Bruxelles, Belgium

**Aim** In several countries, there is a debate to decide whether, after discharge from psychiatric stay, continuity of care is best sustained by specialised care or by personal continuity. Yet, these two options may not be accessible to all socio-economic groups. We sought to investigate how patients' socioeconomic status (SES) and subjective social status (SSS) influenced such allocation to specialised continuity of care or personal continuity of care.

**Method** Within a larger European study (COFI), data on 1057 psychiatric, hospitalised patients, allocated either to the specialised or personal continuity approach, were collected in Belgium, including SES. Moreover, data on SSS were collected on 300 patients at 1-year follow-up, using the McArthur scale. The influence of SES and SSS on the allocation decision were analysed and controlled for psychiatric diagnoses, severity of disorders, and sociodemographic categories.

**Results** Globally, patients had a low SES, and a SSS perceived as intermediate (mean score 5.15/10, SD 2.2). Patients with a lower SES were significantly more allocated to the personal continuity approach compared to patients with a higher SES. However, low SES was non-longer associated with personal continuity of care after controlling for severity of disorders.

**Conclusions** Patients' SES has an influence on the care continuity approach, in favour of personal continuity for the least wealthy patients. Although results are consistent with the literature in terms of severity of disorders, this may have an impact on access to specialised care for the most socially deprived patients.

03

#### **Contradicting Logics and Idealistic Professionalism - A Case Study of the Development of a Swedish Community Mental Health Service Market**

Maria Fjellfeldt, Urban Markström

Umeå University, Umeå, Sweden

*Background:* Implementing freedom of choice in social welfare is a contemporary phenomenon in the western



world. Choice aims to increase citizens' freedom of choice, conduce diversification in service and providers of service, reduce inequalities among citizens while contribute higher quality of service and facilitate efficient use of public funds. In Sweden "Act of Free Choice Systems" (2008:962) was introduced in 2009. This study aims to investigate the character and development of a Swedish community mental health service market established due to the policy.

**Method:** A case study was conducted in Stockholm, the capital of Sweden, where free choice in community mental health services was implemented in January 2010. Semi structured interviews were conducted with managers representing providers who entered and exited the market between 2010 and 2015. In total twelve informants participated. To analyse the material directed content analysis was used. Theories regarding logics, professionalism and hybrid organizations were applied.

**Results:** Prevailing logic within the market was a logic of care, not of a logic of choice. Strong personal commitment characterized providers entering and exiting the market. All informants described financial conditions on the market as extremely strained. Market competition was hardly found. The strong commitment raises a suggestion of nuancing the professionalism with yet another professionalism called *idealistic professionalism*.

**Discussion/conclusion:** Despite an implemented market model, no market logic appeared. This raises questions. How will the community mental health service market further emerge? What are the implications then for participants?

## 04

### From deinstitutionalisation to public mental health; Regional action plans as a tool for promoting a new national policy in Sweden

Urban Markström<sup>1</sup>, Maria Fjellfeldt<sup>2</sup>, David Rosenberg<sup>1</sup>  
<sup>1</sup>Umeå University, Umeå, Sweden

**Aim:** After several decades with policies emphasizing deinstitutionalisation and community care for people with severe mental illness, the Swedish government is now promoting a broadened policy, focusing on prevention and early intervention. Local health care and social authorities have a legislated latitude however in implementing these policies, leading to questions as to how they will interpret and respond to this radically broadened policy. The aim was to analyse the nature of the response to these governance signals and the characteristics that dominated the written action plans they were required to develop.

**Method**

To receive national mental health grants, local authorities are obligated to collaboratively develop documentation of need and plans for action. In this study, all of the regional plans (n=21) from 2016 were collected and analysed through qualitative and quantitative methods. Attention was directed to the strategies for developing the plans and to the target groups and interventions which were highlighted and prioritized according to the focus areas of the policy.

**Results:** Remarkable differences were found regarding the ambition, processes and range of the plans. Highlighted themes included mental health among children and adolescents, refugees as a vulnerable group, suicide prevention and cooperation between organisations.

**Conclusions:** The broader national policy is highly visible in the plans. However, the variation illustrates that local needs still can be highlighted despite national steering. The collaborative regional plans tended to be vague and unspecific, which in turn obscured core themes such as psychiatric treatment or the role of primary care providers.

## 05

### Clinical and socio-demographic variables associated with the outcome of a vocational rehabilitation programme in an Italian Community Mental Health Center

Gian Maria Galeazzi<sup>1</sup>, Giulia Venturi<sup>2</sup>, Salvatore Alfieri<sup>2</sup>, Niccolò Colombini<sup>2</sup>, Giorgio Mattei<sup>2</sup>

<sup>1</sup>University of Modena and Reggio Emilia, Modena, Italy

**AIM** To identify clinical and socio-demographic variables associated with the outcome of a vocational rehabilitation programme. **METHOD** Retrospective study. All patients in charge at the Community Mental Health Center of Castelfranco Emilia (Province of Modena, Italy) and included in a vocational rehabilitation programme in years 2003-2016 were enrolled. Cases were patients who successfully ended their programme as employed, while controls were patients that drop-out during the programme. For each, clinical (diagnosis, length of time in charge, length of disease, previous participation to vocational programmes or internships, their duration) and socio-demographic (age, sex, nationality, marital status) variables were collected. Statistics performed with STATA 13.0. **RESULTS** 119 patients (mean age 41±11 years, female 40%) were enrolled: 64 cases, 54 controls. A positive outcome was associated with: (1) type of rehabilitation programme (OR = 3.78, 95% CI 2.02- 7.06), pointing out that direct hiring modalities were associated with a positive outcome more than internships, and (2) duration of the programme (OR = 0.34, 95% CI 0.13-



0.92) with respect to the median of 6 months, pointing out that the longer the duration, the worse the outcome.

**CONCLUSIONS** Improvements of vocational rehabilitation programmes can be elicited by a better comprehension of the factors associated with a positive or negative outcome. Turning from traditional, more protective, rehabilitation programmes to more competitive and tailored ones may improve employment. Our data are consistent with the latter approach, namely with the adoption of short-term, intensive rehabilitation programmes, such as the Individual Placement and Support model.

## 06

### Access to care and spatial distribution of patients suffering from schizophrenia and bipolarity in 2015 in the French department of Ille et Vilaine

Viviane Kovess-Masfety<sup>1</sup>, Laure Denis<sup>2</sup>, Sylvie Torjman<sup>2</sup>  
<sup>1</sup>EHESP, Paris, France

**Aim:** Patients suffering from severe disorders are living in less affluent areas and this has to be implemented in the psychiatric teams resource allocation in a fair manner in the national catchment area policy system in France where large access inequities persist.

**Methods :** The study concerns the French department of Ille et Vilaine made up of 353 municipalities, 12 catchment areas located into 3 public hospitals plus 3 private clinics are included. By sharing data from the Medical Information Departments (DIMs) of public and private institutions and INSEE socio demographic data, we compare the place of living of schizophrenic SZ (2940), bipolar BP (1921) pooled with schizoaffective patients (436) according to Socioeconomic indicators and indicators in medico-social resource .The methodological tools used are the ArcGIS software for mapping and the R software for statistical analysis. The influence on resource on psychiatric care practices was evaluated on the 2031 patients of the largest hospital (CHGR)

**Results :** Their municipalities median income does not appear to be significantly associated with the location of SZ or BP. At the CHGR there are wide disparities between catchment areas for resource as for practices.: hospitalisation duration, outpatient care for both groups of patients

**Conclusion :** A new reform aimed to territorialise health care based on leading large University hospitals including psychiatry; psychiatric catchment areas services are reluctant to be part of this and aimed to develop larger territories and multi partnerships planning for psychiatric care in order to decrease inequalities and to increase networks.

## 07

### Mental health and multifactorial in schizophrenia: a study on young psychotic guests to rehabilitation facilities

Maria Nacci<sup>1</sup>, Annadelia Boccadamo<sup>2</sup>, Orazio Lippolis<sup>2</sup>  
<sup>1</sup>ASL Taranto, Taranto, Italy

It 's known as the coexistence of genetic and environmental factors may contribute to the onset of mental disorders. In this study, in particular, were examined psychotic youth aged between 18 and 35 years (mean age 29 years) included in the single year 2016, in psychiatric care and rehabilitation facilities of Taranto province.6 patients were diagnosed with schizophrenia or schizophrenia spectrum; 33.33% of the subjects also presents a slight degree of mental retardation.Both sexes are equally represented. In 16.66% of cases show a family history of psychosis, 16.66% has been adopted, in 33.33% at least one parent was poliabusatore substance.The rehabilitation program, structured into several steps, aim at promoting the empowerment of individuals fueling personal growth and the best use of the social role of each.

## 08

### Trends, socio-demographic and clinical characteristics of migrants seeking psychiatric care in Verona, Italy

Doriana Cristofalo<sup>1</sup>, Chiara Bonetto<sup>2</sup>, Mario Ballarin<sup>2</sup>, Francesco Amaddeo<sup>2</sup>, Michela Nosè<sup>2</sup>, Corrado Barbuì<sup>2</sup>  
<sup>1</sup>University of Verona, Verona, Italy

**Aims:** Many studies showed that migrants have a higher incidence of mental illness compared to natives. We aimed to describe trends, socio-demographic and clinical characteristics of migrants seeking psychiatric care in the catchment area of Verona, an affluent city located on the north of Italy.

**Methods:** Data were extracted from a Psychiatric Case Register covering a large Italian catchment area. We compared trends, clinical and socio-demographic characteristics of migrants and natives who had their first contact with mental health services in Verona during the period 2000-2015.

**Results:** The proportion of migrants with a first contact with mental health services increased from 3% to 10% during the period 2000-2015. In comparison with natives, migrants were younger and received more often a diagnosis of schizophrenia. Migrants were admitted more often than natives and had also more emergency room visits. Migrants showed a higher proportion of previous admissions as compared to natives.



**Conclusions:** The increasing proportion of migrants seeking psychiatric care calls for the development of appropriate pathways of care that might facilitate access to mental health care services and the provision of culturally sensitive medical and psychiatric assessments, as well as the delivery of evidence-based psychological and pharmacological treatments.

09

### Can the mental health of young people who provide unpaid care be improved by providing social care services to the person they support?

Nicola Brimblecombe<sup>1</sup>, Derek King<sup>2</sup>, Martin Knapp<sup>2</sup>, Daniel Lombard<sup>2</sup>

<sup>1</sup>London School of Economics and Political Science, London, United Kingdom

**Background:** The combination of global demographic, societal and economic changes and in the UK, local funding changes in the form of unprecedented cuts to adult social care funding and provision during high and increasing need has resulted in an increasing individual and state reliance on unpaid carers, including children and young adults, with consequences for their mental health. Furthermore, there are inequalities in the distribution of providing unpaid care and the effects on mental health.

**Aims:** To explore (a) the poorer mental health of young people who provide unpaid care in England; (b) the role of social care services and support for the person with care needs in improving the mental health of the children and young people who support them.

**Method:** (i) Secondary analysis of large, nationally representative UK datasets to explore the mental health of young people aged 16 to 25 in England who provide unpaid care; (ii) Collection of primary data from people with care needs and the young people who support them.

**Results:** We will describe the research and present preliminary findings about provision of social care support for people with care needs and the mental health and other relevant quality of life indicators of young people who provide unpaid care for them.

**Conclusions:** We will conclude by considering the indirect implications for young people's mental health of provision or lack of provision of community social care services and support for the person they provide care for.

10

### Chronic abusive alcohol-related diseases mortality, community mental health coverage and social vulnerability in São Paulo, Brazil, 2013

Andreia Nascimento

Faculdade de Ciencias Medicas da Santa Casa de Sao Paulo, Sao paulo, Brazil

**Aims:** To assess if community mental health services are available in areas with higher chronic abusive alcohol-related diseases mortality and/or higher levels of social vulnerability in São Paulo.

**Methods:** We conducted an ecological study, assessing mental and behavioural disorders due to use of alcohol [F10] and alcoholic liver disease [K70]) mortality rates in 2013. We also assessed the coverage of community mental health services (number of services/100,000 inhabitants) and the proportion of residents living in high social vulnerability from 32 administrative regions of the city. Correlations were assessed using Spearman's rank coefficients.

**Results:** There were 915 deaths due to chronic abusive alcohol consumption (90.4% male; 57.9% aged 40-59). Across regions, mortality rates ranged from 1.1 to 12.5 (median=3.7) for females and from 9.6 to 45.2 (median=19.3) for males. Overall, community mental health services coverage in the city was 0.73 services/100,000 inhabitants (median=0.77; range 0.11-1.71) and the proportion of high social vulnerability ranged from 0.1% to 51.6%. There were no significant correlations between regional alcohol mortality rates and coverage for both genders, neither between coverage and social vulnerability. Among males, alcohol mortality rates showed correlation with higher levels of social vulnerability ( $\rho=-0.43$ ;  $p<0.013$ ).

**Conclusions:** There are inequalities in mortality due to chronic alcohol abusive consumption, community mental health services coverage and social vulnerability. Areas with higher alcohol mortality rates (and with higher levels of social vulnerability) 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.





11

## Integrated mental health care and vocational rehabilitation to improve return to work rates for people on sick leave because of common mental disorders (IBBIS):

Jonas Fisker<sup>1</sup>, Rie Poulsen<sup>2</sup>, Andreas Hoff<sup>3</sup>, Birgit Mathiesen<sup>4</sup>, Carsten Hjorthøj<sup>4</sup>, Lene F. Epløv<sup>4</sup>

<sup>1</sup>Mental Health Services in Capital Region of Denmark, Copenhagen, Denmark

<sup>2</sup>Mental Health Center Copenhagen, Denmark

<sup>3</sup>Mental Health Center Copenhagen, Denmark

**Aim:** Common Mental Disorders (CMD) like stress, anxiety and depression cause a large financial burden on Danish economy due to sick leave. Thus, it is crucial to help individuals on sick leave due to CMD to return to work. The main aim of the IBBIS project is to assess, if an integrated mental health care and vocational rehabilitation intervention for recipients of sick leave benefits with CMD, help citizens return to work faster than services as usual.

**Methods:** Two three-armed investigator-initiated multi-center parallel superiority randomised controlled trials (RCTs): RCT 1 for persons with *generalized anxiety disorder, panic disorder, social phobia or depression*, and RCT 2 for persons with stress related disorders like *psychological stress, adjustment disorder or exhaustion disorder*. The three-armed RCTs are set up to compare the effectiveness of 1) standard mental health care and vocational rehabilitation services 2) stepped mental health care and standard vocational rehabilitation 3) integrated mental health care and vocational rehabilitation. The primary outcome is the time to return to work at 12 months, and secondary outcome measures are disease severity, work proportion, recurrent sickness absence, work- and social functioning.

**Results:** The trial is active and recruiting citizens. Data is collected at 6, 12 and 24 months from registers and self-report measures.

**Conclusions:** Recruiting is expected to be finished in January 2018. Data collection for primary outcome is expected to be finished January 2019. The study is estimated to be complete in August 2020.

12

## Design of the process evaluation of a cross-disciplinary intervention combining mental health care and vocational rehabilitation for people returning to work sick leave because of common mental disorders

Rie Poulsen

Mental Health Center Copenhagen, Copenhagen, Denmark

**Introduction:** Common mental disorders (CMD) negatively affect functioning and workability and 40 % of individuals on long-term sick leave have CMDs. The purpose of the IBBIS interventions is to improve the process of returning to work through integration of services between the health care and vocational sector. The intervention will be tested in a multi-center RCT.

Process evaluations are relevant to understand the functioning of complex interventions like the integrated IBBIS intervention and process evaluations can qualify the generalizability (external validity) of the results from the multicenter RCT.

**Method:** The process evaluation is designed to accommodate the BMRC-guidelines and takes a *realist evaluation* perspective on the complementary use of knowledge from the RCTs and the process evaluation. A logic model was produced and three elements of the intervention were selected for investigation:

Cross-disciplinary collaboration to create integrated services

Team members' collaboration with participant's employers  
Person-centered interventions through shared decision making

Program theories were designed for the three core elements of the intervention. The process evaluation will evaluate elements of implementation (dose delivered, dose received, and fidelity), context and mechanisms of impact for the three core elements. Investigation of differences in implementation in the settings of the multi-centre trial will be used to reveal context-factors relevant to the functioning of the intervention.

**Discussion:** The three studies will be published between primo 2018 and ultimo 2019, and will provide knowledge on the difficult implementation of a complex intervention like the integrated IBBIS mental health care and IBBIS vocational rehabilitation cross public sectors.



13

### Non-utilization of medical rehabilitation before the occurrence of early retirement due to psychological and behavioural disorders in Germany - prevalence and sociodemographic determinants.

Maria Weyermann

Niederrhein University of Applied Sciences, Krefeld, Germany

**Aim:** In Germany the statutory pension insurance fund covers the cost of rehabilitation treatment for employees whose working capacity is endangered due to health problems. The underlying principle is the concept to avoid early retirement due to health problems by rehabilitation. We aimed to describe the utilization of medical rehabilitation before the occurrence of early retirement due to psychological and behavioural disorders in Germany from 2003 to 2014 and to investigate potential sociodemographic determinants.

**Methods:** Analysis based on 20% random samples of administrative pension records from the Research Data Centre of the German Federal Pension Insurance. We used logistic regression models to investigate the risk for non-utilization of medical rehabilitation during five years before the occurrence of early retirement.

**Results:** Among all early-retired patients due to psychological and behavioural disorders 50.3% (60.380 out of 120.106) did not utilize medical rehabilitation. Risk factors for non-utilization were to be unmarried or widowed (vs. married, adjusted OR: 1.43; 95% CI: 1.40 – 1.47), non-German citizenship (vs. German citizenship, 1.19 [1.14 – 1.24]), unknown or low educational level (vs. median educational level, 1.58 [1.53 – 1.63]), as well as low annual income (1<sup>st</sup> quartile vs. 4<sup>th</sup> quartile; 4.09 [3.94 - 4.24]). Also, risk was higher among men compared to women (1.38; 95% CI: 1.34 – 1.41) and lower among older patients (60 - 64 years vs. ≤ 44 years; 0.86 [0.82 - 0.90]).

**Conclusions:** Among all early-retired patients due to psychological and behavioural disorders 50% obtained no medical rehabilitation. Worst affected were deprived persons.

14

### Cost-effectiveness of Healthy Activity Program(HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India alongside a randomised controlled trial

A-La Park<sup>1</sup>, David Mcdaid<sup>2</sup>, Benedict Weobong<sup>2</sup>, Bhargav Bhat<sup>2</sup>, Vikram Patel<sup>2</sup>

<sup>1</sup>London School of Economics, London, United Kingdom

**Aim:** Although there is a growing evidence on structured psychological interventions as first-line treatments for people with depression in most developed countries, there is a limited access to these especially in routine primary care settings in developing countries. We explored cost-effectiveness of a brief psychological treatment (Healthy Activity Program) delivered by lay counsellors to patients with moderately severe to severe depression in primary health-care settings in India.

**Method:** From health-care system and societal perspectives, cost per quality-adjusted life-year (QALY) scores were reported (Int\$2015). We explored statistical uncertainty around the incremental cost-effectiveness ratios through cost-effectiveness acceptability curves to show showing the probabilities of HAP being cost-effective at various willingness- to- pay levels. We did post-hoc analyses of remission as defined by a PHQ-9 score of less than 5 or a 50% reduction in score as a stringent indicator of remission.

**Results:** 495 participants (247 in the EUC plus HAP group vs. 248 in the EUC alone) were followed up over 3 months. From the health system perspective, HAP has a favourable cost per QALY gained as GDP per capita. Cost-effectiveness acceptability curve indicated that HAP has an 87% chance of being considered cost-effective. From a societal perspective, HAP has a 98% chance of being cost-effective and a 42% chance of being cost saving, having lower costs and better outcomes than has EUC alone, with similar results for remission and BDI-II outcomes.

**Conclusions:** HAP was cost-effective in narrowing the health inequalities for underserved populations in this setting.



15

## Mental disorders and risk for committing and enduring Intimate Partner Violence: a review of the literature.

Gian Maria Galeazzi<sup>1</sup>, Laura De Fazio<sup>2</sup>, Valentina Moretti<sup>2</sup>, Chiara Sgarbi<sup>2</sup>, Nina Giambalvo<sup>2</sup>, Giulia Rioli<sup>2</sup>

<sup>1</sup>University of Modena and Reggio Emilia, Modena, Italy

**AIM:** The World Health Organization (WHO) defines Intimate Partner Violence (IPV) as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm”. Mental disorders can represent both a consequence of enduring IPV and a risk factor for committing it. Aim of this study is to review literature exploring the risk for people affected by mental disorders for committing and enduring IPV .

**METHOD:** We searched PsycINFO database for last 5 years' published papers. Only studies reporting clinical data on adults and written in English were included. We excluded articles with a sample size < 50 subjects, those on selected populations, pharmacological studies, reviews or meta-analyses.

**RESULTS:** 278 papers were identified, and 22 were finally included in the review. Of the 256 excluded studies, 175 were off topic, 9 involved < 50 subjects, 29 included patients below 18 years of age, 8 explored selected populations, 1 was a pharmacological study, 6 were studies on therapies and psychoterapies, 28 were review articles or books chapters. Physical and emotional child abuse, witnessing IPV or enduring neglect during childhood, alcohol consumption and poor self-perceived health were all associated with committing IPV. Depression, anxiety disorders (especially general anxiety disorders, panic disorder, social phobia) and PTSD were the most commonly reported psychiatric consequences of IPV.

**CONCLUSIONS:** Psychosocial factors, especially childhood adversities and alcohol consumption are common risk factors for committing IPV, which points at possible prevention strategies. The risk of psychological and psychiatric consequences of enduring IPV is significant.

16

## Suicide, community mental health services and social vulnerability in São Paulo, Brazil - are there some relations?

Andreia De Nascimento

Faculdade de Ciências Médicas da Santa Casa de São Paulo, São Paulo, Brazil

**Aims:** To assess if community mental health services are available in areas with higher suicide mortality rates and/or

higher levels of social vulnerability in São Paulo, the largest city in Brazil.

**Methods:** We conducted an ecological study, assessing suicide (ICD-10 codes: X60-X84) mortality rates in 2013. We also assessed the coverage of community mental health services (number of services/100,000 inhabitants) and the proportion of residents living in high social vulnerability from 32 administrative regions of the city. Correlations were assessed using Spearman's rank coefficients.

**Results:** In 2013, there were 575 suicides in São Paulo (72.9% were male, 48.9% was aged 20-39 and 53.0% died at home). Standardized suicide mortality rates ranged from 2.3 and 10.5 deaths/100,000 inhabitants and the proportion of high or very social vulnerability ranged from 0.1% to 51.6% across regions. Overall, community mental health services coverage in the city was 0.73 services/100,000 inhabitants (median = 0.77; range 0.11-1.71). There were no significant correlations between regional suicide mortality rate and community mental health services coverage ( $\rho = 0.14$ ;  $p = 0.454$ ) neither between coverage and high social vulnerability ( $\rho = -0.18$ ;  $p = 0.324$ ).

**Conclusions:** There are regional inequalities in suicide mortality, community mental health coverage and social vulnerability in São Paulo. Although the overall coverage of services was good (according Brazilian Health Ministry parameters), areas with higher social vulnerability have not received more investment to increase the availability of community mental health services and to integrate them with other health units, in order to decrease these inequalities.

17

## A qualitative approach to planning a psychoeducational intervention for people included in vocational rehabilitation programmes in an Italian Community Mental Health Centre

Gian Maria Galeazzi<sup>1</sup>, Valentina Sacchi<sup>2</sup>, Giorgio Mattei<sup>2</sup>

<sup>1</sup>University of Modena and Reggio Emilia, Modena, Italy

**AIM** To use a focus group approach to planning a psychoeducational group intervention aiming at supporting people included in vocational rehabilitation programmes

**METHOD** Qualitative study. A focus group was organized at the Community Mental Health Center of Castelfranco Emilia (Italy) with the participation of three health professionals (one psychiatrist and two nurses), three patients involved in vocational rehabilitation programmes and one educator who supports them. The thick description of the focus group was analyzed according to General



Grounded Theory principles, in order to influence the development of a tailored psychoeducation intervention. An in fieri hierarchical code system was developed. The encoding was made with the software MAXQDA 12. All participants provided written informed consent. RESULTS The focus group lasted 1h39m. Two main areas were coded: Positive Supports and Negative Supports (86 interventions), further sub-divided into three areas: operators, personal factors and setting (9, 27 and 50 interventions, respectively). Patients reported: "I think the main obstacle [to work] is ourselves"; health professionals reported: "It seems there is a problem with knowledge, information and the activation of resources"; the educator reported: "The adjustment capacities may be an obstacle for personal realization". CONCLUSIONS A structured, psychoeducational group intervention aiming at supporting people in vocational rehabilitation programmes should address the following themes: 1. gap between training and job; 2. how to manage relationship with colleagues, e.g. by means of structured social skill training interventions; 3. work and illness; 4. increased stress due to job demands; 5. lack of information about work and workplace.

## Guided poster session Theme 5

### Other

#### 01

#### **TEXIEF: a thesaurus of expanded ICF Environmental Factor terms.**

Lucilla Frattura<sup>1</sup>, Giovanni Bassi<sup>2</sup>

<sup>1</sup>Regional Health Directorate, Udine, Italy

**Rationale and aim:** In the frame of interoperable EHRs, specific coding systems are mandatory to complete healthcare documents, but ICF is not still considered. ICF usability has been criticized since its categories, including EFs, are too broad to be used in clinical settings. The aim is to overcome the low descriptive power of the ICF EF component, providing a foundation thesaurus of terms (with an ICF suffix) having an increased descriptive power. **Methods:** The methodology takes into account: i) a preliminary ICF term extraction process, starting from descriptions and inclusions; ii) integration of the extracted glossary of terms with existing international classifications such as ATC and ISO9999; iii) integration of the extracted glossary of terms with existing national standard terminologies such as terms for describing Health or Social systems and services; iv) semantic mapping of all terms to ICF EF second level categories; and v) creation of

new "hybrid" terms with an ICF suffix. The thesaurus was developed in Italian.

**Results:** TEXIEF, i.e. a Thesaurus of Expanded ICF Environmental Factors, was developed and it comprises 5224 Expanded ICF-EF terms compared to 74 ICF-EF at the second level categories.

**Conclusions:** It might be considered a basis for a common Multilanguage thesaurus to standardize the description of the Environmental Factors. The English version might be incorporated into a new version of ICF.

#### 02

#### **How to prevent long-term absence from work? Developing a tool for general practitioners.**

Inge Neyens, Chantal Van Audenhove

KU Leuven, Leuven, Belgium

**Aim:** General practitioners (GPs) are a crucial partner in the prevention of patients' long-term absence from work caused by mental health problems. One way to support GPs in this task is to implement a tool in their electronic medical file with relevant information and reminders about work and vocational rehabilitation.

**Method:** Based on an online pilot survey among 323 GPs in Flanders (Belgium), we developed a design of such a tool. We refined this design by searching for inspiration in other tools and by conducting individual and group interviews with GPs, patients and IT software providers. We also organized a Delphi study in order to obtain consensus among the GPs in Belgium about the tool. A multidisciplinary committee gave three times feedback during this developmental process.

**Results:** The tool consists of 11 parts: 5 parts focus on all people with mental health problems, 4 specifically focus on people with an employment contract and 2 parts are exclusively applicable to people without an employment contract. The tool offers GPs reminders and information related to work, vocational rehabilitation and referral (e.g. to occupational physicians, employment services...). Furthermore, the tool provides a visual overview of the start, duration, lengthening and reasons of incapacity for work.

**Conclusion:** We conclude that the tool is supported by both the large majority of GPs participating in the study and by diverse actors of the multidisciplinary network of GPs.



03

### Videoconferencing in mental health care: the visual novel as a means to stimulate awareness of a new care practice

Ruud Janssen<sup>1</sup>, Annemarie van Hout<sup>1</sup>, Marijke Span<sup>2</sup>, Aranka Dol<sup>2</sup>

<sup>1</sup>Windesheim University of Applied Science, Zwolle, Netherlands

**Aim.** Videoconferencing is increasingly used in mental health care. We studied nursing teams using videoconferencing for patients with severe mental illnesses to unravel how new care practices unfold and what issues and dilemmas arise in the process. Based on our findings we have developed a series of visual novels (interactive animated stories) aiming to encourage reflection and discussion within nursing teams. **Method.** We observed the use of videoconferencing in four nursing teams. Observations and interviews were audio recorded and transcribed. Iterative open coding was used to arrive at a set of issues and, subsequently, a set of topics for visual novels. Excerpts from the data were then used to develop the storylines upon which the visual novels were based, in co-creation with the nurses who participated in the research. **Results.** Eight visual novels were developed, each addressing a specific issue or dilemma uncovered during the research. For example, does the 24/7 availability of a telecare team undermine or promote patients' ability to control their own lives? The visual novels allow a single nurse or a team of nurses to experience an issue from a first person perspective, while questions posed at the end of a story stimulate reflection and discussion. **Conclusions.** Nurses in mental health care are only partly aware of how videoconferencing is profoundly affecting their care practice. Visual novels provide a promising way to increase awareness about this, and to stimulate reflection and discussion within nursing teams about the use of videoconferencing.

04

### Implementation of Safewards as evidence-based intervention to reduce conflict and containment in a secure psychiatric hospital across 5 pathways: men's and women's mental health, learning disability, adolescents and neuropsychiatry.

Giselle Cope<sup>1</sup>, Les Groucott<sup>2</sup>, Simon Lloyd<sup>2</sup>, Sarah Senior<sup>2</sup>, Lauren Crozier-Moore<sup>2</sup>, Alessandra Girardi<sup>2</sup>, Chris Griffiths<sup>1</sup>

<sup>1</sup>St Andrew's Healthcare, Northampton, United Kingdom

**Background:** A radical reduction of restrictive interventions

is crucial to improve the quality of mental health care (Department of Health, 2014a). The evidence suggests that threatening behaviours (e.g. aggression) and containments (e.g. restraints) can be effectively reduced by implementing a collaborative approach to conflict management (DoH, 2014b). One such approach is the Safewards Model (Bowers, 2014) which consists of 10 evidence-based interventions developed to improve the way staff and patients relate (Bowers, 2014). Findings from a recent RCT showed that Safewards successfully reduced conflicts and containments on 31 acute psychiatric wards by 15% and 26.4% respectively (Bowers et al., 2015).

**Aim:** The project was a co-production to make wards a safer place for patients and staff by implementing Safewards in 13 wards.

**Method:** Clinical staff were extensively trained and supported. Restraints, seclusion, rapid tranquillisation, enhanced support and safeguarding referral were recorded during baseline and intervention (10 months each). Patients' feedback was collected at the end of the intervention period.

**Results:** Patients and staff were engaged and successfully worked together during the intervention. Safewards reduced rate of restraints, seclusion, safeguarding referrals and administration of rapid tranquillisation. Outcomes improved over the first months with a trend for scores to decline towards the end of the intervention. Analysis of patients' feedback revealed an overall positive view of Safewards.

**Conclusion:** Safewards was positively received and successfully reduced containments and risk behaviours. Staff and patients co-presented their experience internally and externally and the team is now supporting further implementation of Safewards.

05

### Common mental disorders in primary care in Chile. Prevalence and cluster analysis.

Sandra Saldivia<sup>1</sup>, Claudio Bustos<sup>2</sup>, Elvis Castro<sup>2</sup>, Benjamin Vicente<sup>2</sup>

<sup>1</sup>University of Concepcion, Concepcion, Chile

**Aims.** To study prevalence and variables associated with CMD, including co-morbidity, in a sample of patients attending primary care centres in Concepcion, Chile; and to identify patients' profiles in the sample.

**Method.** A descriptive, transversal study of secondary data of a random sample of 2,825 adult patients attending primary care centres. For all patients who consented to take part in the study, the CID-I and a questionnaire of 39 risk factors were used. The main outcome was the



presence of a CMD. A descriptive, bivariate and logistic regression analysis was undertaken. A latent class analysis with covariates to identify patient profiles was performed.

**Results.** The 12 months prevalence of CMD was 24.4%; 6.3% of the sample had co-morbidity. Being female, having a history of depression and emotional family problems, difficulties connecting with other people, poor self-esteem, having no control over unpaid activities undertaken, having experienced in the last six months, two or more situations of discrimination increase the possibility of developing a CMD. Latent class analysis shows three groups of users, the first with a very low probability of a having a CMD, the second group with diagnoses predominantly of anxiety or somatoform, and a third group with a high number of mood disorders; a history of depression and dysthymia are the two most important common variables evident in both groups.

**Conclusions.** CMD are frequent in primary care settings; how they are best treated is a real challenge for work teams and for administrators both at local and national levels.

## 06

### Cost-Effectiveness of Early Detection and Treatment for Alzheimer's Disease in Czechia

Hana Broulíková<sup>1</sup>, Vaclav Sladek<sup>2</sup>, Marketa Arltova<sup>2</sup>, Jakub Cerny<sup>2</sup>

<sup>1</sup>University of Economics, Prague, Czech Republic

**Aim:** This study aims at evaluating the economic impact of early detection of Alzheimer's disease in Czechia. Recent studies from other developed countries suggest that early detection helps to decrease patients' life-time costs and to increase their utility. In this paper, we inquire into these effects in Czechia in order to inform its ongoing psychiatric reform.

**Method:** The study compares two different approaches to detection and treatment of Alzheimer's disease according to estimated life-time costs and utility of the patients. On the one hand, we define what care is standardly provided to patients with Alzheimer's in Czechia, and run the Monte Carlo simulation for this usual care. On the other hand, we simulate that an early detection scheme is introduced and patients start their treatment shortly after the disease onset. Data on the health effects of an early initiated treatment as well as on transition probabilities are obtained from foreign medical studies. Information on costs and population characteristics are compiled on the basis of published Czech research, domestic databases, and our own survey.

**Results:** Life-time costs and utility will be presented for two cases: in the event of early detection and for the usual

care. These two cases will be compared also as to their cost structure.

**Conclusion:** In Czechia, early detection does not constitute a part of the usual Alzheimer's care. The presented paper will elucidate whether implementation of early detection would likely lead to cost savings and/or increase in patients' utility.

## 07

### Inpatient costs of agitation and containment strategies in an urban area

Antoni Serrano-Blanco

Parc Sanitari Sant Joan de Déu, Sant boi de Llobregat, Spain

**OBJECTIVES:** to calculate the economic consequences of agitation events in an in-patient psychiatric facility providing care for an urban catchment area.

**METHODS:** A mixed approach combining secondary analysis of clinical databases, surveys and expert knowledge was used to model the 2013 direct costs of agitation and containment events for adult inpatients with mental disorders in an area of 640,572 adult inhabitants in South Barcelona (Spain). To calculate costs, a six-step study approach with novel definition of agitation was used along with a staff survey, a database of containment events, and data on aggressive incidents. A micro-costing analysis of specific containment interventions was used to estimate direct costs from the healthcare provider perspective. A multiprobabilistic sensitivity analysis was also conducted.

**RESULTS:** During 2013, 918 patients were admitted to the Inpatient Unit. Of these, 52.8% were men, with a mean age of 44.6 years (SD=15.5), 74.4% were compulsory admissions, 40.1% were diagnosed with schizophrenia or non-affective psychosis, with a mean length of stay of 24.6 days (SD=16.9). The annual estimate of total agitation events was 508. The cost of containment interventions ranges from 282€ at the lowest level of agitation to 789€ when verbal containment plus seclusion and restraint have to be used. The annual total cost of agitation was 278,608€, representing 6.8% of the total costs of acute hospitalisation in the local area.

**CONCLUSIONS:**

Agitation events are frequent and costly. Strategies to reduce their number and severity should be implemented to reduce costs to the Health System and alleviate patient suffering.



08

## Factors associated with hospital admission and readmission in older adults with psychiatric and physical comorbidity

Helen-Maria Vasiliadis<sup>1</sup>, Marie-Josée Fleury<sup>2</sup>

<sup>1</sup>Université de Sherbrooke, Longueuil, Canada

**Aim:** To assess and compare the factors associated with hospital admission and readmission in older adults with psychiatric and physical comorbidity.

**Methods:** Data used in this study came from the ESA (Enquête sur la Santé des Aînés) survey carried out in 2005-2008 on a sample of community dwelling older adults for whom health survey data were linked to health administrative data. Cox proportional hazards models were carried to assess the factors associated with time to first and to second hospitalisation in the two years following baseline interview among those without a hospitalisation in the year prior (N =2054) . Logistic regression was also used to assess re-admission within 2 weeks of discharge.

**Results:** 21% (433/2054) had a first hospitalisation, among which 30% (128/433) were readmitted. Readmission was associated with time to outpatient visit with physician following discharge from first hospitalisation. Readmission was also associated with sex, region of residence, number of daily hassles, diabetes, the presence of other mental disorders and suicidal ideation in those with comorbidity; and with anxio-depressive disorders in those with no comorbidity. Readmission within 2 weeks of discharge was associated with region, revenue, ED visits and anxio-depressive and respiratory disorders.

**Conclusions:** Decreasing time to follow-up with physician for those discharged decreases the rate of readmissions. The presence of respiratory disorders was associated with reduced odds and anxio-depressive disorders with increased odds of readmission within 2 weeks, calling for better treatment discharge plans for patients with mental disorders, as seems to be the case for physical disorders.

09

## The Apathy Study: exploring the possibilities to treat apathy with non-invasive brain stimulation and behavioral activation therapy in patients with schizophrenia.

Leonie Bais<sup>1</sup>, Claire Kos<sup>2</sup>, Nicky Klaasen<sup>2</sup>, Esther Opmeer<sup>3</sup>, Rikus Kneegtering<sup>4</sup>, André Aleman<sup>2</sup>

<sup>1</sup>University of Groningen | UMCG, Groningen, Netherlands

<sup>3</sup>UMCG, Netherlands

<sup>4</sup>Lentis, Netherlands

**Introduction:** Apathy is defined as a quantitative reduction of voluntary, goal-directed behavior that impairs daily functioning. It is a prominent and severely invalidating aspect of schizophrenia and other psychiatric disorders.

Little is known about the neurobiological working mechanisms of apathy. Moreover, treatment options are limited. In the Apathy Study, we investigate the effectiveness of non-invasive brain stimulation techniques, partially in combination with Behavioral Activation Therapy as treatment options for apathy in patients with schizophrenia.

**Method:** In a multicenter randomized controlled trial, we aim to include 125 patients with a diagnosis of schizophrenia or schizoaffective disorder. Participants receive active or placebo treatment with transcranial Direct Current Stimulation (tDCS) or repetitive Transcranial Magnetic Stimulation (rTMS) of the prefrontal cortex. rTMS treatment is in a part of the participants followed by Behavioral Activation Therapy, which is a structured psychosocial intervention to increase goal-directed behavior.

The effectiveness of the treatments is evaluated with (functional) Magnetic Resonance Imaging (fMRI) scanning, structured interviews and questionnaires, neuropsychological tests, and behavioral activation recordings by means of an Acti-meter. Follow-up measures are performed four weeks and ten weeks after the treatment phase.

**Results:** Currently, the Apathy Study is still ongoing, and we aim to proceed recruiting participants until the beginning of 2018.

**Conclusion:** With the obtained results of the Apathy Study, contributions may be made to novel treatment strategies that will ultimately improve patients' lives. The results might also have implications for understanding apathy in patients with depression, brain damage and neurodegenerative diseases.

10

## Anecdotal tales from prison to community: The ins and outs of conducting a 'through-the-gate' Randomised Controlled Trial (Engager) with offenders with common mental health problems.

Lauren Carroll<sup>1</sup>, Tim Kirkpatrick<sup>2</sup>, Rebecca Greer<sup>2</sup>

<sup>1</sup>Plymouth University Peninsula Schools of Medicine and Dentistry, Plymouth, United Kingdom

**Aim:** Engager is a randomised controlled trial (RCT) to evaluate a 'through-the-gate' intervention that provides support for prisoners with common mental health problems



as they transition from prison back into the community. Recruitment and retention of this challenging population requires a highly engaging and flexible approach. Method: 280 offenders meeting eligibility criteria were recruited, with 1:1 individual allocation to either: a) the Engager intervention plus standard care (intervention group), or b) standard care alone (control group). Researchers collected baseline data in prison and at follow-up at 1, 3 and 6 months post release. Strategies to overcome chaotic and complex lifestyles of participants, including homelessness, drug and alcohol use and dependence, mistrust of services, and limited contact information have been developed to facilitate a retention rate of > 70%. Results: Current recruitment and follow-up rates will be reported. We discuss researcher experiences, as well as expected and unexpected events that occurred during the trial which may have impacted trial delivery or retention rates. The results will highlight the most effective techniques utilised to achieve on-going participation within the trial. Conclusion: Conducting longitudinal research with offenders can be challenging. This client group can lead quite chaotic and unstable lives. Initial rapport building, often taking precedent over data collection is key to enhancing engagement. In the community, a flexible, individualised, and innovative approach is needed to reduce attrition. For research staff, conducting research of this nature is unpredictable and can be both emotionally taxing and rewarding.

## 11 The Cost of Schizophrenia in the Northern Netherlands

Steeff Konings<sup>1</sup>, Jochen Mierau<sup>2</sup>, Richard Bruggeman<sup>3</sup>, Ellen Visser<sup>3</sup>, Talitha Feenstra<sup>3</sup>

<sup>1</sup>Rijksuniversiteit Groningen, Groningen, Netherlands

<sup>3</sup>UMCG, Netherlands

**Aim:** The aim of our study is to obtain an estimate of the direct medical cost of schizophrenia and related psychotic disorders in the northern provinces of the Netherlands in addition to investigating potential predictors of the estimated cost, as well as to compare the findings to cost studies conducted in countries similar to the Netherlands.

**Methods:** Administrative data on health care use from the Psychiatric Case Register Northern-Netherlands (PCR-NN) were used. Unit costs were based on the Dutch National Health Care Institute (NZI) guidelines and adjusted to 2015 prices using the national price index. Resource use was multiplied by unit costs to estimate the average annual

direct costs of Schizophrenia at individual level.

Predictors were determined with a regression model using observational Routine Outcome Monitoring data from the ROM-PHAMOUS study, selecting patients with a Severe Mental Illness (SMI) from the PCR-NN. Patients are divided into three groups according to cost.

**Results:** In total N=13,294 persons had health care use between 2000-2012 and a diagnosis of schizophrenia. Their mean annual costs were €22,200, 82% of which is attributable to inpatient cost. Costs of the SMI subsample with PHAMOUS data were on average € 25,900. Predictors with significant coefficients are age, medication use and diagnosis. Prediction estimates differ significantly between the three groups.

**Conclusions:** Dutch schizophrenia patients are relatively expensive compared to patients from most other European countries in regard to direct costs, due in part to a relatively large group of patients with long term inpatient costs.

## 12 Micro-level emotional dynamics and future course of psychopathology in adolescents

Kuranova, A

UMCG, Netherlands.

First symptoms of mental disorders often start during adolescence. Recent theories argue that psychopathology may develop dynamically and that the interplay between experiences in daily life may underlie the emergence of symptoms. Our study was the first to prospectively examine whether everyday emotional states dynamics is associated with the future course of psychopathology in high-risk adolescents.

Data came from a subsample of East-Flanders Prospective Twin Study cohort, from 125 adolescents with a high level of past traumatic experiences. At the baseline, their momentary emotional experiences were collected using experience sampling techniques. The number of symptoms was assessed at the baseline and one year after with Symptom Checklist-90 (SCL-90). Based on the yearly change of the SCL-90 scores, the group with the increase of the symptoms ('unfavorable development') and the group with the stable level of symptoms ('favorable development') were defined. For both groups separately, network analyses were used to examine the dynamic interplay between emotional states. After that, those networks and their features were compared quantitatively using permutation tests and centrality measures estimations, and qualitatively using various forms of assessments. Results showed that the dynamics of emotional states for the two groups showed some differences, and we observed





dynamical patterns that may be attributed to vulnerability to and resilience against the development of psychopathology. However, the differences between the networks were either non-significant or could not be tested statistically. Thus, distinct patterns of momentary emotions states dynamics visualized with networks may be associated with vulnerability to and resilience against the mental disorders. Permutation tests.

13

### Immigration detention in Canada: A colonial technology of racial and eugenic violence in the mental health system.

Ameil Joseph

McMaster University, Hamilton, Canada

Immigration detention in Canada is rationalized as necessary for the assessment and examination of immigrants who might present a threat to the public, or be deemed inadmissible due to “serious criminality” and therefore unable to attend hearings, procedures or examinations. In March 2016, two deaths within immigration detention centres in Canada triggered a public reaction to the existence, purpose and conditions of immigration holding centres and questioned the human rights protections for people being detained. Drawing on analytical contributions from mad studies, critical race theory and postcolonial studies, public media debates on the contemporary practice of immigration detention, and historical practice of immigration detention in Canada (specifically the historical use of gaols of the criminal justice system for the detention of undesirables by the department of immigration and colonization in 1919 and the department of immigration’s designation of Ontario hospitals for the insane as immigration stations in 1927) are discursively analyzed. The analysis offered positions contemporary immigration detention as a continuation of colonial population regulation practice that is fueled from the fashioning of a confluence of gendered threats to the “Canadian public” sustained by racial, sanest, eugenic, thinking that effects racialized people and those identified by the biomedical psychiatric system (mostly young men) in violent ways. This outcome is achieved while advancing the racial/gendered patriarchal fantasy of a Canadian state protector made possible upon the (re)forging of the historical ideas of a savage threat and the production of the innocent Canadian public in need of protection.

14

### LGBTI people inequalities and barriers in health care settings: a new training for health professionals (Health4LGBTI EU project).

Amaddeo, F., Donisi, V., Aujean, A., Sherriff, N., Pierson, A., Rosinska, M.

University of Verona; Italy

**Aims:** To explore the health inequalities and challenges faced by LGBTI people in health settings, and to describe a new training developed to improve knowledge, skills and attitudes of health professionals in caring for LGBTI people. &lt;b>Methods:&lt;/b> During its two-year lifespan, the EU funded Health4LGBTI Project included: a qualitative state-of-the-art narrative review of the health inequalities and barriers experienced by LGBTI people in health settings (both in peer reviewed journals and international grey literature); 12 focus groups across 6 EU Member States on the barriers faced both by LGBTI people and health professionals; the development, piloting and evaluation of a new training course

**Results:** Review and focus groups confirmed the existence of health inequalities and barriers in health settings and LGBTI people reported unfavourable experiences of health care. Cultural and social norms that prefer and prioritise heterosexuality; minority stress; discrimination and stigma emerged as root causes. Regarding mental health, LGBTI people are at higher risk of experiencing mental distress, with LGB people twice to three times more likely to report an enduring psychological or emotional problem including suicidal ideation and suicide, substance misuse, and deliberate self-harm. Four face-to-face standalone training modules including both practical and theoretical sessions have been developed on: awareness raising, terminology and LGBTI concepts; physical and mental health inequalities and needs; inclusive communication and practice; and trans and intersex health. Promising results emerged from the pre-piloting phase when the training was tested with a group of health professionals.

**Conclusions:** Significant health inequalities exist for LGBTI people and gaps in this research field emerged in particular for trans and intersex people and should be addressed. The developed training will be piloted in the next months also with mental health professionals and disseminated to contribute to address the barriers and both physical and mental health inequalities.



15

### CAT-I: When it works, it works? Implementation research to promote the daily use of Cognitive Adaptation Training (CAT).

M.T. van Dam, Swart, M., Weeghel, J. van, Castelein, S., Pijnenborg, G.H.M., Meer, L. van der Lentis; Netherlands,

**Background:** Cognitive Adaptation Training is a psychosocial intervention that focuses on reducing the effects of cognitive symptoms, especially executive functions such as planning thinking and targeted action. International research has shown that CAT enhances multiple aspects of the daily functioning in people with severe mental illnesses (SMI). Despite this evidence, implementation of the intervention into routine care remains a challenge, for example due to time deficiency or staff turnover. We developed a new implementation model that offers concrete solutions to overcome implementation barriers. This model is based upon the COM-B model for behavior change. According to the COM-B model the capabilities, opportunities and motivation of the staff members are at the basis of behavior change.

**Methods:** A repeated measures, single arm trial will be conducted to research whether this implementation model is effective. Qualitative research methods will be used to identify factors that may hamper or facilitate the implementation. Primary outcomes will be the reach, fidelity, capability, opportunity and motivation of the staff members. Secondary outcomes will be everyday functioning of the service users. The research will have a duration of a year. Assessments will take place at baseline, after three, six and 12 months, and one follow-up measurement at 18 months. &lt;b>Analysis:&lt;/b> To test whether the implementation model is effective, two paired-sample t-tests will be conducted to test progress in the primary outcome measures over time. To analyze the secondary outcomes, a mixed models analysis will be performed using a stratified approach (patients nested in location).

**Conclusion:** This implementation research may not only provide important information about the implementation of CAT in daily practice, but of psychosocial interventions in general.

16

### How to conceptualize and describe Individual Intervention Plans using the International Classification of Functioning Disability and Health: a test on a cohort of psychiatric outpatients.

Lucilla Frattura<sup>1</sup>, Giulio Castelpietra<sup>2</sup>, Giovanni Bassi<sup>2</sup>, Caterina Morassutto<sup>2</sup>

<sup>1</sup>Regional Health Directorate, Udine, Italy

**Aim:** To standardize the description of the Individual Intervention Plans (IIP) and their differences among a sample of psychiatric outpatients, using the thesaurus of Expanded ICF-Environmental Factors (EFs) terms as was set up by the Italian Collaborating Centre for the Family of International Classifications.

**Method:** 133 Psychiatric outpatients were selected from the Mental Health Departments of the Friuli Venezia Giulia region (Italy) and evaluated with a new web ICF-based assessment tool developed by our team. The web system uses different medical/health classifications and terminologies, automatically mapped to ICF-EF codes, to create Expanded ICF-EF terms, further grouped in four groups: EFs describing health system, services and interventions (care group, e580 expanded terms); EFs describing professionals and informal persons of the individual network (relations group, Chapter e3 expanded terms); EFs describing technology, personal resources and immaterial goods (technologies group, Chapter e1 expanded terms); and EFs describing welfare interventions (welfare group, e570, e575, e585, e590 expanded terms). For each group the web system assigns a colour (blue, pink, orange, teal) creating a coloured printable output.

**Results:** A total number of 3069 Expanded ICF-EFs out of 93 ICF codes were collected. The IIP was described for each patient by grouping the four groups of Expanded EFs terms. Social interventions, rather than health care interventions were the most frequent EFs. The method used allowed to standardize the description of the IIP by a larger number of EFs than those defined in ICF, useful to analyze how different combinations of EFs may influence the outcomes.

17

### Design, implementation and evaluation of a psychosocial intervention to prevent anxiety and depression in older adults who seek attention in primary care centers in Chile. Protocol.

Sandra Saldivia<sup>1</sup>, Felix Cova<sup>2</sup>, Paulina Rincon<sup>2</sup>, Carolina Inostroza<sup>2</sup>, Claudio Bustos<sup>2</sup>

<sup>1</sup>University of Concepcion, Concepcion, Chile

**Aim:** To design, implement and evaluate the plausibility and efficacy of a preventive multi-component psychosocial intervention aimed at preventing anxiety and depression in elderly people.

**Method.** A RCT was designed with both sexes users aged 60 to 80 years who attend to primary care center. Those who agree to participate will be randomly allocated to the experimental and control groups. Using a reduction in depressive symptoms of SMD=-0.32 as a reference, we



will invite 170 patients for group. Patients in experimental group will receive an Intervention Program and the control group will receive passive psycho-education. A *waiting-list* strategy will be used for the control group. The Intervention Program includes cognitive training, social support and cognitive behavioral strategies by group during twelve weeks. The main outcome will be the anxious-depressive symptomatology; secondary outcome will be the diagnosis of anxiety and/or depression at 36 week follow-up. Independent variables include social support; individual risk factors (age, sex, perception of welfare family and partner relationship, stressful family events), physical illness and alcohol use. A pre and two follow-up evaluations (at 18 and 36 weeks after intervention) will be performed. Data analysis will include a general linear model for mixed effects with intra and inter-subject effects, and control of confounding variables.

**Results expected:** Patients from intervention group are expected to have lower anxiety-depressive symptoms in follow-up evaluations than those from the control group. At the 36 week follow-up evaluation, the intervention group will have a lower occurrence of anxiety or depressive disorders.

18

### Individual mix of resources impacting individual outcomes and their infographic comparisons: preliminar results in three cohorts of outpatients assessed using the VilmaFABER system.

Lucilla Frattura<sup>1</sup>, Giovanni Bassi<sup>2</sup>, Giulio Castelpietra<sup>2</sup>, Caterina Morassutto<sup>2</sup>

<sup>1</sup>Regional Health Directorate, Udine, Italy

The study aims: to describe the distribution of the mix of resources invested in individual functioning outcomes, and to describe the usefulness of the investment in individual functioning using the infographic Family of Functioning Indicators provided by the VilmaFABER system.

Method: The VilmaFABER system was developed by the authors to standardize the collection of data on the value of the investments on health. The International classification of Functioning Disability and Health (ICF) was used as a framework to collect data and as a language to produce an ICF automatically coded database. Cross-walking tables from lay language to ICF and algorithms were developed to automatically code in ICF and to calculate a Family of Functioning Indicators.

Results: 490 outpatients under the care of community-based mental health services (N= 133), community-based services for children with disabilities (N= 173) and community-based services for adults with disabilities (N=184) were assessed

in order to describe the mix of resources invested in their functioning. The data for the three groups are shown in order to compare the corresponding mix of resources and the associated functioning results. The community-based approach to functioning and health was the basis for all assessed persons. Nevertheless the obtained functioning results were not equally distributed.

Conclusions: The Family of functioning indicators provided by the VilmaFABER system allows to distinguish individual functioning profiles. It clarifies the role of EF in functioning and shows that results in functioning do not directly depend on the amount of investments.



## Keynote lectures

### Theme Epidemiology:

#### Methodological approaches supporting personalised care

### Is there a place for economics in mental health care?

Cathy Mihalopoulos

Deakin University, Geelong, Australia

The discipline of economics concerns itself with the task of allocating scarce societal resources to maximize societal welfare. The tools of economic evaluation are now widely used to help decision-makers, both in health and other contexts decide what might be a good value-for-money investments. Ultimately trade-offs between competing resource uses are made. Within these trade-offs the concept of benefit or value, always plays a fundamental role. The presentation of A/Prof Mihalopoulos will discuss the use of the tools of economic evaluation within the mental health context with a focus on how outcome and value is measured within mental health economic evaluations. She will draw on both her own work, which has consisted of numerous economic evaluations of single interventions, broader priority-setting studies and more recently a focus on outcome measurement for use in mental health economic evaluations, as well as the international literature to explore the topic of whether economic thinking has a place in mental health care and if so what type of role it could play.

### Using routine outcome measurement to improve personal care: paving bridges between data and people

David Roe

University of Haifa, Haifa, Israel

Routine outcome monitoring (ROM) involves the collection, aggregation and use of outcome data in routine mental health services. Review of ROM projects around the world shows slow but steady progress towards outcome-oriented mental health systems. Nevertheless, there is still a notable gap between its recognized importance and actual implementation. ROM provides an enormous opportunity, about which little is known yet, to pave bridges between researchers and practitioners, data and people. It has the potential to contribute importantly to various stakeholders

including consumers, family members, practitioners, service providers, policy makers and researchers. The presentation will focus primarily on potential ways for data use and briefly review international ROM projects, barriers to dissemination and burning questions regarding what should be assessed, how, by whom, how often and for what purposes.



## Symposium 2.1

### Community alternatives to acute psychiatric hospital admission: Implementation and quality improvement

#### Community alternatives to acute psychiatric hospital admission: Implementation and quality improvement

Brynmor Organiser: Lloyd-Evans

**Aims:** This symposium reports work from England and Norway on crisis alternatives to admission. It will describe the national implementation of home treatment Crisis Resolution Teams (CRTs) and Acute Day Units (ADUs) in England. Results from a trial in England of a quality improvement programme for CRTs and a large Norwegian CRT observational study will be presented.

**Activities:** Danielle Lamb will report results from a national survey of Acute Day Units (ADUs) in England and describe a forthcoming evaluation study. Brynmor Lloyd-Evans will present findings from an English national survey of CRTs. Changes in CRT service provision and the extent of teams' adherence to national policy guidelines will be considered. Sonia Johnson will present results from the CORE cluster randomised trial of a CRT service improvement programme, evaluating its impact on patient satisfaction, CRT readmission rates, inpatient service use and CRT model fidelity. Nicola Morant will present qualitative findings from the trial, discussing implications for how to achieve successful quality improvement in CRTs. Torleif Ruud will present results from an observational study of Norwegian CRTs involving 25 teams and over 1000 patients.

**Scientific interest:** Service user dissatisfaction and the high costs of acute inpatient mental healthcare are well documented. Research into community crisis alternatives, from two countries where such services are widely implemented, is therefore of international interest. The symposium will report findings from recently completed work, including a multi-site trial, which is not yet publically available elsewhere.

## 01

### Mental Health Acute Day Units in England: results from a national survey and the ADCARE Study

Danielle Lamb<sup>1</sup>, Michael Davidson<sup>2</sup>, Brynmor Lloyd-Evans<sup>1</sup>, David Osborn<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aims:** Acute Day Units (ADUs) offer intensive, short term community responses to people experiencing mental health crises, aiming to reduce costly and unpopular admissions, either avoiding them or facilitating early discharge from inpatient wards. ADUs are not mandatory in England, but are recommended in recent policy guidance. However, the provision of and access to ADUs in England is highly variable. The current Acute Day Units as Crisis Alternatives to Residential Care (AD-CARE) study aims to determine the real life effectiveness and user experience of ADUs as a community response to mental health crises. It will involve a cohort study (n=800), a qualitative study of service users, carers, and ADU staff, and an assessment of readmission rates using national data sets. As the first stage of this work, we aim to map ADUs in England, and survey their composition, staffing, and function.

**Methods:** ADUs in England were mapped using multiple approaches. ADU team managers were invited to complete an online survey of 67 questions, covering the organisation and delivery of their services. A cluster analysis was planned in order to identify differing service models.

**Results:** Of 30 ADUs mapped in August 2016, responses were obtained from 22 teams (73.3%). Survey results regarding ADU's location, characteristics, and service models will be presented.

**Discussion/Conclusion:** Implications regarding ADU service models and the role of ADUs in acute care in England will be considered. Key issues for the forthcoming ADCARE Study will be discussed.

## 02

### National implementation of Crisis Resolution Teams: findings from an English national survey

Brynmor Lloyd-Evans<sup>1</sup>, Danielle Lamb<sup>1</sup>, Joseph Barnby<sup>2</sup>, Michelle Eskinazi<sup>2</sup>, Amelia Turner<sup>2</sup>, Sonia Johnson<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aims:** Crisis Resolution Teams (CRTs) offer brief, intensive home treatment to people in mental health crisis. Trials show CRTs can reduce inpatient admissions and improve satisfaction with acute care. CRTs for adults have been provided nationally in England since a policy mandate



in 2000, but their implementation and outcomes vary. Current implementation in CRTs and the extent of teams' adherence to policy guidance are poorly understood. A national survey of CRT managers in England aimed to: map national provision of CRTs for adults, older adults and children; to describe services' referral and access arrangements and staffing; and, for adult CRTs, to compare service provision with results from a 2012 national survey and national policy guidelines.

**Method:** CRTs were mapped through multiple means. Following initial screening, each CRT manager was invited to complete a 90-question online survey covering: CRT eligibility criteria, referral pathways and response times; interface with other acute services; and CRT staff mix and staffing levels. Non-responders were prompted by email and phone. The survey ran from October – December 2016. Service provision will be described. Changes since 2012 and the extent of adherence to national policy recommendations will be assessed.

**Results:** CRTs were mapped for adults (n=199), older adults (n=31) and children (n=15). Surveys were completed with 233 teams (response rate 95%). Results will be presented.

**Conclusion:** The impact of a national mandate and policy guidance on CRT implementation in England will be considered, and priorities for quality improvement in CRTs will be discussed.

### 03

#### The CORE cluster-randomised trial of a service improvement programme for Crisis Resolution Teams

Sonia Johnson<sup>1</sup>, Brynmor Lloyd-Evans<sup>2</sup>, Louise Marston<sup>1</sup>, David Osborn<sup>1</sup>, Gareth Ambler<sup>1</sup>, Rachael Hunter<sup>1</sup>

<sup>2</sup>University College London, London, United Kingdom

**Aims:** The Crisis Resolution Team (CRT) model is supported by trial evidence, but scaled up to national level, CRT implementation and outcomes have been highly variable in England. An earlier phase of the CORE Study involved developing a highly specified service model and fidelity scale for CRTs, based on best available evidence and stakeholders' priorities. The CORE trial will evaluate the impact of a CRT Service Improvement Programme over a 1-year period on service users' experience of care, service use, staff wellbeing and teams' model fidelity.

**Method:** 25 CRTs from 8 NHS Trusts across England will be recruited to this cluster randomised trial; 15 CRTs will receive a 1-year Service Improvement Programme; 10 CRTs will not. In each team, data will be collected from 15

service users and all clinical staff at baseline and at the end of the intervention. Service records data will be collected for two 6 month periods – prior to baseline and months 7-12 of the study. The primary outcome is service user satisfaction with CRT care. Secondary outcomes include: hospital admission rates and bed use, rates of readmission to acute care following CRT support, and staff wellbeing. Services' model fidelity will be assessed at baseline and follow-up. Outcomes will be compared for intervention and control teams, adjusting for baseline differences and participant characteristics.

**Results:** Outcomes from the trial will be reported.

**Conclusion:** The effectiveness of the CRT service improvement programme will be discussed. Implications for how to support quality improvement in CRTs will be considered.

### 04

#### Delivering a service improvement programme: Insights and lessons learned from a qualitative study of a programme to improve crisis resolution team functioning in England

Nicola Morant<sup>1</sup>, Rebecca Forsyth<sup>2</sup>, Lamb Danielle<sup>2</sup>, Brynmor Lloyd-Evans<sup>1</sup>, Sonia Johnson<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aims:** Crisis Resolution Teams (CRTs) offer home-based care for people in mental health crisis, as an alternative to hospital admission. The success of CRTs in England has been variable. In response to this, the CORE study designed and tested a service improvement programme (SIP) for CRTs (quantitative results discussed in this symposium by Johnson). This paper describes a qualitative study of the processes through which this service improvement programme was implemented in local service contexts, and how these relate to the success and feasibility of the SIP.

**Method:** The study focussed on six 'case study' CRTs that received the CORE SIP. These services were selected to reflect a range of patterns of change on a CRT 'fidelity' scale (a measure of the quality of CRT functioning) during and following the service improvement programme.

Qualitative data was collected via focus groups (n=8) with staff members from participating services, and interviews with service managers and facilitators of the SIP (n=8 and n=6 respectively). Data were analysed using thematic analysis in NVivo software.

**Results:** Results provide insights into which components of the multi-faceted SIP service teams and managers engaged with and found useful; what forms of service



improvement were feasible; barriers to service improvements at team and organisational levels; and the roles of senior management, programme facilitators, staff engagement and local service contexts.

Conclusions: Implications for how to achieve successful quality improvements in CRTs and other service contexts will be discussed.

05

### Observational study of practice, service users and outcome of Norwegian crisis resolution teams

Torleif Ruud<sup>1</sup>, Nina Hasselberg<sup>2</sup>, Stephan Neuhaus<sup>2</sup>, Gunn-Marit Uverud<sup>2</sup>, Katrine Holgersen<sup>2</sup>

<sup>1</sup>Akershus University Hospital, 1478 lørenskog, Norway

**Aims:** The aim is to study the practice of crisis resolution teams in Norwegian community mental health services for adults, the situation of the persons seeking help, and the outcome.

**Methods:** The study is a pre-post observational study of 645 patients receiving crisis intervention from 25 crisis resolution teams in Norway. Data was collected from team and patients at intake and discharge, and an evaluation team assessed each team using the CORE Crisis Resolution Team Fidelity Scale.

**Results:** Patients reported high degree of distress at intake. Effect size was high on Crisis State Assessment Scale and CORE-10, and moderate on HoNOS rated by the team. Fidelity to the CRT model was low to moderate. Patients with severe mental illness was underrepresented in the sample.

**Conclusion:** Patients of CRTs in Norway report great reduction in distress and good help from the teams. The sample is primarily representative for CRT patients with moderate severity of mental problems.

## Symposium 2.2

### Think again: New developments in the field of clinical staging

#### Think again: New developments in the field of clinical staging

Organiser: Johanna Wigman, Chair/Discussant: Patrick McGorry

*Aim:* Recently, clinical staging models have been developed in psychiatry, involving a detailed description of where an individual is on a continuum of disorder progression from early signs to chronic end-stage disease. The concept offers an informed approach to active promotion of indicated prevention, early intervention strategies and more personalized treatments. The clinical staging model may be applied to a wide range of psychiatric disorders, but this requires a new culture of mental health care with a focus on early intervention outside the standard medical environment, as well as more refined prediction strategies and definition of underlying mechanisms. In this symposium, results from longitudinal studies of general population adolescents, young adults with increased risk for psychosis and young adults with first episode psychosis will illustrate these novel developments and will be used to discuss next steps.

*Activities:* Four researchers with diverse expertise in the field of clinical staging will be presenting novel findings coming from recent studies on clinical staging as well as integrating these findings into a larger framework. New ideas, current developments and future vistas are presented that may guide next steps in the area.

*Scientific interest:* This symposium brings together novel findings from several international studies. All these studies highlight a different aspect of clinical staging, bringing together multiple designs, populations and ideas. The discussant is one of the world's leading experts on clinical staging and will integrate the individual talks with overall developments in the field and translate the empirical findings to clinical care.



01

## The next stage for early intervention: Transdiagnostic, personalized, universal.

Patrick McGorry

**Aim:** To describe the conceptual basis, logic and evidence for early intervention.

**Method:** A review of the literature and reform with proposals for the next stage.

**Results:** Guided by an international wave of research and inspired by new clinical service models with optimistic, stigma-free cultures of care, early intervention is transforming the morale and goals of psychiatry. While comprehensive upscaling has not yet occurred, the scientific evidence is increasingly clearcut. The clinical staging model may enable us to translate the principles of early intervention to the treatment of a wide range of mental disorders.

**Conclusions:** Early intervention for mental ill health in young people requires not only a substantial increase in spending in mental health care but also a major redesign of the way mental health care is delivered. We can no longer be expected to merely fit in to standard medical environments as if mental illness were exactly the same as physical illness. Reform and investment in youth mental health, uniquely in health care, will deliver a major return on investment.

Diagnostic reform to embrace transdiagnostic thinking is not only overdue but essential. We need to transform systems of care, invest heavily in a new youth oriented culture of care, enabling very early access at the sub threshold stage, assure stepwise expertise and aim for functional recovery. This is achievable if we combine the power of the evidence-based paradigm with greater confidence, tenacity and much more intensive and professional advocacy in partnership with the whole community.

02

## Prevalence and sociodemographic correlates of emotional disorder in an inner-city cohort: the REACH study.

Craig Morgan, Stephanie Beards, Charlotte Gayer-Anderson, Gemma Knowles

**Aim:** The Resilience, Ethnicity, and AdolesCent Mental Health (REACH) study aims to investigate the impact of risk and protective factors on the occurrence and persistence of mental health problems over time in ethnically diverse cohorts of adolescents.

**Method:** REACH is an accelerated cohort study that will comprise three cohorts of around 900 adolescents aged 11-12, 12-13, and 13-14, who will be followed at one and two years. Participants will be recruited from 12 secondary schools in the south London, UK. All who take part will complete a questionnaire at recruitment and at one and two years. The questionnaire includes items on mental health and risk and protective factors.

**Results:** In the pilot, 837 (of 912; 92%) completed the study questionnaire. The demographic profile of those who took part was the same as for the schools overall. Based on self-report responses to the Strengths and Difficulties Questionnaire, 135 (of 649; 20.5%) were at high risk of an emotional disorder. This was high compared with data from a UK national survey, which found 13.4% were at high risk. Further, high risk of disorder was more common among girls (26.1%) than boys (15.2%) ( $p < 0.001$ ). However, there was no evidence of variation by ethnic group.

**Conclusion:** The data from our pilot work already suggest high levels of emotional disorder in inner city London, particularly among girls. This has important implications for the development and provision of services for young people in inner cities.

03

## Predicting symptomatic and functional outcome after first episode psychosis in a naturalistic cohort of patients: implications for clinical staging

Wim Veling<sup>1</sup>, Vera Brink<sup>2</sup>, Catheline van Driel<sup>2</sup>, Edith Liemburg<sup>1</sup>, Stynke Castelein<sup>3</sup>

<sup>1</sup>UMCG, Netherlands

<sup>3</sup>Lentis Psychiatric Institute, Netherlands

**Aims:** The symptomatic and functional outcome of psychotic disorders is highly heterogeneous. Current clinical staging models and treatments predominantly focus on psychotic symptoms, but other symptoms or patient characteristics may be equally or more relevant for predicting course and outcome. This study investigated a wide range of potential predictors in a naturalistic cohort of patients with first episode psychosis (FEP).

**Methods:** Patients enrolled in both the 'Psychosis Recent Onset Groningen Survey' and the 'Pharmacotherapy Outcome and Monitoring Survey' were included. These provide baseline (FEP) and yearly follow-up measurements respectively. Associations between possible predictors and symptomatic and functional remission between baseline to 5 years after FEP (short/medium-term) and from 5 years onwards (long-term) were investigated using uni- and multivariate logistic regression.





**Results:** Half of the 408 patients were in symptomatic remission after 5 years, one third achieved functional remission. On the longer term, rate of symptomatic remission remained nearly 50%, functional remission decreased to around 25%. Strongest predictor of both symptomatic and functional outcome was level of negative symptoms at baseline, not positive symptoms. Also, problems in social role functioning at baseline predicted functional outcome.

**Conclusion:** Level of negative symptoms and problems in social role functioning at baseline may be used in a risk calculator for poor outcome after FEP, and translated into a clinical staging model applicable to patients with FEP.

**Conclusion:** Mapping individual symptom networks allows us to take a more personalised approach to understanding psychopathology. The Mirorr study is an example of how a more individualized approach can be combined with clinical staging.

## 04

### Mirorr Mirorr on the wall, who's the most 'at risk' of all?

Johanna Wigman<sup>1</sup>, Sanne Booij<sup>1</sup>, Marieke Wichers<sup>1</sup>, Peter de Jonge<sup>2</sup>, Alexander Wunderink<sup>3</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

<sup>3</sup>Friesland Mental Health Services, Netherlands

**Aims:** Our current ability to predict the course and outcome of early psychotic symptoms is limited, hampering timely intervention and treatment. Research in this area to date relies heavily on diagnostic categories, group-level comparisons and assessment of static symptom levels. However, symptoms may wax, wane, change individually or cross diagnostic borders. Clinical staging has been an important first step towards improvement of these issues. Adding a more personalized dimension to the model may help to improve it further.

**Methods:** To investigate these ideas, the Mirorr study was designed. The study follows N=100 young individuals (age 18-35), divided over four subgroups with increasing psychopathological severity (i.e. subsequent clinical stages). Mirorr is a diary study, where a broad range of transdiagnostic symptoms is assessed daily for 90 days. These daily symptom reports are used to map individual pathways of symptom dynamics. Symptomatology, functioning and need for care will be assessed every year by means of questionnaires. Symptom networks of individuals in different clinical stages will be compared and network characteristics will be used to predict clinical and functional outcome.

**Results:** Preliminary results indicate differences in symptom networks between the subgroups. Characteristics of symptom networks of individuals in different clinical stages will be presented, as well as associations of these characteristics with level of psychopathology and functioning.



## **Symposium 2.3**

### **The role of experiential knowledge in mental health services research: ensuring that an understanding of the individual and social**

#### **The role of experiential knowledge in mental health services research: ensuring that an understanding of the individual and social context of people's lives is reflected in the research evidence base**

Steve Organiser: Gillard, Chair/Discussant: Stynke Castelein

Scientific interest Implementation science suggests that, where the beneficiaries of research are integrated into the knowledge production process, research is more likely to be successfully implemented into practice. Recent thinking on trials tells us that stakeholder involvement improves study engagement and fidelity of psychosocial interventions. Theory proposes that experiential knowledge – gained through active engagement with the world around us – is productive of different understandings of our health than codified knowledge acquired through study and training. A growing literature has begun to evaluate the impact of active involvement of people who use mental health services in designing and undertaking research. Aim This symposium will explore the mechanisms by which experiential knowledge about mental health shapes research, potentially offering new insight into how the individual and social contexts of people's lives impacts on service delivery. Activities In a large, multi-disciplinary research team in the UK, experiential knowledge was integrated with clinical-academic knowledge to inform study design, intervention development and fidelity measurement in a trial of peer support for hospital discharge. From a UK research unit co-led and staffed by service user researchers, two projects explore challenges associated with working as a 'service user researcher' where potentially conflicting knowledges intersect. In the Netherlands a researcher working from a lived experience perspective led a research project evaluating and developing the peer worker role in flexible assertive community treatment. In a German research programme people who use mental health services are supported by a university department to design and conduct their own research.

01

#### **Patient and public involvement as 'expertise by experience' in mental health research: a case study**

Stan Papoulias

King's College London, London, United Kingdom

In the UK, patient and public involvement (PPI) is a policy requirement for health service development and research. Major funders such as the National Institute for Health Research now require evidence for such involvement in grant applications. Consequently, there is considerable investment in understanding the extent to which PPI may contribute to improving research quality and recent years have seen an increasing number of studies aiming to evaluate the impact of involvement on various aspects of health research. However, there is limited research on how experience from service users and the public becomes operationalised as 'evidence' capable of shaping the design of health interventions so that they might become localised and usable by specific populations. This presentation will discuss a study, devised and run by a service user researcher, which used ethnographic methods to track the outcomes of service user and public involvement in two research projects in physical and mental health. It will concentrate on findings on the effects of patient and public involvement in the second project, a pilot of an intervention seeking to increase physical activity in people with a severe mental illness diagnosis. In so doing, it will consider the practices of communication through which contributions from service users and carers involved in this project, as well as those from study participants, became legible and actionable by the research team.

02

#### **Co-production, lived experience and large multidisciplinary teams: making it meaningful in practice.**

Lucy Goldsmith<sup>1</sup>, Steve Gillard<sup>1</sup>, Sarah Gibson<sup>2</sup>

<sup>1</sup>St George's, University London, London, United Kingdom

Aim: We aim to authentically use lived experience in our research. We work in a multidisciplinary team containing dual roles (academic and expert by experience) for many people. Using lived experience to meaningfully influence research is something many researchers find difficult, which can be related to anxieties about sharing power or control of the direction of the research. Those drawing on lived experience may find these contributions welcome or suppressed by the working environment. We describe



the processes employed to authentically apply our lived experience in our research.

**Methods:** We use reflective practice, group and one-to-one discussion to explore the research practices and processes we use. We create a 'safe place' in which lived experience can be shared and used to influence the way we work. In a continuous process, we are also creating and refining our own identities and senses of self, in professional and personal ways. In turn, developing our reflective work and influencing our research. We draw on knowledge from a local community of service users.

**Results:** We design and conduct research which has a much stronger service user voice and embraces the heterogeneity of service user perspective. We use the above processes to create safe spaces to connect with participants in more equal ways. We describe how, at times, we can 'look through the psychiatric lens' with service users participants, using shared 'knowing' about the constructs of psychiatry.

**Conclusions:** Service user voices and perspectives can be central to all phases of research projects, making co-production meaningful.

### 03

#### Peer support workers perspective on clinical practice in Flexible Assertive Community Treatment in the Netherlands

Jacqueline Cambier<sup>1</sup>, Catherine van Zelst<sup>2</sup>, Stynke Castelein<sup>3</sup>

<sup>1</sup>Lentis, Groningen, Netherlands

<sup>2</sup>Kenniscentrum Phrenos, Netherlands

<sup>3</sup>Lentis Psychiatric Institute, Netherlands

**Objective:** Peer support work (PSW) is implemented in Flexible Assertive Community Treatment (F-ACT) in The Netherlands. Although this profession is developing, little is known on how PSW conduct their work in mental health institutions. This study aims to investigate the clinical practice of PSW in F-ACT.

**Methods:** Experiences of PSW (n=77) working in Dutch F-ACT teams were explored in a cross-sectional study in 2014. A semi-structured online questionnaire was developed to obtain information regarding the content of, experiences in and satisfaction with their work, including how clients are supported in their recovery process.

**Results:** Most reported ways in which PSW support recovery are by helping clients structure and schedule daily life, being present, supporting clients in performing daily tasks and sharing experiences during conversations. The majority of the participants received specific education to

perform PSW (87%), but 82% received a salary below the level of national job description or no salary at all. Most peer workers felt appreciated (86%) and at ease (88%) in their team, and received high rates of positive feedback from clients and professionals on their work. More than half of the participants expressed the wish to receive further training to improve their professional skills.

**Conclusions:** PSW use a variety of tasks and skills to support a client's recovery that find their origin in being a peer and role model, which are well-received by both clients and other mental health care professionals. Further development in education for PSW and improvement of the profession is recommended.

### 04

#### EmPeeRie - individuals with severe mental health crisis use their knowledge of experience, to conduct their own research

Candelaria Irene Mahlke<sup>1</sup>, Thomas Bock<sup>2</sup>, Elena Demke<sup>2</sup>, Kolja Heumann<sup>2</sup>

<sup>1</sup>University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany

EmPeeRie is a project located at the university medical centre Hamburg, with the aim to empower individuals with a background of severe mental health crisis to use their knowledge of experience, to design and conduct their own research. This presentation is about the growth and challenges connected to this project. Some project topics will be briefly introduced as well as their current state.



## Symposium 2.4

### Stigma and destigmatization: assessment, disclosure of mental health problems, and intervention

#### Stigma and destigmatization: assessment, disclosure of mental health problems, and intervention.

Organiser: Catherine van Zelst

**Aim:** People with lived experience of mental illness can encounter discrimination and stigma, which often impede recovery and reintegration in society. This symposium covers three domains of stigma research: 1) Measuring experienced discrimination and stigma, which can be useful for recovery-oriented care and clinical practice to identify barriers to recovery and assist people in their personal recovery process; 2) Developing and evaluating an intervention in the domain of destigmatization; 3) Disclosure of mental health problems in the workplace by people with lived experience.

**Activities:** We present on a) instruments to measure stigma, including the development and validation of a discrimination and stigma scale; b) the evaluation of an intervention on destigmatization in youth; and d) a project on further development of a decision aid on disclosure of mental health problems in the workplace.

**Scientific Interest:** To increase knowledge on a) measuring experienced discrimination and stigma; b) a destigmatizing intervention; and c) a decision aid on disclosure in the workplace.

#### 01

##### Measuring stigma - Which instruments are available and how to choose?

Esther Sportel<sup>1</sup>, Marieke Pijnenborg<sup>2</sup>, Stynke Castelein<sup>3</sup>

<sup>1</sup>GGZ Drenthe, Assen, Netherlands

<sup>2</sup>University of Groningen, Netherlands

<sup>3</sup>Lentis Psychiatric Institute, Netherlands

**Aim:** In the past years a shift in focus towards more recovery oriented care has taken place. Identifying factors contributing to recovery or hindering it can help patients to achieve their recovery goals. One factor that is known to hinder recovery is stigma. Therefore a focus on stigma is of importance. However, the increased interest in

stigma also led to an increase in instruments to measure stigma. The last review of instruments to measure stigma dates from 2010, so, an update seems in place, providing recommendations which instrument to use in which case.

**Method:** A search has been performed using Embase, PsycInfo and Pubmed with various search terms in the following categories: stigma, psychometrics, measurement, psychiatry. Instruments were scored using the COSMIN checklist (<http://www.cosmin.nl>).

**Results:** 1064 unique articles were found, of which 791 were excluded based on title, and 191 based on abstract, leaving 82 articles for complete inspection. In general, the first thing drawing attention is the fact that the psychometric characteristics of the majority of available instruments can be considered 'satisfactory' at most. Results on the quality of the most used instruments and recommendations will be presented.

**Conclusions:** The scarcity of instruments with good psychometric characteristics for measuring stigma is remarkable. More research should focus on development and validation of instruments measuring self stigma.

#### 02

##### Development of a short version of the Discrimination and Stigma Scale (DISC) across seven different world regions.

Ioannis Bakolis<sup>1</sup>, Nicolas Ruecsh<sup>2</sup>, Chiara Bonetto<sup>2</sup>, Antonio Lasalvia<sup>2</sup>, Graham Thornicroft<sup>2</sup>, Sara Evans-Lacko<sup>2</sup>

<sup>1</sup>Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

Discrimination and Stigma Scale (DISC) was developed to address aspects of experienced and anticipated stigma as there was no psychometrically validated measure that was developed for understanding these experiences in the past. DISC comprises of 22 items and its length is a disadvantage especially if implemented in country settings with limited human capacity and infrastructures. The purpose of the study was to develop a short version of DISC (DISCUS) to address these limitations. Data from 1087 patients with depression and 732 patients with schizophrenia were collected as part of the Anti-Stigma Programme European Network and International Study of Discrimination and Stigma research network. We used a Meta Exploratory Factor Analysis (meta-EFA) and a Multiple Causes Multiple Indicators Model (MIMIC) to reduce the number of items in the DISC scale across seven world regions. The validity and reliability of the reduced scale was tested in 202 patients from the Mental Illness-Related Investigations on Discrimination study.



Psychometric validation for the reduced scale used confirmatory factor analysis and measures of Cronbach's alpha and Pearson's correlation coefficient. Meta-EFA reduced twenty-one items to twelve items. One more item was discarded with the use of the MIMIC model. Factor loadings from the ordinal MIMIC model indicated modest relationships among the candidate items and the latent measure of personal experience of stigma across the seven global regions. The eleven-item DISCUS had excellent reliability and good construct validity). The DISCUS scale is a reliable, consistent and valid instrument to measure experienced and anticipated stigma in a global setting.

### 03

#### Are you crazy?! Showing adolescents a schizophrenia documentary reduces stigmatizing attitudes.

Jojanneke Bruins<sup>1</sup>, Agna Bartels-Velthuis<sup>2</sup>, Jaap van Weeghel<sup>3</sup>, Kim Helmus<sup>4</sup>, Marieke Pijnenborg<sup>5</sup>

<sup>1</sup>Lentis, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>3</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

<sup>5</sup>University of Groningen, Netherlands

*Aim:* Public stigma has a negative effect on the lives of people with schizophrenia. This study examines the effects of a documentary about a boy diagnosed with schizophrenia on the stigmatizing attitudes of high school adolescents towards people with schizophrenia. Moreover, the relation between stigmatizing attitudes, knowledge about and familiarity with schizophrenia were examined.

*Method:* 89 high school adolescents aged 16-18 were cluster-randomly assigned by classroom to either an experimental group that watched a documentary about a boy diagnosed with schizophrenia or a control group that watched a nature documentary. Stigmatizing attitudes, knowledge and familiarity with the diagnosis were assessed before watching the documentary, and after the documentary stigmatizing attitudes were measured again.

*Results:* Baseline stigmatizing attitudes were similar in both groups. Students' stigmatizing attitudes significantly decreased after watching the schizophrenia documentary compared to the control group ( $F(1,174)=13.23, p<0.001$ ). Baseline knowledge about and/or familiarity with schizophrenia were neither significantly associated with baseline stigma, nor with changes in stigmatizing attitudes.

*Conclusions:* Showing a documentary about schizophrenia significantly reduced stigmatizing attitudes towards people

with mental health problems in high school adolescents. Presumably, showing documentaries or television programs that portray people who have learned to cope with their mental illness on a regular basis, as a counterpart to negative stereotypical broadcasts, could potentially help to reduce the public stigma in society.

### 04

#### To disclose or not to disclose a mental health problem in the workplace: views of five different stakeholder groups

Evelien Brouwers<sup>1</sup>, Catherine van Zelst<sup>2</sup>, Dorien Verhoeven<sup>3</sup>, Jaap van Weeghel<sup>4</sup>

<sup>1</sup>Tilburg University, Tilburg, Netherlands

<sup>2</sup>Kenniscentrum Phrenos, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

*Aim:* Whether or not to disclose mental health problems in the work environment is a personal, complex and potentially difficult dilemma. Previous research has shown that employers often hold negative attitudes towards people with mental health problems, and disclosure may therefore lead to negative consequences including discrimination. Alternatively, disclosure can also have clear benefits, as it can lead to understanding and social support in the workplace, and to essential work adjustments that are necessary for adequate work functioning and job tenure. The aim of this study was to investigate views of five different stakeholder groups on disclosure of mental health in the workplace.

*Methods:* Between November 2016 and January 2017, five focus groups were organized: (1) employers, (2) people with mental health problems, (2) Human Resources personnel, (4) re-integration professionals (e.g. job coaches and occupational physicians), and (5) peer workers/ mental health advocates. During each two hour focus group, stakeholders discussed their views on reasons to disclose or conceal, possible consequences, under what conditions best to disclose or conceal; what the best time for disclosure is, whom best to disclose to, and in what way. Data are transcribed and analysed with Atlas-Ti software. Differences and similarities in views will be explored and discussed.

*Results:* The focus groups have all taken place, and qualitative data are currently being analyzed. Results will be presented at the conference.

*Conclusions:* The present study explores to what extent stakeholder views differ or are similar. The results are valuable for both science and practice.



05

## Disclosure of mental health problems in the workplace: towards a Dutch decision aid and training

Catherine van Zelst<sup>1</sup>, Evelien Brouwers<sup>2</sup>, Dorien Verhoeven<sup>3</sup>, Jaap van Weeghel<sup>4</sup>

<sup>1</sup>Kenniscentrum Phrenos, Utrecht, Netherlands

<sup>2</sup>Tilburg University, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim:** People with lived experience of mental illness often struggle with issues related to disclosure of their mental health problems. Work is an important domain in which questions on whether or how to disclose can become very relevant. This presentation is about a decision aid on disclosure in the workplace. We redesigned the Dutch translation of the original English brochure CORAL (Conceal or Reveal, Henderson et al., 2013) to address the needs of various stakeholders in the Netherlands (among others people with lived experience, employers and professionals in work reintegration) and to acknowledge socio-cultural factors in this context.

**Methods:** Based upon focus groups and experiences with the decision aid by professionals and people with lived experience, we redesigned the decision aid and developed a training for professionals that work with people with lived experience with mental illness.

**Results:** In focus groups we found that different factors can influence disclosure processes. Disclosure may vary for instance according to the type of mental illness (or vulnerability), phase of recovery and work-related circumstances.

**Conclusions:** We will present the further development of the decision aid as well as a protocol for a training on disclosure in the workplace.

## Symposium 2.5

### Incidence, use of services, gender differences and reported disease-related symptoms in schizophrenia outpatients in Spain

#### Incidence, use of services, gender differences and reported disease-related symptoms in schizophrenia outpatients in Spain.

Organiser: Berta Moreno-Küstner

**Aim:** The symposium aims to show different studies focused on epidemiological and mental health services-based samples developed in a well-defined area in Malaga, Spain, as research on schizophrenia and related disorders based on such samples is crucial.

**Activities:** A systematic review is exposed establishing the incidence of schizophrenia and related disorders worldwide and, specifically reporting the variability in such rates depending on: gender, urbanicity, migrant and socioeconomic status. Additionally, a study examining gender differences in sociodemographic and clinical characteristics of a sample based on a well-defined area supported by a Mental Health Clinical Management Unit in Malaga, Spanish presented. In addition, determinants of use of services at patient, professional and health organization level were analysed. Also a subsample of patients with severe mental illness was evaluated in terms of needs, perceived support and social functioning, in two time points, before they were discharged from an acute inpatient unit and one year after. Finally, results regarding the presence and subsequent disturbance of key patient-reported disease related experiences and symptoms in schizophrenia in a Spanish sample evaluated by a novel scale named "Passively Received Experiences" will be exposed.

**Scientific interest:** This is the first systematic review focused on worldwide incidence of psychosis and their determinants. Several studies on schizophrenia outpatients in an area with a long tradition of community mental health treatment offer novel results. A multicentre research of PRO Key patient-reported disease-related symptoms is presented with crucial outcomes for this research area.



01

## Variability in the incidence of psychosis worldwide: environmental factors. A systematic review.

M<sup>a</sup> Carmen Castillejos Anguiano<sup>1</sup>, Berta Moreno Küstner<sup>2</sup>

<sup>1</sup>University of Málaga, Málaga, Spain

<sup>2</sup>University of Malaga, Spain

**Aim:** This systematic review was conducted to investigate the incidence of schizophrenia and related disorders worldwide from 2000 to 2015. Therefore, specifically, it seeks to report incidence rates of psychotic disorders worldwide during this particular period of time and analyse the variation in these rates depending on: 1. Gender 2. Urbanicity 3. Socio-economic status 4. Immigration  
**Methods:** We conducted a systematic search of electronic bibliographic indexes of the published. A broad search string "schizophreni\* OR psychosis" AND "incidence OR epidemiolog\*" in abstract was used in CINAHL, MEDLINE, PSYCINFO, PUBMED and SCOPUS. Applying inclusion criteria, we discarded first by title and then by abstract, finding 71 articles susceptible of reading the complete text. Finally, we identified 33 reports to analyze in this review.

**Results:** Incidence rate for non-affective psychoses (median = 16.91) were higher than for affective psychosis (median = 6.9). When we compared rates of psychosis for men and women, generally, incidence rates were higher in men for non-affective psychoses and lower than in women for affective psychoses. There was a clear increase in rates of psychosis in urban versus rural areas. In spite of the great variability found in the studies on immigrants, we could observe that incidence rates for immigrants were higher than for natives, mainly in black immigrant. Finally, in studies carried out in socioeconomically depressed areas, rates were higher in those with low socioeconomic status, although the differences were significant only in some studies.

**Conclusions:** Despite the great methodological variability found in the studies, according to previous reviews (Kirkbride et al., 2012, McGrath et al., 2004), there is a relationship between these environmental factors and the incidence rates of this disorder.

02

## Schizophrenia-spectrum disorders: Are men and women actually different? Results from an epidemiological study in Malaga, Spain

Eleni Petkari

University of Malaga, Spain

**Aim:** Differences between men and women with schizophrenia-spectrum disorders have been reported consistently regarding diagnosis, course and disease outcome. However, there is a lack of studies using information from multiple sources, a necessary element for forming robust conclusions. Thus, the present study was performed in a well-defined area supported by a Mental Health Clinical Management Unit in Malaga, Spain.  
**Methods:** 1640 patients (1048 men and 592 women) that were in contact with healthcare services during 2008 were examined concerning gender differences in sociodemographic and clinical characteristics. Additionally, associations of gender with diagnosis, disease severity and service use were examined after accounting for potential sociodemographic confounders.  
**Results:** The chi-squared analyses revealed that, compared to men, women were older, married or widowed/divorced and living as housewives with their families in cities. Furthermore, there were significant differences in the diagnoses, as men were at higher risk for suffering from paranoid schizophrenia, whilst women were at higher risk for persistent delusional, acute/transitory and schizoaffective disorders. Additionally, women had lower disease severity and fewer chances to visit the mental health rehabilitation unit (MHRU). The regression analyses performed suggested that men and women differed significantly across diagnoses and severity after controlling for confounders but regarding the use of MHRU gender lost its significance under the stronger influence of marital, living and occupational status.  
**Conclusions:** such findings highlight the differences between men and women regarding diagnoses and disease severity but also highlight the importance of other sociodemographic factors when pursuing effective psychosocial services for schizophrenia-spectrum patients.

03

## Needs, Perceived Support, and Hospital Readmissions in Patients with Severe Mental Illness.

Jose Guzman-Parra

University General Hospital of Malaga, Malaga, Spain

**Background:** People with severe mental illness have



multiple and complex needs that often are not addressed. The purpose of this analysis was to analyse needs and support perceived and their relationship with hospital readmission.

**Methods:** We had assessed one hundred patients with severe mental illness before they were discharged from an acute inpatient unit in terms of needs and perceived support (Camberwell Assessment of Needs), clinical status (The Brief Psychiatric Rating Scale), and social functioning (Personal and Social Performance), and followed up during one year. Survival bivariate analysis and backward stepwise Cox regression analysis were used.

**Results:** 61% of participants were readmitted after one year since the discharge. The group of patients who were readmitted had more total needs ( $M=8.45$ ;  $SD=3.68$ ) than the non-readmitted ( $M=6.97$ ;  $SD=3.47$ ) and more unmet needs ( $M=3.80$ ;  $SD=2.78$ ) than the non-readmitted ( $M=3.45$ ;  $SD=2.67$ ), although the differences were not significant. In multivariate analysis the highest risk factor for rehospitalisation was the number of previous admissions (2-8 vs. 1,  $HR=4.014$ ,  $p=.002$ , 95%  $IC=1.652-9.652$ ; >8 vs. 1,  $HR=6.080$ ,  $p<.001$ , 95%  $IC=2.461-15.022$ ). Also, the help of informal carers in alleviating psychological distress (high vs. low,  $HR=.425$ ,  $p=.014$ , 95%  $IC=.214-.843$ ) was associated with the risk of readmission.

**Conclusions:** The main conclusion concerns taking into account the patient's needs, and highlighting the role of the psychological support provided by informal nets in preventing readmission of patients with severe mental illness.

## 04

### Predictors of health service use among persons with schizophrenia and related disorders

Antonio Bordallo Aragón<sup>1</sup>, Berta Moreno-Küstner<sup>2</sup>

<sup>1</sup>HRU de Málaga, Málaga, Spain

<sup>2</sup>University of Malaga, Spain

**Aim:** Persons with schizophrenia and related disorders maybe particularly sensitive to a number of determinants of service use. The objective of this study is to identify factors associated to the use of health services among persons with schizophrenia and related disorders. **Method:** This is a cross-sectional study of 12-months follow-up in the catchment health area of the Regional Hospital of Malaga (Spain). Data was analyzed from 1145 persons in contact with mental health services. Independent variables were related to three different levels: patient (socio-demographic and clinical factors), professional (general practitioner and psychiatrist) and health organization.

**Results:** As a result of the multivariate analysis clinical variables such a higher level of severity and some ICD-10 diagnosis have a greater relationship with the overall health service use.

**Conclusions:** The predictors of health service use seem to be more related with patient factors. Factors related with severity increase the overall rate of health service use. Our knowledge of the role of professionals and another health or organization factors need to be enhanced.

## 05

### Patient Reported Disease-related symptoms in outpatient schizophrenia patients in Spain.

Cristina Romero-Alberca, M<sup>a</sup> Carmen Castillejos Anguiano, Regina Vila, Mónica García-Medina, Juan Luis González-Caballero, Massimo Moscarelli  
Universidad de Cádiz, Cádiz, Spain

**Aims:** To explore the presence and personal disturbance of key patient reported disease-related symptoms in patients affected by DSM-5schizophrenia in Spain.

**Method:** A cross-sectional study design and for the Assessment of Passively Received Experiences (PRE) has been used in a sample of 70 participants who were in treatment in psychiatric services in Spain (Malaga, Barcelona and Cadiz). **Results:** Out the sample majority were male (72.9%), mean age 41. The average number of present PRE experiences per patient was 34.87 and the average number of PRE disturbing experiences per patient was 31.90. The personal disturbance due to the PRE experiences was frequently rated by the patients as severe. The average number of PRE experiences per patient with a disturbance was 16.14. 92.9% of the patients had at least one PRE experience causing a disturbance, and 55.7% had at least tenPRE experiences causing a disturbance. The experiences and symptoms described by the PRE were reported by the patients as important in their life (88.6%). **Conclusion:** The Scale for the Assessment of Passively Received Experiences (PRE) is aimed to enable PRO disease-related symptoms measurement available in schizophrenia to help patients, doctors, and R&D to identify and evaluate dedicated and properly targeted treatments. **Source of Funding:** Ministry of Health, Social Services and Equality, Spain (Grant: PI16/00647) and co-founded by Fondo Europeo de Desarrollo Regional (FEDER)





## Symposium 2.6

### Use of observational data to gain insight into disease burden and treatment choices.

#### Case studies in depression and psychosis

#### Use of observational data to gain insight into disease burden and treatment choices. Case studies in depression and psychosis

Organiser: Talitha Feenstra, Chair/Discussant: Jochen Mierau

Administrative data in mental health care are gathered at various levels in the health care system. Surveys and cohort studies supplement the set of available observational data. Use of such data is often limited given the efforts that have been put into gathering them. Aim of the symposium is hence to showcase innovative applications of available observational datasets for research in support of better health care policy making, as well as to discuss the potential and pitfalls with the audience. Depression and psychotic disorders are taken as examples of interest to focus the discussion. Data from UK and NL will be presented.

**ACTIVITIES** The symposium starts with an introduction about the various types of data which are gathered in mental health care regarding treatment, treatment outcomes and reimbursement. These are claims data, patient registry data, routine outcome monitoring data, and data from specific studies, e.g. patient cohort studies. After the general introduction four example cases are presented. This is followed by a discussion with the audience on overarching topics: Advantages and disadvantages of working with observational data; definition of episodes; how to deal with time-gaps in data; dealing with data on resource use and costs.

**SCIENTIFIC INTEREST.** Better use of available observational data is relevant since it will improve knowledge on the real world burden of mental disorders. Given increasing availability of administrative data it is important to discuss pitfalls in performing studies based on these data.

01

#### The clinical effectiveness of a structured guideline-based treatment program for depression in specialized mental health care: A comparison with efficacy trials

Kaying Kan<sup>1</sup>, Talitha Feenstra<sup>1</sup>, Sybolt de Vries<sup>2</sup>, Ellen Visser<sup>1</sup>, Robert Schoevers<sup>2</sup>, Frederike Jörg<sup>1</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim:** To investigate the effectiveness of a structured guideline-based treatment (SGT-) program for depression in routine clinical practice (RCP) and compare the results with the efficacy found in RCTs for psychotherapy, pharmacotherapy and combination therapy. In addition, the influence of patients' adherence to treatment will be assessed.

**Methods:** Data from a specialized mental health care provider Friesland provided treatment information which were linked to Routine Outcome Monitoring (ROM-) data. ROM-data included the Inventory of Depressive Symptomatology Questionnaire and the Outcome Questionnaire 45. Treatment outcomes were evaluated in terms of remission and response rates. Treatment adherence was assessed as proportions (completed vs. planned treatment sessions).

**Results:** Out of 920 unipolar depressed patients, 351 cases had available pre- and post-treatment ROM-scores. Remission rates found in RCP were comparable to the efficacy found in RCTs; for psychotherapy (38% vs. 34-65%), for combination therapy (46% vs. 45-63%) and for pharmacotherapy (31% vs. 8-85%). Response rates were within range of the response rates found in RCTs (21-47% vs. 17-75%). Remitted patients with low adherence to treatment sessions ( $\leq 80\%$  completed) were less severe depressed compared to the non-remitted patients. Remitted patients with high adherence to treatment sessions ( $> 80\%$  completed) were younger, more female and less severe depressed than the non-remitted patients.

**Conclusion:** Despite the more heterogeneous patient population in RCP, the effectiveness of the SGT-program was comparable to the efficacy found RCTs. In RCP great variation exists in patient's adherence to treatment and their outcomes, and average treatment duration from guidelines does not suit all patients.



02

## Early-Life Socioeconomic Conditions and Depression in Older Adults

Daniel Howdon<sup>1</sup>, Jochen Mierau<sup>2</sup>, Viola Angelini<sup>2</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

**Objective:** A growing literature acknowledges the negative association between an adverse childhood socioeconomic condition and general health outcomes later in life. Less, however, is known about the association between childhood socioeconomic status and mental health outcomes in late adulthood. Hence, the objective of this paper is to analyze the long-term relationship between childhood socioeconomic conditions and depression in older adults and compare it to that for general health.

**Methods:** We use life-history as well as contemporaneous data from the SHARE survey, consisting of more than 20,000 participants aged 50+ living in 13 European countries. Symptoms of depression are assessed using the EURO-D scale. General health is assessed using a self-reported health state. We determine the childhood socioeconomic conditions by applying a principal component analysis on a retrospective survey of living conditions during childhood. To compare the results for general health and depression we normalize their respective scales by calculating z-scores.

**Results:** While general health exhibits a clear decline with age, the incidence of depression shows much less of a relationship with age. More importantly, while later life general health displays a strong negative association with adverse childhood socioeconomic conditions, for depression the relationship is much more muted.

**Discussion:** The long-term association between adverse socioeconomic conditions in childhood and later life health is much less pronounced for depression than for general health. This implies that while reducing socioeconomic differences in childhood may positively affect general health, mental health is likely to be less affected.

03

## Factors underlying short-term cost-effectiveness of Child and Adolescent Mental Health Services

Roel Freniks<sup>1</sup>, Hermien Dijk<sup>2</sup>, Jochen Mierau<sup>2</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

*Introduction:* Mental health problems among children and adolescents are highly prevalent, implying high demand for, and costs of, Child and Adolescent Mental Health

Services (CAMHS). However, little is known about the cost-effectiveness of existing CAMHS. The cost-effectiveness studies that do exist are mostly based on Randomized Controlled Trials (RCTs), while the real world validity of RCTs has been called into question. Therefore, in this study an observational study will be performed by using real-world data of (pre)adolescents. The real-world data will be used to assess cost-effectiveness of CAMHS for anxiety, depression and ADHD. *Method*

The observational data is acquired from the Research Data Infrastructure (RDI) of the Dutch Knowledge Centre for Child and Adolescent Psychiatry and from the Psychiatric Case Registry Northern-Netherlands (PCRNN), both linked with data from Statistics Netherlands to have a broader perspective on underlying factors.

*Results:* The analyses will be conducted and reported from a societal perspective. After this, short-term cost-effectiveness, in terms of Incremental Cost-Effectiveness Ratios (ICERs), will be directly obtained from the real-world data. Regression techniques will be used to assess which variables are related to costs and effects of treatment. Of special interest is the effect of treatment location after accounting for relevant confounding variables, as clinical, or geographical, variation can be present in the type of treatment prescribed and the effectiveness of the treatment. We will attempt to determine causality by applying techniques such as instrumental variable estimation, propensity score matching, difference-in-difference estimation, or the Altonji ratio.

*Conclusion:* Not applicable yet.



## Symposium 2.7

### The aftermath of extramuralisation. The Amsterdam LTMH study and satellite-projects: a cohort-study among patients with severe mental ..

The aftermath of extramuralisation. The Amsterdam LTMH study and satellite-projects: a cohort-study among patients with severe mental illness. Functioning, care-use and delivery, occurrence of crisis, victimisation and recovery

Organiser: Jan Theunissen

In 2005 policy-makers in Amsterdam were worried about the increased number of crisis-admissions and nuisance in the city. Patients with severe mental illness, now living independently, were held responsible. A cohort study among patients with SMI was started to delineate their functioning. A stratified sample of 876 persons with severe mental health problems in mental health care was composed; 325 patients could be assessed and interviewed in the first wave of the study. Clinical and social functioning, housing situation, needs for care and quality of life were measured. Patients had many needs for care, particularly on loneliness and participation in society. They rated their quality of life as rather high. It could also be concluded that severely ill mental health patients were not responsible for the perceived annoyance and the rise in crisis-contacts. On the contrary: patients were often victimized and discriminated.

The same patients were included in the second wave of the study in 2010/2011. 225 patients could be traced and interviewed. An instrument for measuring victimisation was added. Results were that patients with SMI are more often victim of a violent crime, patients move a lot and among the patients that used crisis-facilities three profiles and patterns of service can be distinguished. Further results will be presented in the workshop.

In spring and summer 2017 the same group of patients will be assessed again with the same instruments added with an instrument for recovery. We will present, if possible, results of the third wave.

## 01

### The Amsterdam LTMH- study: aim, design, method and global results

Jan Theunissen<sup>1</sup>, Pim Duurkoop<sup>2</sup>, Nick Lommerse<sup>2</sup>, Jack Dekker<sup>2</sup>, Jaap Peen<sup>2</sup>, Martijn Kikkert<sup>2</sup>

<sup>1</sup>GGZinGeest/VUmc, Amsterdam, Netherlands

**Background/Objectives** In the late nineties it was hoped that by living more independent, SMI-patients would improve their quality of life and their social functioning and would better integrate in society. The Amsterdam SMI-study follows a cohort of patients with severe mental illness and points out their functioning, living-situation and use of care.

**Methods** Symptoms, quality-of-life, need for care, social and daily functioning and victimization and discrimination were assessed in a sample of 337 SMI-patients in 2005. In 2011 225 patients could be traced and assessed again. Differences on the outcome variables are presented and linked to changes in living conditions and care provision. Ad-on studies on victimisation, use of crisis-facilities, moving and mortality were conducted. A third assessment is planned in spring 2017.

**Results** Between 2005 and 2011 psychiatric and physical symptoms persisted. Although patients participated more in society in terms of daily activities, their quality of life did not improve and their needs for care remained high. Victimisation was prominent; mortality was high. However patients remain to be rather satisfied with their life and the care they receive. The results of the third assessment will be shown if present.

**Discussion/Conclusion** The creation of activity-centers, sheltered working places and projects for integration improve participation in society of SMI-patients. However that doesn't mean that social functioning and quality of life improve. Therefore improvements for this group of patients on a political and societal level remain necessary. Recovery and rehabilitation can give new directions in individual lives.

## 02

### Victimisation in adults with severe mental illness: prevalence and risk factors

Jan Theunissen<sup>1</sup>, Martijn Kikkert<sup>2</sup>, Liselotte de Mooij<sup>2</sup>, Jaap Peen<sup>2</sup>, Jack Dekker<sup>2</sup>, Nick Lommerse<sup>2</sup>

<sup>1</sup>GGZinGeest/VUmc, Amsterdam, Netherlands

**Background** Patients with a severe mental illness (SMI) are more likely to experience victimisation than the general population.

**Aims** To examine the prevalence of victimisation in people with SMI, and the relationship between symptoms,



treatment facility and indices of substance use/misuse and perpetration, in comparison with the general population.

**Method** Victimization was assessed among both randomly selected patients with SMI (n = 216) and the general population (n=10 865).

**Results** Compared with the general population, a high prevalence of violent victimisation was found among the SMI group (22.7% v. 8.5%). Compared with out-patients and patients in a sheltered housing facility, in-patients were most often victimised (violent crimes: 35.3%; property crimes: 47.1%). Risk factors among the SMI group for violent victimisation included young age and disorganisation, and risk factors for property crimes included being an in-patient, disorganisation and cannabis use. The SMI group were most often assaulted by someone they knew.

**Conclusions** Caregivers should be aware that patients with SMI are at risk of violent victimisation. Interventions need to be developed to reduce this vulnerability.

### 03

#### The Amsterdam LTMH- study: Dying Too Soon: Excess Mortality in Severe Mental Illness

Jan Theunissen<sup>1</sup>, Liselotte de Mooij<sup>2</sup>, Martijn Kikkert<sup>2</sup>, Jaap Peen<sup>2</sup>, Rien van<sup>2</sup>, Jack Dekker<sup>2</sup>

<sup>1</sup>GGZinGeest/VUmc, Amsterdam, Netherlands

**Aims** We aimed to describe mortality rates, standardized mortality ratios (SMRs) and to identify baseline predictors of mortality in patients with a severe mental illness (SMI) over a six-year period.

**Method** Health examination of a cohort of 322 SMI patients was carried out at baseline. SMRs were estimated at six-year follow-up. The impact of a wide range of variables on survival time were evaluated.

**Results** At the end of the study period almost 11% of the SMI patients died. All-cause SMRs were 4.51 for all SMI patients, 4.89 for men, and 3.94 for women. A total of 86% were due to natural causes and 14% to unnatural causes. Cardiovascular disease is a major contributor to this excess mortality. Multivariate cox regression analyses showed that premature death was associated with Western ethnicity (HR: 1.81; 95% CI: 1.60-2.05), a longer history of tobacco use (HR: 1.03; 95% CI: 1.02-1.03), and with more severe symptoms of disorganization (HR: 2.36; 95% CI: 2.21-2.52).

**Conclusions** The substantially high SMR and incidence of CVD related death in SMI patients in our study are cause for concern. This study underscores the urgent need for interventions to reduce excess mortality in patients with SMI.

### 04

#### Three profiles of pathways through care of SMI client with multiple public crisis interventions

Jan Theunissen<sup>1</sup>, Mariet Hensen<sup>2</sup>, Liselotte de Mooij<sup>2</sup>, Jaap Peen<sup>2</sup>, Jeroen Zoeteman<sup>2</sup>, Matty de Wit<sup>2</sup>

<sup>1</sup>GGZinGeest/VUmc, Amsterdam, Netherlands

**Background** Patients with severe mental illnesses (SMI) need continuing support and remain vulnerable in many domains. Crisis interventions and compulsory admissions are common, causing a huge burden on police, health workers, the community and patients. The aim of this retrospective case-file study is to determine profiles of SMI-patients and their pathways through care among those experiencing multiple public crisis events. **Methods** Data from a larger study of 323 SMI-patients in Amsterdam were used. These data were linked to data of the public mental health care (PMHC) in order to identify persons that experienced one or more crisis interventions (CI's) between January 2004 and November 2012. The cut-off point of the group was set on 3 CI's, resulting in a group of 47 SMI-patients. PMHC and mental health care (MHC) data were linked in order to identify profiles in patterns of care. Qualitative content analysis was used to gather and analyze chronological timelines. **Results** Three profiles were identified: SMI-patients with CI's during continuous MHC, SMI-patients with CI's after discharge and SMI-patients with CI's during unstable MHC. For each profile events prior to, during and after a CI were identified.

**Conclusions** PMHC and MHC can possibly identify cases with a high risk of CI's and predict these events. CI's seem inevitable for a group of SMI-patients in care but they do not only require acute psychiatric care. The collaboration between MHC, PMHC and police could be further developed in an effective triage to tackle the complexity of problems of these patients.

### 05

#### The client-perspective on ambulatory mental health care: participation, recovery, and quality of life of people with a severe mental illness in an increasingly deinstitutionalized mental health care system

Jan Theunissen<sup>1</sup>, Steve Lauriks<sup>2</sup>, Menno Segeren<sup>2</sup>, Matty de Wit<sup>2</sup>, Martijn Kikkert<sup>2</sup>, Jack Dekker<sup>2</sup>

<sup>1</sup>GGZinGeest/VUmc, Amsterdam, Netherlands

**Objective** The research program Ambulatisatie Amsterdam aims to provide primary stakeholders in the mental health care system with information. This



information is necessary to both design and monitoring the transition towards an ambulatory mental health care and support system for people with Severe Mental Illness (SMI). The research program focuses on the experienced need for care and support, daily functioning, community participation and quality of life of people with SMI in the community.

**Method** A cohort study. First data collection starts in 2017; a second measurement in 2018. The sample is drawn from all persons with SMI with a known address in one of 14 boroughs in the city of Amsterdam. A total of 2.400 people with SMI are estimated to meet the inclusion criteria. People with SMI are invited to participate in the study via mental health care providers, social care service providers, general practitioners and local integrated support teams. With an estimated response rate of 30%, a study sample of 700 people with SMI is expected. This sample consists of a subgroup of people with SMI 'in care' and a smaller subgroup of people 'currently not in care'. In a face-to-face interview the MANSA (quality of life), the Social Exclusion Index and the Utrecht Participation Scale are administered in addition to assessments of daily functioning, service use, recovery and background variables.

**Results** Descriptive and regression methods will be used to identify factors associated with quality of life, recovery and participation. Subgroups of patients will be identified.



## Oral presentation session 3.1

### Costs of care

#### Patient-specific determinants of hospital costs in mental health

Jan Wolff<sup>1</sup>, Paul Mccrone<sup>2</sup>, Anita Patel<sup>2</sup>, Claus Normann<sup>2</sup>

<sup>1</sup>King's College London, London, United Kingdom

**Background:** Judgement about the adequacy of hospital payment systems requires an understanding of differences in hospital costs between patient groups. The aim of the presented studies was to analyse patient-specific determinants of hospital costs.

**Methods:** All of 36 psychiatrists, 23 psychologists and 106 nurses involved in clinical care during the study period participated in a two-week work time study. The work time figures were complemented by detailed per diem resource use data from the electronic medical records. Mixed-effects regression models and an ensemble of machine learning algorithms were used to analyse data.

**Results:** The study confirmed the a priori hypothesis that not being of middle age (33–64 years), danger to self, involuntary admission, problems in the activities of daily living, the presence of delusional symptoms, the presence of affective symptoms, short length of stay and the discharging ward affect per diem hospital costs. A patient classification system for prospective per diem payment was suggested with the highest per diem hospital costs in episodes having both delusional symptoms and involuntary admissions and the lowest hospital costs in episodes having neither delusional symptoms nor somatic comorbidities.

**Discussion:** Although reliable cost drivers were identified, idiosyncrasies of mental health care complicated the identification of clear and consistent differences in hospital costs between patient groups. Further research could greatly inform current discussions about inpatient mental health reimbursement, in particular with multicentre studies that might find algorithms to split patients in more resource-homogeneous groups.

#### The Cost-effectiveness of an integrated mental health care programme in comparison to standard psychiatric care in Germany

Reinhold Kilian<sup>1</sup>, Annabel Mueller-Stierlin<sup>2</sup>, Matthias Schuetzwohl<sup>2</sup>, Thomas Becker<sup>2</sup>

<sup>1</sup>Ulm University, Ulm, Germany

Background: Since 2009 several German health insurance

companies have implemented integrated mental health (IMHC) care services along the principles of assertive community treatment (ACT) in collaboration with local mental health service providers across Germany. Focus of this study is the analysis of effectiveness and cost-effectiveness of IMHC programs compared to treatment as usual (TAU) under real world conditions in five regions in Germany.

**Methods:** In a prospective controlled observational trial with four points of measurement over 18 months, 511 patients (IMHC = 260; TAU = 250) with mental disorders and 188 relatives (IV = 106, TAU = 82) were included in five German regions. Subjective quality of life was measured by means of the EQ-5D and the WHOQOL-BREF, total costs of mental illness were assessed by means of the CSSRI. Cost-effectiveness was analyzed by means of net-monetary-benefit regression models. Propensity score adjustment was applied for bias control.

**Results:** After propensity score adjustment no cost differences between integrated care and TAU was found. Net monetary benefit regression revealed no monetary benefit for integrated care compared to TAU.

**Conclusions:** The potential causes for the lack of cost-effectiveness of IV programs should be investigated more carefully as a basis for the further development and implementation of integrated mental health care approaches in Germany.

#### Use of the net benefit framework to evaluate the cost-effectiveness of Early Intervention in Psychosis - does this complex intervention translate outside the specialist setting?

Caragh Behan<sup>1</sup>, Paul Mccrone<sup>2</sup>, Brendan Kennelly<sup>2</sup>, Catherine Mcdonough<sup>2</sup>, Mary Clarke<sup>2</sup>

<sup>1</sup>DETECT/UCD, Dublin, Ireland

**Aim:** To use the net benefit (NB) framework to evaluate whether early intervention in psychosis delivered outside a stand-alone setting is cost-effective (CE).

**Method:** A representative sample of people with first episode psychosis was followed up at one year (n=205), 126 participants from an EI service and 79 participants from services with best practice treatment as usual. Costs were defined as the cost to the health service and effects were defined as relapse requiring in-patient admission or home-care. The NB statistic for a range of values of willingness to pay was calculated, bootstrapped to generate a measure of uncertainty and plotted on a cost-effectiveness acceptability curve to show the probability that EI was CE for a given value of willingness to pay.



**Results:** The NB to society of EI was €299 per relapse avoided (where society was not willing to pay anything to avoid a relapse) and the probability that EI was CE was 0.53. Following adjustment for socio-demographic and clinical characteristics, the probability that EI was CE rose to 0.97. Subgroup analysis showed where the probability that EI was cost-effective changed. Examination from the societal perspective showed a large incremental NB and a probability EI was CE of 0.99.

**Conclusion:** Use of the NB framework facilitates translational research. Extending evaluation to include the impact of a mental health intervention outside the direct effect on the health sector is important as the impact of mental illness goes beyond morbidity and mortality to effects on society and resources are scarce.

### Economic modelisation of access to psychotherapy for common mental disorders in the French context.

Anne Dezetter<sup>1</sup>, Alain Lesage<sup>2</sup>, Viviane Kovess-Masfety<sup>3</sup>

<sup>2</sup>University of Montreal, Montreal, Canada

<sup>3</sup>EHESP, France

**AIMS:** To assess the cost of coverage for psychotherapies by the health insurance bodies for adults aged 18 to 75 with CMHDs--depressive or anxious disorders, severe or recurrent--and to estimate the cost-benefit ratio for these psychotherapies for the community.

**METHODS:** The data was derived from a French cross-sectional study on 20,777 adults in the general population. The number of sessions to be covered was defined according to recommendations by the UK National Institute for Health and Clinical Excellence. The cost was estimated to be 41 per session, the reimbursement rate was set at 60% for the compulsory health coverage system.

**RESULTS:** For average series of 10 sessions (anxiety disorders) to 18 sessions (depressive disorders) the yearly cost of psychotherapies would be 514 million Euros, of which 308 million would be covered by the compulsory coverage system, to treat 1.033 million patients, or 2.3% of the population. For patients with depressive disorders, 1 spent by the community for the psychotherapy would enable the community a saving of 1.95 (1.30-2.60), and for anxiety disorders a saving of 1.14 (0.76-1.52).

**CONCLUSIONS:** Decision-makers in the health insurance schemes will thus have reliable medico-economic data available to assist in decisions for a possible policy for reimbursement of psychotherapies. Financial coverage of psychotherapies would in particular enable access to treatment by people for whom the financial barrier would have prevented access to this treatment.

### Hospital cost and reimbursement associated with psychiatric comorbidities in somatic care

Jan Wolff<sup>1</sup>, Thomas Heister<sup>2</sup>, Claus Normann<sup>2</sup>, Klaus Kaier<sup>2</sup>  
<sup>1</sup>King's College London, London, United Kingdom

**Aim:** Psychiatric comorbidities are relevant for the diagnostic and therapeutic regimes in somatic hospital care. The main aim of this study was to analyse the association between psychiatric comorbidities and (1) hospital costs, (2) revenues, and (3) length of stay per inpatient episode. A further aim was to discuss the methodological challenges in the estimation of these outcomes. .

**Methods:** The study included 338,162 inpatient episodes consecutively discharged between 2011 and 2014 at the University Medical Center Freiburg. Detailed resource use data were used to calculate day-specific hospital costs. Analyses were adjusted for sex, age, somatic comorbidities and main diagnoses. Sensitivity analyses addressed the potential-time-related bias in routine diagnosis data.

**Results:** Psychiatric comorbidities were associated with an increase in hospital costs per episode of 54% and an increase of reimbursement per episode of 42%. The reimbursement-cost difference was 732 € lower in patients with psychiatric comorbidities. Length of stay increased by 3.4 days. Sensitivity analyses provided a lower bound of the effect on the reimbursement-cost difference of -260 €. **Conclusion:** If differences in hospital costs between patient groups are not adequately accounted for in DRG-systems, strong incentives are created to game the system. Therefore, we suggest intensifying the inclusion of psychiatric comorbidities in the German DRG system. Future research should investigate the appropriate inclusion of psychiatric comorbidities in other health care systems' payment schemes.



## Oral presentation session 3.2

### Work & Education

#### Differences in working conditions for patients of psychotherapeutic consultation in the workplace vs. outpatient care -results from an observational study

Eva Rothermund<sup>1</sup>, Amira Barrech<sup>2</sup>, Reinhold Kilian<sup>2</sup>, Edit Rottler<sup>2</sup>, Michael Hölzer<sup>2</sup>, Harald Gündel<sup>2</sup>

<sup>1</sup>University Hospital Ulm, Ulm, Germany

**Aim:** This study evaluates whether working conditions (job strain according to the Demand-Control model) differed between patients who partook in psychotherapeutic consultation in the workplace (PSIW) and those in psychotherapeutic outpatient care (PSOC) in Germany.

**Methods:** Data were collected from n=253 participants seeking mental health care via two routes (PSIW n= 100; PSOC n= 153) before consultation by means of self-assessed questionnaire (job strain, socio-demographic characteristics, familial and work-related factors and depression). Logistic regression analysis was used to estimate the association between mental health care route (PSIW vs. PSOC) and job strain.

**Results:** Compared to the PSOC group, participants in the PSIW group were significantly more often male (75% vs. 36%, p=.000), older (44.66±10.32 vs. 39.95±11.65 years, p<.05), in a relationship (76% vs. 60%, p=.009), had financial responsibility for children (34% vs. 20%, p=.010), and reported lower scores for depression (PHQ-9: 11.17±5.98 vs. 14.50±6.47, p<.05). Seeking mental health care in the workplace (PSIW) was significantly associated with a two-fold higher likelihood of low job strain (OR=2.03, 95% CI=1.10-3.74, p=.023), even after controlling for socio-demographic characteristics, familial and work-related factors. This association was attenuated after additionally controlling for depression (OR=1.74, 95% CI=.93-3.27, p=.084).

**Conclusions:** Participants seeking mental health care in PSOC report significantly higher levels of job strain, but accounting for depression attenuates this association. Our results underline the importance of controlling for depression when assessing working conditions. Nevertheless, offering mental health services in the workplace may reach patients at an earlier stage in their illness and thus potentially prevent progression.

#### The effect of IPS-MA, an early supported employment intervention modified for people with mood and anxiety disorders: results of a randomised clinical trial

Lone Hellström<sup>1</sup>, Per Bech<sup>2</sup>, Merete Nordentoft<sup>3</sup>, Jane Lindschou<sup>2</sup>, Lene Falgaard Epløv<sup>2</sup>

<sup>1</sup>Mental Health Centre Copenhagen, Copenhagen, Denmark

<sup>3</sup>Psykiatrisk Center København, forskningsenheden, Denmark

**Objectives:** Individual Placement and Support (IPS) increases return to work for people with severe mental illness; however, the effect of IPS among people with mood or anxiety disorders is unclear. We examined the effect of IPS modified for people with mood and anxiety disorders (IPS-MA) on return to work and education compared to services as usual (SAU).

**Methods:** In a randomised clinical superiority trial, 326 participants with mood and anxiety disorders were centrally randomised to IPS-MA, consisting of individual mentor support and career counselling (n=162) or SAU (n=164). The primary outcome was competitive employment or education at 24 months; while weeks of competitive employment or education, illness symptoms and level of functioning, and well-being were secondary outcomes.

**Results:** After 24 months, more participants receiving IPS-MA had returned to work or education compared to those receiving services as usual, but the difference was not significant. We found no difference in mean number of weeks in employment or education, level of depression, level of anxiety, level of functioning, or well-being measured by WHO-5 at 24 months.

**Conclusions:** The modified version of IPS, IPS-MA, was not superior to services as usual in supporting people with mood or anxiety disorders in return to work at 24 months.

#### Challenges and Contribution of Participation in Supported Education Program in Universities for Persons With Severe Mental Illness

Ron Shor

The Hebrew University of Jerusalem, Jerusalem, Israel

**Objectives** The inclusion of persons with SMI in academic programs has become a focus of policy initiatives. However, limited knowledge exists regarding the actual experience of persons with SMI in academic programs and the ways in which their participation in a supported education program could be helpful for them..

**Design and Method** A mixed methods study was





conducted with 80 students with SMI in the major universities in Israel. The students responded to structured questionnaires developed for this study and open-ended questions about the barriers and difficulties they experienced in their studies and the extent to which they felt that their mentors assisted them with their difficulties.

**Result** When examining the barriers students experienced, the Learning Skills and Management of Academic Tasks and Social Inclusion difficulties were the two subscales with the highest means. Barriers to Academic Inclusion and Accessibility Barriers were the two subscales with the lowest means. In terms of the help received by the mentors, the Learning Skills and Management of Academic Task subscale was ranked the highest. The help received with Accessibility Barriers and Social Inclusion was ranked the lowest.

**Conclusions** The findings indicate that students with SMI face challenges in addition to academic requirements which could have an effect on their academic achievement. Participation in a supported education program can help them cope with the challenges involved in academic studies. However, the findings illuminate that challenge is to develop an academic environment that will not only provide academic access but that will be socially inclusive.

### The effectiveness of occupational therapy to improve participation in activities of everyday life for people with a diagnosis of psychosis: a feasibility study.

Joanne Inman<sup>1</sup>, Katrina Bannigan<sup>2</sup>, Jacqueline Akhurst<sup>2</sup>  
<sup>1</sup>Plymouth University, Plymouth, United Kingdom

**Aim:** To evaluate the feasibility of conducting a pragmatic randomised controlled trial (RCT) of occupational therapy for people with a diagnosis of psychosis. The key uncertainties in the design of an effectiveness study and participant and process outcomes were explored.

**Method:** The study design was informed by evaluating and developing complex intervention guidelines and methodologies (Medical Research Council 2008, Richards and Hallberg 2015). It involved two phases: the development of an occupational therapy intervention specification and this feasibility study for a pragmatic randomised controlled trial (RCT). The feasibility study was conducted across two centres, utilising the intervention specification and including both quantitative and qualitative participant and process outcomes. The primary outcome was participation in activities of everyday life and the secondary outcomes were health-related quality of life and self-reported experience of occupational performance and

satisfaction with occupational performance. Service user and carer involvement was integrated into the method.

**Results:** The feasibility study recruited less people (N=16/20) than planned (N=64). However the outcomes of self-reported experience of occupational performance and satisfaction with occupational performance and self-evaluated transition (SET) improved with occupational therapy and were found to be statistically significant. The intervention specification captured 98% of occupational therapy provided and was shown to have good utility for research and practice purposes.

**Conclusion:** A number of key uncertainties in a pragmatic RCT have been resolved; including strategies for recruitment. Setting the foundations for the next stage—a larger pragmatic RCT — have been put in place.



## Oral presentation session 3.3

### Primary care

#### The primary care psychologist: challenges and opportunities

Evelien Coppens<sup>1</sup>, Inge Neyens<sup>2</sup>, Chantal Van Audenhove<sup>3</sup>

<sup>1</sup>LUCAS KU Leuven, Leuven, Belgium

<sup>3</sup>KU Leuven, Belgium

**Aim:** In recent years, a reform in mental healthcare is taking place in Belgium, with mental healthcare becoming more community-based. A crucial aspect of this reform is the introduction of the function of primary care psychologist (PCP) to reinforce the treatment of patients with psychological problems in primary care. It is the PCP's task to: provide short-term treatment, work in close collaboration with general practitioners, work within a network of care providers to realise stepped-care, and support other primary care professionals in treating patients with mild psychological problems. The function of PCP has been piloted and evaluated in 7 regions in Flanders, aiming to examine the process of implementation.

**Methods:** A mixed method approach was used combining interviews, surveys, symptom assessment, monitoring, and panel discussions.

**Results:** Both patients and professionals experienced the PCP as an added value. In no time, the new function became a fixed value in clinical practice. The research findings provide insight into the function profile, the key tasks, the educational needs, and the target group of the PCP. The collaboration with other professionals, and the strengths and barriers experienced in the field are discussed. Based on the results, policy recommendations are formulated on how to implement the function broadly and in a feasible way in Flanders.

**Conclusions:** The research findings confirm the need for accessible short-term psychological support in primary care. Currently, the government is embedding this new function in healthcare, relying on the findings and the recommendations formulated by this study.

#### Next generation in routine outcome measurement: Computerized adaptive testing

Jan van Bebber<sup>1</sup>, Rob Meijer<sup>2</sup>, Johanna Wigman<sup>1</sup>, Lex Wunderink<sup>2</sup>, Sjoerd Sytema<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

Monitoring mental health status is an important task in mental health care. The problem with traditional routine outcome monitoring (ROM) is that clients may get frustrated when they are requested to respond to hundreds of questions, which may cause clients to not complete the questionnaires that should monitor their health-related functioning. In case ROM would mimic what experienced interviewers do, that is tailoring follow up questions to answers already given by means of computerized adaptive testing (CAT), the percentage of missing values and drop outs in ROM may be reduced substantially.

We developed an adaptive online test battery that facilitates GPs evaluations of their clients' need for care/treatment. This test battery has the potential to replace existing ROM measures. During the presentation, first, the principle of adaptive testing will be explained and contrasted to traditional, linear testing. Second, the ideas, opinions and conceptions of health care professionals who are intended to apply the test battery in practice will be reported. Third, the core characteristics of our test battery and the way we developed it in collaboration with mental health care workers will be discussed. Fourth, research findings from our adaptive modules for positive and negative symptom experiences of psychosis will be reported that prove that adaptive tests may be as valid as full item bank administrations. Finally, a short demo of the alpha version of our screener "CATja" will be given. CATja will be piloted in general practices in the provinces of Groningen and Friesland during the next four months.

#### The effectiveness and cost effectiveness of e-mental health interventions for depression and anxiety in primary care: a systematic review and meta-analysis

Btissame Massoudi<sup>1</sup>, Floor Holvast<sup>2</sup>, Claudi Bockting<sup>2</sup>, Huib Burger<sup>2</sup>, Marco Blanker<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

Psychological interventions for depressive and anxiety symptoms and disorders are labor intensive and expensive. E-mental health interventions may offer support for treatments in primary care and have shown to be effective in meta-analysis with mixed populations. In this study, we review the (cost-) effectiveness of e-mental health interventions in primary care.

We searched MEDLINE, Cochrane library, Embase and PsychINFO until February 2017, for RCTs of e-mental health interventions for depression or anxiety in a primary care setting. Two reviewers independently screened publications, structurally extracted data and assessed the



risk of bias with the Cochrane Collaboration's tool. Out of 3,466, we included 16 studies, comparing 19 treatments in 3,817 participants. Overall, the methodological quality was fair. The pooled effect size of e-mental health interventions was small (SMD = -0.17, 95% CI -0.030 to -0.04) for depressive symptoms and disorders compared to control at short-term. This effect maintained at long-term (SMD = -0.17, 95% CI -0.030 to -0.04). Subgroup analysis of control groups showed a significant difference in effect, with the most positive effect of e-mental health interventions compared to waiting list. Only three trials reported on cost-effectiveness showing conflicting results.

E-mental health interventions for depressive symptoms and disorders have a small positive effect compared to usual primary care and a moderate positive effect compared to waiting list. There is insufficient evidence for the cost-effectiveness of e-mental health interventions and for the effectiveness for anxiety and PTSD in primary care, while most patients with anxiety are treated within primary care.

### Building Mental Health Capacity in Tunisia: Is a Training Program Offered to General Practitioners Sufficient?

Jessica Spagnolo<sup>1</sup>, François Champagne<sup>2</sup>, Nicole Leduc<sup>2</sup>, Myra Piat<sup>2</sup>, Wahid Melki<sup>2</sup>, Fatma Charfi<sup>2</sup>, Marc Laporta<sup>2</sup>  
<sup>1</sup>School of Public Health (University of Montreal), Montreal, Canada

**Aim:** Reforms in primary care aim to train non-specialized professionals in mental health care. Such a training, offered to general practitioners (GPs) working in the Greater Tunis Area of Tunisia, was evaluated using a randomized controlled trial. Improvements were seen in GPs' capacity to detect, treat, and manage mental illness. This presentation aims to identify factors that may hinder the sustainability of these improvements.

**Method:** We employed a case study design to meet the objective. Twenty-two interviews were conducted with trained GPs, and analyzed using thematic analysis.

**Results:** Factors affecting sustainability were identified. Systemic factors include stigma against mental illness, continuing to impact the amount of resources allocated to the field of mental health. Organizational factors include time constraints to address mental illness, a lack of active and ongoing supervision in mental health, and a continual reliance on overburdened specialized services. Factors related to the intervention include a lack of information on children/ adolescent mental health and the need for additional/ continual mental health training. Individual factors include GPs' personal motivation to work in mental

health, as supervision by healthcare administrators is non-existent in this field.

**Conclusion:**

While mental health training programs are encouraged to help build capacity in mental health, decision-makers across the globe are encouraged to acknowledge individual, organizational and systemic factors that may challenge the success of these programs within specific contexts. An understanding of contextual factors may help identify areas to improve within the health system, or shed light on whether scaling-up an intervention is appropriate.

### Cluster randomized study of shared care by primary and mental health care

Torleif Ruud<sup>1</sup>, Ole Rikard Haave<sup>2</sup>, Ajmal Hussain<sup>2</sup>, Svein Gjelstad<sup>2</sup>, Jorun Rugkåsa<sup>2</sup>, Mina Dahli<sup>2</sup>

<sup>1</sup>Akershus University Hospital, 1478 Lørenskog, Norway

**Aims:** The aim is to study the impact of a Norwegian adaption of a Canadian model of shared care where GPs, clinicians and other professionals from primary care and mental health care work together as a team co-located in primary care.

**Methods:** Baseline data on health care for 19 000 GP patients for 12 months are extracted from electronic registers of six GP groups, primary care and mental health care. When the model of shared has been implemented in 18 months in three GP group practices, similar data are extracted for 12 months for a similar number of GP patients. Health care of patients in sites with shared care is compared with sites with continued current practice, and with baseline data.

**Results:** The results of WP1 will give new knowledge on the total current health care for GP patients across services and levels. The results of WP2 will be new knowledge on feasibility of adapting the model in Norway. The results of WP3 will be new knowledge on whether this model of shared care leads to the expected changes in health care.

**Conclusion:** If the study shows promising results from analysis in 2018, the model may be recommended for large scale implementation to meet the aims of the national Collaboration Reform for a large group of patients.



## Oral presentation session 3.4

### Involvement of service users

#### 'As a link between patient and staff' - Pilot testing the use of peer supporters as a new work force within Swedish mental health care

Elisabeth Argentzell<sup>1</sup>, David Rosenberg<sup>2</sup>

<sup>1</sup>Lund university, Lund, Sweden

<sup>2</sup>Umeå University, Netherlands

**Aim** To present findings from a pilot project introducing peer supporters as a new work force within Swedish mental health care.

**Method** Peer supporters as a new work force is currently being introduced in five psychiatric outpatient services in Sweden as a pilot project. Users who received peer support were interviewed regarding their experience of this new form of support. Eligible staff and program managers in the same services were also interviewed. The data was analyzed using content analysis.

**Results** The service users experienced that peer support gave them hope and strategies for recovery, feelings of trust and mutuality, as well as reduced self-stigma. They also describe the peer support workers as bridging the distance between patient and staff, as creating a more mutual standing in the units, and as confirming that the professionals believe in recovery and can therefore be trusted. That peer support enhanced recovery for the users and led to an improved caring environment was confirmed in the interviews with staff and program managers.

**Conclusions** The findings confirm many of the outcomes reported in the international literature regarding peer support workers enhancing hope and recovery for service users as well as building trust. The fact that the introduction of peer support also seemed to significantly contribute to the development of recovery-oriented services, along with a wide-range of other benefits, is of specific interest since a traditional medical view still lingers in Swedish mental health care.

#### A Recovery-oriented peer provider (ROPP) work-role model and prototype measure

Galia Moran

Ben-gurion University, Beer-sheva, Israel

Peer providers (PPs) are essential in recovery-oriented mental health (MH) services, but are often disempowered and their role is misunderstood. We aimed to enhance

the PP work-role by (i) conceptualizing PPs' optimal views and experiences of their work-role and (ii) presenting a prototype self-report measure to assess PP optimal expression in MH services. Method: We analyzed optimal work-role experiences described by 25 PPs working in diverse MH settings using a grounded theory approach. To develop the measure we employed the Delphi method with another group of 8 experienced PPs. Results: We define a recovery-oriented peer-provider (ROPP) work-role model involving three domains: basic skills, peer-oriented relationships and role motivations. Based on the ROPP model, we developed a prototype 38-item self-report scale. The scale gauges multi-level PP processes: providing support via lived experience; communicating the consumer-voice/lived-experience to MH staff; identifying with and being motivated by the PP role. Conclusions: ROPP characterizes PPs' use of lived experience within eye-level relationships in traditional MH services. ROPP is relevant to diverse MH services interested in developing a recovery orientation. The ROPP scale, once psychometrically validated, can assess PPs optimal expression in MH services, and can already be used for self-assessment and organizational consultation.

#### Generativity attainment and its characteristics in Life-story narratives and self-report measures of mental health peer-providers

Ayala Friedlander Katz

Haifa University, Haifa, Israel

**Aim:** *Generativity*, Erickson's (1963) 7<sup>th</sup> stage of psychosocial human development, was not explored among mental health peer-providers (MH PPs). Generativity involves shifting focus from oneself to caring for others and the next generations. It is related to positive psychological indicators. Specific narrative patterns, particularly *redemption* ("bad turns good"), *agency* and *communion* themes characterize narratives of highly generative individuals (McAdams & de St. Aubin, 1992; McAdams, 2008).

We asked if and how generativity appears among MH PPs and how generativity may be reflected in life-story interviews as well as by correlations between narrative themes and self-report measures.

**Method:** 30 MH PPs were recruited as part of a larger study (Moran et al, 2012). They filled generativity measures and interviewed on their life-story. Transcribed interview-verbatim were coded by teams of coders to reliably detect the presence of generative narrative patterns. We also conducted content analysis in ten interview-narratives to



identify generativity-related contents & structures.

**Results:** We identified and detail narrative patterns characteristic of generativity: a. four types of redemption patterns (e.g. resilience following crises/losses); b. unique agentic themes (e.g. active self-caring); and c. communion themes (e.g. belonging to a group of valued equals).

Redemption themes were significantly more frequent than contamination themes as expected. Expected correlations between *generativity behavior* and *redemption themes* were confirmed (other hypothesized correlations were refuted). Agency was significantly more frequent than communion themes.

**Conclusions:** Engaging in PP roles can facilitate achievement of generative life-stage. Attaining generativity contributes to recovery/growth vis-a-vis opportunities for positive identity-reconstruction and meaning making.

### Peer research methods: Changing mental health research by integrating lived experience expertise into research teams

Vanessa Pinfold<sup>1</sup>, Agnes Hann<sup>2</sup>, Rose Thompson<sup>2</sup>, Ruth Sayers<sup>2</sup>, John Gibson<sup>2</sup>, Rajvi Kotecha-Hazzard<sup>2</sup>  
<sup>1</sup>McPin Foundation, London, United Kingdom

How can we improve mental health care across Europe? Mental health policy relies on evidence to influence decision making, and there is increasing recognition of the importance of funding mental health research across the globe. In this paper we will present insights from our work on developing Peer Research as a specific mental health research methodology. Case material will be drawn from studies that address public mental health (evaluation of men's sheds), service transformation in primary care (development of collaborative care for severe mental illness), the delivery of services in the voluntary sector (evaluation of a peer support programme) and treatments or supports in secondary mental health services (research into medication decision making).

We will address the following questions:

Public engagement, involvement and participation in research: what's the difference?

What is a peer research?

Who can be a peer in mental health research studies?

What are the challenges integrating lived experience expertise into different types of mental health research?

The source material for reflecting on these questions will be research staff experiences of delivering projects at the McPin Foundation and feedback from other researchers received at a workshop convened November 2016.

The challenges for our society in taking forward goals to improve mental health rest not only in the innovations

we seek to implement, but how we generate knowledge to translate into practice. The involvement of people with mental health problems and their family / carers in research provides one route for change. We will reflect on future opportunities.

### Service user involvement in the reform of adult mental health care in Belgium

Kathleen de Cuyper<sup>1</sup>, Joke Vanderhaegen<sup>2</sup>, Chantal Van Audenhove<sup>2</sup>

<sup>1</sup>University of Leuven - KU Leuven, Leuven, Belgium

<sup>2</sup>KU Leuven, Belgium

**Aim:** Since 2010, Belgian policy makers want to strengthen mental health care in the community by mechanisms of deinstitutionalizing and care integration, with the aim to improve social rehabilitation and recovery of the service users. Important is how this policy plan is being implemented through specific actions in the field. The involvement of service users – and their specific know-how – is crucial in this respect.

**Method:** In 2014 and 2016, respectively 35 and 30 service user representatives from Belgium were assessed regarding their involvement in the local reform of the mental health care system. Both samples comprises around 80% of the Belgian representatives. For this aim, we constructed a participation checklist - based on the participation ladder - in close collaboration with Flemish and Walloon patient associations.

**Results:** According to the representatives, the professionals consider their opinions regarding the operation of the service networks. The reimbursement of expenses improved in 2016 compared to 2014. In contrast, representatives report that the professionals do not acknowledge the surplus value of their involvement in the local reform. Moreover, experts by experience are only involved in a minority of services, a situation that has not improved since 2014.

**Conclusions:** Although the professionals make an effort to involve the service user representatives into the local reform of the Belgian mental health care system, there is still a long way to go for the representatives to become equal partners of the professionals in the reform.



## Oral presentation session 3.5

### Family

#### Integrating close relatives of people experiencing schizophrenia spectrum disorders in the mental health system in France : the perception of the families

Murielle Villani<sup>1</sup>, Viviane Kovess-Masfety<sup>2</sup>

<sup>1</sup>Fondation Pierre Deniker, Paris, France

<sup>2</sup>EHESP, France

**Aim** Schizophrenia is a long-term, stigmatized disease, which often leads to social impairment, unemployment and isolation. Our objective is to evaluate the perception and representations of French close relatives of people with schizophrenia spectrum disorders about the disease itself and about the mental healthcare system in order to evaluate their integration in the mental health care system. **Methods** Our population is constituted of close relatives of people experiencing schizophrenia spectrum disorders, recruited through active families associations. We used a French translation of 2 standardized questionnaires, the Brief Illness Perception Questionnaire and the Stigma Scale, as well as an extensive semi-structured interview. **Results** Among the 20 close relatives included in our research, 55% were mothers, 25% were fathers, 20% were other family members. Results to the standardized questionnaires show highly threatening perceptions of the disease, with an average total BIPQ score of 50,5. The illness is also viewed as highly discriminated. However, qualitative results show that the majority of close relatives feel shut off from the care process, suffer of a lack of information about the disease and treatments, and have feelings of isolation in the day-to-day care. **Conclusions** Despite highly threatening and stigmatized representations of the disease of their relative, and despite the strategic role that they could play, a majority of families in our sample feel isolated and abandoned towards the disease management, regardless of their involvement.

#### Effectiveness of a web-based mindfulness intervention for families of a person with a mental and/or somatic illness

Sigrid Stjernswärd, Lars Hansson

Lund University, Lund, Sweden

Both patients and caregivers can be affected when a person suffers from a mental and/or somatic condition. The psychological distress can be such that even caregivers

require therapeutic interventions. Web-based mindfulness interventions (MFI) have shown beneficial health outcomes for clinical and healthy populations, and effectiveness in reducing caregiver stress and burden. Such interventions may help families cope and overcome barriers that can hinder a help-seeking process. **Aims:** To explore the effectiveness of a web-based MFI for families of a person with mental illness (MI), and subsequently for families of a person with mental and/or somatic illness (MSI). **Methods:** A randomized controlled trial to compare the effectiveness of an 8-week web-based MFI in an experimental group with a no treatment wait-list control group that is offered the program after post-assessment of the experimental group. The study has a pre-post design and 3-month follow-up, with mindfulness (FFMQ) as the primary outcome and perceived stress (PSS), caregiver burden (CarerQoL-7D, Montgomery Borgatta Burden Measure) and self-compassion (SCS-SF) as secondary outcomes. **Results:** The RCT showed significant increases in levels of mindfulness and self-compassion, and reduced levels of perceived stress and caregiver burden in families living with MI. The RCT for families living with MSI is ongoing; preliminary results may be presented. **Discussion:** The results support the hypothesis that the intervention may help families cope with a stressful situation. It motivates the investigation of the intervention's effectiveness for an extended group of caregivers that may be similarly affected by burden to prevent further ill health.

#### The role of parenting and family functioning in the development of psychotic experiences in adolescence

Laura Steenhuis<sup>1</sup>, Agna Bartels-Velthuis<sup>2</sup>, Catharina Hartman<sup>3</sup>, Andre Aleman<sup>3</sup>, Marieke Pijnenborg<sup>1</sup>, Maaikje Nauta<sup>3</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

**Aim:** Psychotic experiences occur relatively frequent during adolescence in the general population, but generally disappear over time. Whether psychotic experiences persist and eventually lead to psychotic disorders is dependent on the presence of other risk factors. The current study aims to investigate the predictive value of parenting and family functioning on the development of psychotic experiences in adolescence in a population and clinical-referred sample. **Method:** The participants were 2059 children who participate in the 'Tracking Adolescents Individual Lives Survey' (TRAILS), from a clinical (n=416) and population (n=1643) based sample. At age 11 family functioning, parental stress and perceived



warmth, rejection and overprotection by both parents were assessed. At age 16 psychotic experiences were measured. **Results (Preliminary):** In the population based sample, overprotection from the mother at baseline (age 11) positively predicted both the frequency ( $b = .11$ ,  $t(1574) = 4.45$ ,  $p < .001$ ) and distress ( $b = .13$ ,  $t(1498) = 2.38$ ,  $p < .01$ ) of psychotic experiences at age 16. In the clinical sample, parental stress at baseline (age 11) positively predicted the frequency of psychotic experiences at age 16 ( $b = .05$ ,  $t(410) = 2.64$ ,  $p < .01$ ). Overall family functioning was not a significant predictor psychotic experiences.

**Conclusions (Preliminary):** The current results suggest that specific aspects of parenting (overprotection and parental stress), but perhaps not overall family functioning, may increase the likelihood of developing psychotic experiences over time.

### [Drawing on the experiences of parents of conduct-disordered children to investigate how intervention can help prevent future antisocial behaviour: a longitudinal mixed methods study from an ecological, developmental perspective](#)

[Madeleine Stevens](#)

London School of Economics and Political Science,  
London, United Kingdom

**Aim:** To investigate what aspects of intervention for high-need families with conduct-disordered school-age children contribute to prevention of future antisocial and criminal behaviour.

**Method:** Eleven families referred to a therapeutic parenting intervention, because of their child's conduct disorder, were followed for five years. Inductive thematic analysis of in-depth interviews with parents, and practitioners they nominated as helpful, suggested hypotheses regarding intervention-related factors associated with positive outcomes. Where data were available these factors were further investigated in a larger cohort with longer-term outcomes, the Avon Longitudinal Study of Parents and Children. Multiple regressions examined associations between these potentially-moderating factors (at ages 5-13) and antisocial and criminal behaviour (at ages 16-21) for children with behaviour problems at baseline.

**Results:** Key themes included services' conflicting roles in support, reform or surveillance of parents, undermining trust-building. Some parents are skilfully supported to make lasting changes in their parenting behaviour, often requiring attention to parents' own mental health. However non-familial influences such as peers, neighbourhood and school experiences mean improvements in parent-child relationships do not necessarily translate to improvements

in the child's behaviour and wellbeing outside the family. **Conclusions:** Helping parents see their own role in their child's behaviour can transform relationships. Poor maternal social support, mental health, parent-school communication, school experiences and parental hostility are associated with children's later antisocial behaviour. Making low-level support available to families between times of crisis may help avert the worst consequences of crises when they occur.

### [Offspring of depressed/anxious patients: how do they fare after onset of a depressive/anxiety disorder?](#)

[Petra Havinga](#)<sup>1</sup>, Robert Schoevers<sup>2</sup>, Brenda Penninx<sup>2</sup>, Catharina Hartman<sup>2</sup>, Lynn Boschloo<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim.** This study aims to investigate the prospective course of depressive/anxiety disorders in offspring of depressed/anxious patients. **Methods.** Data on the six-year course of depressive/anxiety disorders were presented for 105 offspring (baseline age: 18-31 years) with a lifetime depressive/anxiety disorder at baseline. Primary outcome was a depressive/anxiety episode during follow-up. Secondary outcomes were severity and treatment indicators. Course trajectories in offspring were compared to those of controls without a parental history (PH) of these disorders. **Results.** The majority of offspring had an episode during follow-up (59%). A large part of them reported no or mild levels of depressive symptoms (62%), anxiety symptoms (76%) or disability (13%). In addition, 72.8% used no antidepressants and 30% received no psychological treatment. Of the offspring without an episode (41%), a substantial proportion experienced at least mild levels of depressive symptoms (43%), anxiety symptoms (19%) or disability (94%), and a part of them used antidepressants (8%) or received psychological treatment (33%). No indications were found for differential course trajectories in offspring versus controls without PH ( $p \geq .264$ ). **Conclusions.** The course of depressive and anxiety disorders in offspring of depressed/anxious patients is variable. In offspring with and without an episode during follow-up symptom severity and disability levels varied widely, indicating that fulfilling diagnostic criteria does not always go hand in hand with severe symptomatology and disabilities, and vice versa. Course trajectories did not differ between offspring and controls without PH. Encouraging treatment-seeking among young persons suffering from depressive or anxiety disorders may improve the long-term course.



## Oral presentation session 3.6

### Care networks

#### Sub-acute residential care models: Quality and Effectiveness of a Prevention and Recovery Care (PARC) Service in Victoria, Australia

Lisa Brophy<sup>1</sup>, Carol Harvey<sup>2</sup>

<sup>1</sup>The University of Melbourne, Melbourne, Australia

<sup>2</sup>University of Melbourne, Australia

**Aim:** Prevention and Recovery Care (PARC) services are sub-acute residential services provided as a partnership between clinical and NGO services across Victoria, Australia. The Frankston Youth Prevention and Recovery Care (Y-PARC) service adopts a developmental and holistic approach to recovery. This evaluation aimed to: assess whether the Y-PARC is meeting its objectives; and identify ways of improving the quality and effectiveness of the program.

**Method:** The evaluation was informed by a logic model and the collaborative development of key research questions. A mixed methods design included interviews with Y-PARC consumers, their carers, staff, a file audit and analysis of secondary data.

**Results:** Y-PARC fills a gap in service delivery that reduces reliance on crisis services. Participants described the Y-PARC as a safe, warm, youth-friendly environment that provides a valuable alternative to hospital admission. The collaborative partnership in service provision enhances the therapeutic environment and recovery-oriented care. Challenges include the consistent provision of evidence-based interventions. A potential risk for the future is maintaining the therapeutic environment in the context of system pressures.

**Conclusions:** This new service provides an important contribution to the care of young people experiencing complex mental health needs. There are high levels of satisfaction with the service but also opportunities for service improvement. The partnership approach appears to support a recovery-oriented service. Promising evaluations such as this have led to a 3-year government-funded project to evaluate the appropriateness, effectiveness and efficiency of Victoria's 19 Adult PARCS, which will inform efforts to implement similar services designed to minimise hospitalisation.

#### Sub-acute residential care models in Australia: Are they providing a recovery-oriented alternative to hospital admission?

Carol Harvey<sup>1</sup>, Justine Fletcher<sup>1</sup>, Lisa Brophy<sup>2</sup>, Bridget Hamilton<sup>3</sup>, Matt Spittal<sup>3</sup>, Holly Tibble<sup>3</sup>

<sup>1</sup>University of Melbourne, Melbourne, Australia

<sup>2</sup>The University of Melbourne, Australia

**Aim:** We aimed to: assess the extent to which PARCS are providing the intended service option according to government guidelines; and, describe PARCS services, including treatments and recovery-informed practices.

**Method:** We conducted a service mapping exercise for each of the nineteen adult PARCS in Victoria, using: (1) the Quality Indicator for Rehabilitative Care (QuIRC), an internationally validated tool designed to assess the quality of care in longer term inpatient and community-based mental health residential facilities. The seven QuIRC domains include: Treatments and Interventions; Self-Management and Autonomy; Social Interface; Human Rights; and Recovery Based Practice; and (2) the purpose-designed Victorian PARC service mapping questionnaire, to collect data concerning the Victorian operational guidelines for PARCS. This covers areas of service delivery not adequately covered by QuIRC questions. Service managers from all Victorian PARCS attended a forum in March 2017 to complete these tools.

**Results:** PARCS operational guidelines are clear yet are variably implemented, e.g. staffing profiles were widely divergent. A "spider map" of the seven QuIRC domain scores was generated for each PARC. Domain scores showed variability between PARCS, especially for 'living environment' and 'treatments and interventions'. Cluster analytic findings will be presented to illuminate an emerging pattern of higher and lower scoring PARCS.

**Conclusions:**

Mapping PARC services is an important step in understanding similarities and differences between PARCS, supporting identification of possible subtypes and their service implications. More broadly, these findings will help establish where PARCS fit on the spectrum of community-based residential mental health facilities world-wide.





## Oral presentation session 3.7

### Service use

#### Quality of collaboration in service networks for Severe Mentally-Ill patients in Belgium

Pablo Nicaise<sup>1</sup>, Adeline Grard<sup>2</sup>, Vincent Lorant<sup>1</sup>

<sup>1</sup>Université Catholique de Louvain, Brussels, Belgium

**Aim:** Appropriate care delivery for Severe Mentally-Ill patients (SMI) requires a good quality of collaboration between health, mental health, and social care services. Yet, collaboration is made of different inter-organisational and interpersonal components (e.g. shared goals, information exchange, trust...), which are difficult to optimise altogether. So far, there has been no systematic assessment of collaboration quality across services for SMI patients. The present study aims (1) to evaluate the quality of collaboration between services for SMI patients in Belgium; and (2) to identify conflicting collaboration components.

**Methods:** 19 service networks including 994 services were assessed in 2014. We used the comprehensive model developed by D'Amour. It includes ten key-indicators classified into four dimensions of interpersonal and inter-organisational relations: shared goals, internalisation, formalisation, and governance. Each indicator was scored from 0 (absent component) to 3 (component fully active). Polychoric correlations and principal component analysis were performed.

**Results:** From the 523 participating services (53%), overall collaboration quality was rated 1.8 ( $\pm$  0.7), indicating a moderate level of collaboration. Dimensions relating to interpersonal collaboration were scored higher than inter-organisational dimensions. Leadership was the most controversial dimension (1.5  $\pm$  1.1). Factorial analysis revealed that all dimensions of collaboration were strongly correlated to each other, except leadership, which was negatively correlated to patient-centred care.

**Discussion:** There is a wide margin for collaboration improvement in the newly established service networks, particularly regarding formalisation. However, leadership at the network-level is perceived as conflicting with patient-centred care and, hence, may hinder recovery-oriented care delivery.

#### Is a dedicated psychiatric emergency department the right service-delivery model for frequent emergency service users?

Daniel Poremski<sup>1</sup>, Vathsala Sagayadevan<sup>2</sup>, Peizhi Wang<sup>2</sup>, Josephine Tham<sup>2</sup>, Margaret Hendriks<sup>2</sup>, Cheng Lee<sup>2</sup>

<sup>1</sup>Institute of Mental Health, Singapore, Singapore

**AIM:** Frequent emergency service users have complex health and social needs. However, in large urban centers, like Singapore, where multiple agencies operate independently, it is difficult to determine which collaborations may affect the quality of services and their continuity. Our project determined which combinations of services frequent users used, and if these combinations adequately met their needs. The project also determined which events occurred in the lives of these people to reduce their service needs.

**METHOD:** Our prospective mixed-methods study used administrative data from 327, and qualitative data from 44 frequent psychiatric emergency service users. We followed these participants and documented their service use for 18 months. We used thematic analysis to analyze the qualitative data, and longitudinal mixed-effects models to look at their patterns of use over time.

**RESULTS:** Preliminary results show that several frequent service users only used psychiatric services but were under-connected with counselors. Those with physical and psychological conditions used a multitude of public health services, but journey back and forth because no one hospital provided the full range of necessary services. These people were frequent users of emergency services at specialists and general hospitals. Those with social needs and forensic histories only used emergency psychiatric services but not outpatient services. The private sector was absent in the lives of our qualitative sample.

**CONCLUSION:** The findings demonstrate the importance of specific partnerships between agencies providing psychiatric, psychological and medical services. For people with multiple chronic conditions, service providers tend to eschew the responsibility of coordinating care.



## Unplanned Admissions to Inpatient Psychiatric Treatment and Services Received Prior to Admission

Solveig Osborg Ose<sup>1</sup>, Jorid Kalseth<sup>2</sup>, Marian Ådnanes<sup>1</sup>, Tone Tveit<sup>2</sup>, Solfrid Lilleeng<sup>2</sup>  
<sup>1</sup>SINTEF, Trondheim, Norway

**Aims of the Study:** The aims were to estimate the rate of unplanned admissions to inpatient psychiatric treatment facilities in Norway and analysed the difference between patients with unplanned and planned admissions regarding services received during the three months prior to admission. We control for clinical, behavioural and socio-demographic characteristics of patients. We also discussed whether the rate of unplanned admissions would be a suitable quality indicator for co-operation between primary and specialist mental health services.

**Method:** To estimate the prevalence of unplanned admissions, we needed to determine the number of people in the inpatient population at a specific time point who had an unplanned admission. Unplanned admissions were defined as all urgent and involuntary admissions including unplanned readmissions. **Results:** In the sample of 2,358 inpatients on the specific day, 49% had emergency or urgent needs as the reason for their admission, and 34% were involuntarily admitted. Because many patients had both urgent and involuntary admission, we calculated that 58% had unplanned admission. Having received outpatient treatment, consultations with a general practitioner, home services and support from the primary services including employment and activity services during the three months prior to admission increased the probability of planned admissions, both before and after controlling for clinical and socio-demographic characteristics.

**Conclusion:** This paper suggests the rate of unplanned admissions as a quality indicator for all geographic areas and considers the introduction of economic incentives in the income models at both service levels.

## Continuous increase in community treatment orders and compulsory admissions in the Netherlands 2003-2016

Jan Broer<sup>1</sup>, Claar Mooi<sup>2</sup>, Jacqueline Quak<sup>2</sup>  
<sup>1</sup>GGD Groningen, Groningen, Netherlands

**Introduction** Court ordered compulsory admissions to mental hospitals have increased in the Netherlands since 1994. The introduction of community treatment orders (CTO) in 2004 made it possible to avert admission while conforming to ambulatory treatment conditions. In 2017

a new Compulsory Mental Healthcare Act (CMHA) was accepted in the Dutch parliament. One of the goals of CMHA is reduction of compulsory admissions.

**Goal:** Descriptive analysis of the use of involuntary admissions and CTO in the Netherlands during 2003-2016. To discuss policy recommendations to limit use of involuntary care under the CMHA.

**Method:** Analysis of the number of court ordered admissions and CTO in the Netherlands.

**Results:** The rate of compulsory emergency admissions increased from 43 in 2003 to 51 per 100.000 persons in 2016 (+0,6% per year). The rate of court ordered admissions increased from 45 per 100.000 in 2003 to 64 per 100.000 in 2016 (+1,5% per year). The rate of CTO's increased from zero in 2003 to 37 per 100.000 in 2016 (+2,8% per year).

**Conclusion:** Court ordered compulsory admissions to mental hospitals continue to increase but the rise in CTO's is substantially higher. In order to reduce involuntary admission and treatment, community mental care needs reinforcement and preventive policies and interventions need to be developed. For evaluation of the new CMHA a monitoring system will be needed. There is need for more detailed registration and applied research.

## Predictors of day hospital and psychosocial interventions' use in psychiatric outpatients: results from the SMAILE Project

Graça Cardoso<sup>1</sup>, Manuela Silva<sup>2</sup>, Ana Antunes<sup>2</sup>, Adriana Loureiro<sup>2</sup>, José Caldas-de-Almeida<sup>2</sup>

<sup>1</sup>NOVA Medical School, NOVA University of Lisbon, Lisbon, Portugal

**Aims:** Little research exists on the factors that determine access to psychiatric care, particularly day hospital and psychosocial interventions. The main aims were to characterise the use of day hospital and psychosocial interventions (psychotherapy and psychosocial rehabilitation) in users of outpatient psychiatric services in Portugal, and to evaluate sociodemographic and clinical determinants.

**Methods:** This retrospective study analysed outpatient psychiatric visits in four Portuguese departments of psychiatry in the metropolitan areas of Lisbon and Porto. Sociodemographic and clinical variables were obtained from clinical charts of a 10% random sample of all outpatients visits in 2002, 2007 and 2012 (n=2621). Outpatients were characterised regarding the use of day hospital and other psychosocial interventions independent of psychiatric consultations. Logistic regression analysis



was performed to evaluate the predictors of the use of these interventions.

**Results:** Being single, having a psychiatric outpatient visit in 2012, no professional activity, and a diagnosis of psychosis or common mental disorder were significantly associated ( $p < 0.05$ ) with higher odds of accessing day hospital and psychosocial interventions. On the other hand, a lower level of education was associated with less use of these types of care.

**Conclusions:** Sociodemographic and clinical characteristics of psychiatric services' outpatients are determinants of the use of day hospital and psychosocial interventions. Evidence suggests that social inequalities may influence the access these interventions in Portugal.

**Funding:** Fundação para a Ciência e Tecnologia (FCT) - Portugal

### Predicting secondary mental health care use in adolescence using self-, parent-, and teacher-reported problem behavior: A prospective community-based record-linkage study.

Dennis Raven<sup>1</sup>, Frederike Jörg<sup>1</sup>, Ellen Visser<sup>1</sup>, Robert Schoevers<sup>2</sup>, Tineke Oldehinkel<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim.** In adolescence, help-seeking is affected by different actors. The influence of each actor on help-seeking is often studied in isolation, or, if multiple informants are included, using only few assessments of adolescents' mental health. The aim of this study was to determine the relative importance of self-, parent-, and teacher-reported problem behavior for entering into secondary care in adolescence, and the extent to which the relative importance of each informant changes over time.

**Method.** Data from the Dutch community-based cohort study TRacking Adolescents' Individual Lives Survey (TRAILS) were linked to administrative records of secondary care. Self-, parent-, and teacher-reported internalizing and externalizing problems were assessed at ages 11, 13, and 16, with self-reported problems also assessed at age 19. Administrative records were available from 19.8% of the 1478 included adolescents between January 2000 (mean age 9) and December 2011 (mean age 21).

**Results.** Internalizing problems, but not externalizing problems, predicted secondary care after adjusting for each other and for sociodemographic correlates. Teacher-reports mainly predicted secondary care between the ages 11 to 13 years, parent-reports mainly predicted secondary care between the ages 13 to 16 years, and self-reports mainly

predicted secondary care between the ages 16 to 19 and 19 to 21 years.

**Conclusions.** Teacher, parents, and adolescents are the driving force behind secondary care at consecutive phases in adolescence. Future research should assess whether improving problem recognition of teachers in secondary education, and educating young adults about mental health problems are effective ways of reducing the treatment gap.

- ABSTRACTS -

**Friday,**  
October 6



## Symposium 4.1

### New findings from the evaluation of the Time to Change Anti-stigma programme in England

#### New findings from the evaluation of the Time to Change Anti-stigma programme in England

Claire Organiser: Henderson

Mental health related stigma and discrimination pose a considerable challenge to the effectiveness of community based mental health care. Evaluation of the Time to Change programme to reduce stigma and discrimination in England 2009-15 has already shown that public knowledge, attitudes and desire for social distance have all improved since its inception. In this symposium we use two different datasets to assess the extent to which these outcomes are related to awareness of Time to Change and examine how the patterns of change vary across different regions of England. Finally, we present results of data collected for the first time for the baseline of the third phase of Time to Change (2016-21). These data assess awareness on the part of members of the public of discrimination experienced by someone they know who has a mental health problem, both discrimination perpetrated by others and that which they themselves have perpetrated. We examine whether this awareness is related to stigma related knowledge, attitudes and desire for social distance.

01

#### Relationships between anti-stigma programme awareness, disclosure comfort and intended help-seeking regarding a mental health problem

Claire Henderson

King's College London, London, United Kingdom

**Background:** Anti-stigma programmes should aim to increase disclosure to those who can support someone with a mental health problem and appropriate professional help-seeking.

**Aims:** We investigated associations among public awareness of England's Time to Change anti-stigma campaign and: (i) comfort envisaged in disclosing a mental health problem to family and friends; (ii) comfort in disclosing to an employer; and (iii) intended professional help-seeking from a General Practitioner.

**Method:** Using data from a survey of a nationally

representative sample of adults, we created separate logistic regression models to test for campaign awareness and other variables as predictors of comfort in disclosure and intended help-seeking.

**Results:** We found positive relationships between campaign awareness and comfort in disclosing to family and friends (OR=1.27, 95% CI 1.14, 1.43) and to a current or prospective employer (OR=1.20, 95% CI 1.06, 1.35); and likelihood of help-seeking (OR=1.18 95% CI 1.03, 1.36).

**Conclusions:** Awareness of an anti-stigma campaign was associated with greater comfort in disclosing a mental health problem and intended help-seeking.

02

#### Attitudes and behaviour towards mental illness in London compared to other English regions (2009-2017)

Emily Robinson<sup>1</sup>, Claire Henderson<sup>2</sup>, Gaia Sampogna<sup>3</sup>, Tanya Deb<sup>4</sup>

<sup>1</sup>King's College London, London, United Kingdom

<sup>2</sup>King's College London, United Kingdom

<sup>3</sup>University of Naples, Italy

<sup>4</sup>Kings College London, United Kingdom

**Background:** Regional differences across England in relation to mental health stigma remain unclear. Our aim was to investigate whether public knowledge, attitudes and behaviours in relation to mental health problems differed between English regions during the Time to Change (TTC) programme (2009-2017).

**Method:** Analysis was consistent with annual TTC evaluations; an interaction term between English region and year of survey was added to regression models for each stigma-related outcome. This tested whether: there was a difference between London and other English regions; and if this differed over time.

**Results:** Region was a statistically significant covariate for all stigma-related outcomes ( $p < 0.001$ ). Baseline outcomes were lower in London than the rest of England at the beginning of TTC and have stayed consistently worse. However, there are indications that TTC has had more impact on the improvement of attitudes and behaviours in London compared to other regions, and that London is catching up with the rest of England.



03

### Time To Change: are social networks really useful in challenging stigma?

Gaia Sampogna

University of Naples, Naples, Italy

In 2009-2014, the biggest ever anti-stigma campaign in England was launched, called Time To Change (TTC). As part of the campaign, a social marketing strategy has been implemented with the development of a dedicated facebook page, twitter account and a website. A social marketing strategy aims to change behaviour in a specific target population, providing information and positive message on specific topic and in the case of the TTC programme, the main aim is to change positive behaviour in the general population towards people with severe mental disorders through the use of social networks. In this symposium, main findings based on the TTC-social marketing campaign will be reported and the way forward to implement this strategy will be discussed.

and by age and gender. Data was analysed using regression models to identify the associations between campaign awareness and observed positive treatment, and knowledge, attitudes and intended behaviour.

Results and Discussion: Campaign awareness was positively and statistically significantly associated with higher attitude and intended behaviour scores in 2017 but not with knowledge. Campaign awareness was also associated with observing 'more positive' treatment compared to those who were not campaign aware. The most common type of positive treatment reported was emotional support; such as having more contact, listening more, and being more empathetic or sympathetic. The increased observation of positive treatment may reflect sensitization to positive responses from the social marketing campaign.

04

### Is campaign awareness associated with improved knowledge, attitudes, intended behaviour and observed positive treatment towards people with mental illness?

Tanya Deb<sup>1</sup>, Claire Henderson<sup>2</sup>

<sup>1</sup>Kings College London, London, United Kingdom

<sup>2</sup>King's College London, United Kingdom

Background: Stigma and discrimination are widely experienced by people with mental illness and are a major public health concern. This has been acknowledged by the national Time to Change (TTC) programme in England to reduce stigma and discrimination (2009 to 2017). Our aim was to investigate whether public campaign awareness of TTC was associated with improved knowledge, attitudes and intended behaviour towards people with mental illness, and in addition to investigate whether campaign awareness is associated with more observed "positive treatment" of people with mental illness.

Methods: Data was collected from an annual face-to-face survey of a nationally representative sample of adults in England. The survey included scales measuring knowledge and attitudes regarding mental illness and questions asking participants to report on positive treatment or discriminatory behaviour towards people with mental illness. Outcome measures were converted to standardised scores overall



## Symposium 4.2

### Recovery and rehabilitation in service users in need of longer term intensive clinical treatment

#### Recovery and rehabilitation in service users in need of longer term intensive clinical treatment

Organiser: Lisette van der Meer, Chair/Discussant: Jaap van Weeghel

In the Netherlands major transitions are taking place in the care of people with (serious) mental illness (SMI). One of the latest initiatives is termed “Active Recovery Triad” and is specifically aimed at improving the mental health care for those people who have been considered the “permanent” residents of psychiatric hospitals. To date, this group has benefited little from all the innovations in mental health care that have been introduced in the past decades.

ART aims to present a nationwide, inspiring and guiding framework for developing long-term care so that 1) mental health care in long-term facilities is both truly recovery oriented and evidence based, and 2) more service users can set the next step towards more independent living and community participation. In this symposium, we will first present the content of the ART model. Next, we will present the research into the fidelity instrument that was developed to assess the extent to which the teams work according to the standards that are described in the model. In addition, we will present the results of an intervention that is aimed at activating service users who are in need of such intensive psychiatric support. Finally, we will discuss the necessary ingredients for the community care that should follow upon ART, once a service user is able to set the next step into his/her recovery.

#### 01

#### Active Recovery Triad: a new initiative to provide hope and perspective for service users with severe mental illness in need of long-term clinical care.

Lisette van der Meer<sup>1</sup>, Tom van Mierlo<sup>2</sup>, Bram Berkvens<sup>2</sup>, Bert Stavenuiter<sup>2</sup>, Yolande Voskes<sup>2</sup>, Jaap van Weeghel<sup>3</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

<sup>3</sup>Tilburg University, School of Social and Behavioral Sciences, Tilburg, Netherlands

In the Netherlands major transitions are taking place in the care of people with severe mental illness (SMI). One of the initiatives taking place in the context of these transitions is the “Active Recovery Triad” (ART). ART aims at improving the mental health care for those people who have been considered the “permanent” residents of psychiatric hospitals. To date, this group has benefited little from all the innovations in mental health care that have been introduced in the past decades. Not only service users, also mental health workers in these long-term protective care services are in need of renewal and momentum to improve the quality of care. Service users and professionals can be considered as entrapped in a world which, despite the good intentions, makes them powerless to receive or provide proper personalized care. ART aims to present a nationwide, inspiring framework for developing long-term care. Notable challenges of ART are increasing the involvement of service users in an active daily life, reducing coercion and compulsion, and offering a hopeful perspective. All these challenges will be met by using the dynamics of the triad of service user, resource group and mental health worker.

#### 02

#### The ART monitor; research on its validity and implementation.

Lieke Zomer<sup>1</sup>, Yolande Voskes<sup>2</sup>, Lisette van der Meer<sup>3</sup>, Jaap van Weeghel<sup>4</sup>, Guy Widdershoven<sup>2</sup>

<sup>1</sup>VU Medical Center, Amsterdam, Netherlands

<sup>3</sup>UMCG, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

One of the latest initiatives in the field of mental health care is ART (Active Recovery Triad). ART is focused on a neglected group of people with serious mental illness: namely people whose recovery process in long-term mental health care is stagnated. Central in the ART model is the collaboration in the triad; the client, relatives, and the professional. Similar to HIC (High and Intensive Care), FHIC (Forensic High and Intensive Care) and FACT (Flexible Assertive Community Treatment), the ART model includes an instrument that enables us to assess professional, organizational, and architectural characteristics of ART: the ART monitor. This monitor is developed in order to examine the quality and model fidelity of the care provided by an ART team. The aim of this research is to validate the ART monitor and to gain



insight in the implementation process of ART. Limiting and facilitating factors with regard to the implementation process will be examined. For this research, a variety of research methods will be used. This includes audits in 15 participating ART teams in the Netherlands and a qualitative approach to gain in depth insight in the implementation process of ART. In this presentation, the focus is on the ART monitor itself, as well as the mixed-methods research design on the validation and implementation of this monitor.

### 03

#### How to engage people with severe negative symptoms in activities; learning from the GetREAL trial

Helen Killaspy<sup>1</sup>, Sarah Cook<sup>2</sup>, Melanie Lean<sup>2</sup>, Melanie Gee<sup>2</sup>, Sadiq Bhanbro<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

This abstract relates to a presentation to be given as part of the proposed symposium 'Recovery and rehabilitation in service users in need of longer term intensive clinical treatment'. Background The REAL study was a five year programme of research into inpatient mental health rehabilitation services in England. One component was a cluster RCT to investigate the efficacy of a staff training and organisational change intervention ('GetREAL') that aimed to increase service users' engagement in activities. The trial found the intervention was no more effective than usual care at 12 month follow-up. A process evaluation was carried out to interrogate the trial results further. Methods The process evaluation included a) focus groups with staff at the intervention sites and b) a realist evaluation comprising a rapid realist review and case study validation of the identified 'context-mechanism-outcome' theories identified. Results The findings from the focus groups and realist evaluation concurred, in that the intervention was well received but staff reverted to their previous practice once the intervention teams left, despite a number of key components for successful implementation being in place (having a champion, an Action Plan and ongoing access to the intervention teams.) The realist evaluation led to useful suggestions for further refinements that could strengthen the intervention.

Conclusion Process evaluation provides a rich complement to understand the results from trials of complex interventions, particularly those with 'negative' results.

### 04

#### Flexible Assertive Community Treatment and ART

Niels Mulder

Erasmus MC, Rotterdam, Netherlands

Flexible Assertive Community Treatment (Flexible ACT) is a practice-based model of community mental health care for patients with severe mental illness (SMI). Flexible ACT was developed in the Netherlands, and adopted by organisations in several other countries world wide. Flexible ACT provides an outpatient treatment model, including evidence based practices such as medication, psychological and psychosocial treatments, and family interventions. Flexible ACT can be combined with Assertive Recovery Triad in order to provide maximal recovery oriented services to SMI patients for whom the recovery process stagnated. The presentation focuses on explaining the working mechanisms of Flexible ACT and the collaboration between Flexible ACT and ART.





## Symposium 4.3

### Supporting the public mental health system in improving practices that integrate recovery-oriented services: The Canadian Experience

#### Supporting the public mental health system in improving practices that integrate recovery-oriented services: The Canadian Experience

Organiser: Catherine Briand

Implementing recovery is the priority of the Canadian Mental Health Strategy, and the guiding principle for mental health reform in Quebec. While mental health recovery is grounded in over 20 years of research and is the driving force behind policy, little is known about how recovery is being implemented at the level of mental health practices. There are numerous challenges associated with the optimal use of knowledge and its integration into health services and practices. The uptake of knowledge is a fundamental concern as policy makers seek to increase the use of evidence. In this symposium we will present the current work being undertaken to make recovery a reality in the Quebec public health system. The overall objective is to present the process of supporting this transformation and offer concrete examples of strategies used to improve practices. Presentation#1 will describe the overall transformation process as it has evolved over the years, and what we have done to develop and sustain recovery partnerships around recovery-oriented services. Presentation#2 will demonstrate how a major provincial knowledge translation project is using information and communication technologies to promote novel approaches. Presentation#3 will focus on the perspective of National Center of Excellence in Mental health (CNEMH), a government entity that supports the development of best practices in the Quebec mental health system. Presentation#4 will describe the evolution the personal and professional path of a person with lived experience -from a being patient to a being a paid professional staff person in a mental health academic institution.

01

#### The implementation of recovery-oriented practices in community-based mental health teams in Quebec: A provincial initiative promoting the use of information and communication technologies (ICT)

Catherine Briand

University of Montreal, Montréal, Canada

For several years, health systems have been trying to support the optimal use of knowledge and its integration into health services and practices. The field of mental health is no exception. Despite a broad literature on best practices based on scientific evidence and novel approaches for personal recovery, decision-makers / managers / clinical professionals / users of the mental health network have little access to information and few mechanisms to support knowledge translation. The aim of this presentation is to describe a major provincial knowledge translation project that uses information and communication technologies to inform, and support exchange activities and educate clinical teams on rehabilitation and recovery best practices. The objective of this project is to support the improvement and optimization of the practices of the Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams in Quebec by better integrating knowledge and scientific evidence as well as creating opportunities for networking and knowledge exchange. To this end, awareness-raising activities, exchanges and training on recovery-oriented best practices were conducted. These activities use information and communication technologies: Webinars, video capsules, clinical supervision guide, discussion forums, community of practice, Web files, etc. To measure the benefits of the project, an evaluation process of satisfaction and team performance has been established. A partnership between the Centre for Studies on the Rehabilitation, Recovery and Social inclusion (CERRIS) and National Center of Excellence for Mental Health (NCEMH) makes possible such activities. These activities ensure the monitoring of the quality of practice(s).

02

#### Developing and sustaining a reflection and a recovery partnership in Quebec

Myra Piat

McGill university, Montreal, Canada

In this presentation we will trace the overall trajectory and



specific strategies used to transform Quebec mental health services/practices to a recovery-oriented system. Over the past 7 years numerous initiatives and concrete activities around “recovery” were undertaken in Quebec targeting specific stakeholders: decision makers, managers, service providers and service users. We will describe how the incremental shift from a traditional mental health system to a more recovery oriented system has occurred over time and in conjunction with a series of targeted activities focusing on recovery and system transformation. A momentum was created through specific initiatives: international visits, relationship building with international recovery experts, research and evaluation, a community of practice, translation of recovery core documents (from English into French), government lobbying to influence planning and policy, and the promotion of best practices/ recovery oriented services such as Recovery Colleges. Lessons learned and future directions will be discussed.

### 03

#### The National Center of Excellence for Mental Health (NCEMH): A Provincial Mechanism that supports the implementation of best practices in mental health system

Michel Gilbert

CNESM, Montreal, Canada

Involving both a government entity that supports improved practices and decision-makers in the application of knowledge is fundamental to creating an ameliorated public health system. The aim of this presentation is to describe the development and the impact of the National Centre of Excellence in Mental Health (NCEMH) on the organisation and the efficiency of the mental health system. Established in June 2008, the NCEMH reports to the Directorate of Mental Health in the Quebec Health Ministry. Its overall goal is to support the implementation of best practices in the mental health system. Its mandate is to assist in the development of best practices in the mental health system by: (1) encouraging and supporting the implementation of quality clinical practices for targeted clients based on the scientific literature (evidence-based practices); (2) supporting the development and quality improvement of Assertive Community Treatment (ACT) programs and Intensive Case Management (ICM) programs designated specifically for adults with severe mental disorders; (3) supporting the development of a full range of services and novel approaches based on recovery in the primary mental health care system and more, and this in conjunction with the Quebec Mental Health Action Plan 2015-2020. The

NCEMH is actively involved in several projects that support the implementation of recovery-oriented practices and acts as co-leader in the provincial knowledge translation project. Its contribution is important in improving services.

### 04

#### Transforming Mental Health Care System From Within: From Being A Patient To Becoming a Professional Staff Person In The Public System

Myreille Bedard

CIUSSS de l'Ouest de l'île de Montréal, Montreal, Canada

According to Quebec Mental Health Action Plan's first measure, “primacy of the person” every public health establishment is required to implement a customised action plan promoting primacy of the person in mental health organisations. Recruiting people with lived experience and family members to participate in all levels of the organisation in transforming services is fundamental in a recovery-oriented perspective. The aim of the presentation is to learn about the journey of a person with first hand experience with the mental health care system – first as a patient and then becoming an active participant in recovery-oriented services in the public system. After experiencing first-hand a major depression in 2001, artist and speaker Myreille Bedard has been involved in different mental health organizations since 2008. She has been a member of the Quality Improvement Committee at St Mary's Hospital Center as patient representative for 7 years. Since 2011, she gives conferences on depression and recovery for various audiences. She is also a patient partner with University of Montreal and, since June 2015, she has participated in the provincial knowledge translation project, headed by CERRIS and NCEMH. Recently, she joined Douglas Mental Health Institute as Planning, Programming and Research officer to take part in implementing services oriented toward primacy of the person and recovery. Scientific literature has demonstrated that in order to improve the mental health system and implement a recovery approach; it is essential to involve people with lived experience as healthcare partners.



## Symposium 4.4

### Less is more; antipsychotic dose-reduction and discontinuation in first and multiple episode psychosis: an update on upcoming, running.

#### Less is more; antipsychotic dose-reduction and discontinuation in first and multiple episode psychosis: an update on upcoming, running and completed trials

Organiser: Alexander Wunderink, Chair/Discussant: Patrick Mc Gorry

Since publication of the striking results of the antipsychotic dose-reduction/discontinuation trial in first episode patients in JAMA Psychiatry (2013) by Wunderink et al, showing twice the number of recovered patients after 7 years of follow-up in early course dose-reduction compared to maintenance treatment, several groups around the world took initiatives to replicate these findings.

In recent years, more evidence has been found on drawbacks of long-term use of antipsychotics, not only because of traditional side-effects (extrapyramidal, metabolic) but also because of brain changes (accelerated cortical thinning) associated with antipsychotic load, as well as worsening of negative symptoms by dopamine blockade. An additional argument against continuous use of antipsychotics are new insights into the nature of dopamine derangement in psychosis, not at the prime roots of the disorder, but a consequence of glutamatergic (NMDA) and/or GABAergic deficits.

In this symposium, investigators of the most important dose-reduction/discontinuation trials, both upcoming, running and completed, are presenting rationales, designs and results of their trials. Lex Wunderink, chairing the session, will present new analyses on prediction of relapse and recovery, relating to negative symptoms and treatment strategies, Merete Nordentoft design and implementation of the Tailor trial in Denmark, Eoin Killackey the Melbourne-trial, Wim Veling the recently funded Dutch discontinuation trial, Joanna Moncrieff the RADAR trial in multiple episode patients in the UK. Finally, Patrick McGorry will wrap things up as a discussant. This symposium will offer a great opportunity to researchers in the field of treatment strategies in psychosis to discuss implementational do's and don'ts.

01

### Predicting Relapse and Outcome in First Episode Psychosis; Treatment Strategies and Negative Symptoms

Alexander Wunderink<sup>1</sup>, Sjoerd Sytema<sup>2</sup>, Jan van Bebber<sup>3</sup>, Hanneke Wigman<sup>3</sup>

<sup>1</sup>Friesland Mental Health Services, Leeuwarden, Netherlands

<sup>3</sup>UMCG, Netherlands

**Introduction:** Relapse is considered the main indicator of prognosis in psychosis, assuming relapse causes worse outcome. Predictors of relapse nor functional outcome have been established. We hypothesized predictors of relapse might also cause worse functional outcome, relapse being consequence rather than cause.

**Method:** Analyzing 7-years follow-up data of a first episode cohort involved in a dose-reduction/discontinuation trial, we questioned 1) what predicts relapse, 2) what impact does relapse have on outcome and 3) if a common predictor of relapse and outcome would be identified, would medication strategies make a difference to reduce relapse rates?

**Results:** Relapse was predicted by more severe negative symptoms and longer duration of untreated psychosis, number of relapses by more severe negative symptoms. Consequences of relapse were clear-cut: 0 relapses gave a chance of 50/50 to recover, 1 relapse 25/75, 2 relapses 19/81 and  $\geq 3$  relapses 0/100. However, examining impact of medication strategies on relapse-survival rates by negative symptoms, and relapse survival rates at high and low levels of negative symptoms by dose-reduction or maintenance treatment, more negative symptoms were related to high relapse rates in both strategies, and relapse rates were equal across strategies for each of the negative symptom categories.

**Discussion:** Baseline negative symptoms predict relapse and non-recovery at 7-years follow-up. Negative symptoms reflect both vulnerability to relapse and functional decline. Relapse prevention by maintenance treatment does not seem effective, as relapse rates were equal across arms. Consequently, both baseline negative symptoms and low-dose strategy but not relapse rates made the difference in recovery.



02

### Discontinuation versus maintenance therapy with antipsychotic medication in schizophrenia -Tailor: A randomized controlled trial

Merete Nordentoft<sup>1</sup>, Anne Emile Sturup<sup>2</sup>, Heidi Jensen<sup>2</sup>, Nikolai Albert<sup>2</sup>, Signe Dolmer<sup>2</sup>, Merete Birk<sup>2</sup>

<sup>1</sup>Psykiatrisk Center København, forskningsenheden, Hellerup, Denmark

**Aim:** The aim of the study is to investigate the effect of closely monitored discontinuation versus maintenance therapy with antipsychotic medication in patients with newly diagnosed schizophrenia and schizophreniform psychosis and with minimum three months remission of psychotic symptoms.

**Methods:** 250 patients will be included from the psychiatric early intervention program, OPUS, in two regions in Denmark. Inclusion criteria are: ICD-10 diagnosis F20 (except F20.6) or F22, minimum three months remission of psychotic symptoms and in treatment with antipsychotic medication (except for clozapine).

Patients will be randomized to either maintenance therapy or discontinuation with antipsychotic medication in a one-year intervention. The discontinuation group will be provided with a smartphone application to monitor early warning signs of psychotic relapse. All patients will be assessed at baseline, one, two and five years follow-up with regard to positive and negative symptoms (SAPS (Scale for Assessment of Positive Symptoms) and SANS (Scale for Assessment of Negative Symptoms)), cognition (BACS (The Brief Assessment of Cognition in Schizophrenia)), social functioning (GSDS (Groningen Social Disabilities Schedule)), recovery, quality of life (WHO-5), client satisfaction (CSQ (Client Satisfaction Questionnaire)), side-effects of antipsychotic medication (UKU), sexuality (CSFQ (Changes in Sexual Functioning questionnaire)) and substance use and alcohol (time line follow back).

**Results:** The study is currently running therefore no data is yet available.

**Conclusion:** The study will provide knowledge about safety and effects of discontinuation of antipsychotic medication in early phases of schizophrenia and thereby the risks and benefits of discontinuation versus maintenance therapy.

03

### Better functioning sooner in first episode psychosis? Introducing the Reduce RCT comparing dose reduction of anti-psychotic medication to maintenance treatment.

Eóin Killackey<sup>1</sup>, John Gleeson<sup>2</sup>, Patrick McGorry<sup>2</sup>, Kelly Allott<sup>2</sup>, Mario Alvarez-Jimenez<sup>2</sup>, Cali Bartholomeusz<sup>2</sup>

<sup>1</sup>Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia

**Background:** Treatments for first-episode psychosis (FEP) patients are increasingly oriented towards meaningful recovery. Treatment guidelines recommend remitted patients receive 12-24 months antipsychotic maintenance treatment (AMTx) before dose reduction is attempted. But there is growing debate about the timing and extent of dose reduction. This is because of the potential impact medication may be having on functional recovery and reductions in brain volume. This adds to the list of physical health, tolerability, and acceptability problems as well as persistent poor social and vocational outcomes in psychosis even with AMTx.

**Method:** Our randomized controlled trial, within a specialist early psychosis treatment setting, will test the whether a dose reduction strategy (DRS), in combination with our evidence based intensive recovery treatment (EBIRT), leads to better vocational and social recovery than continuous AMTx + EBIRT over a 2-year period in 180 remitted FEP patients. Additionally we will examine the effect of DRS vs AMTx on physical health, brain volume and cognitive functioning. In terms of safety this study will determine whether the group receiving DRS + EBIRT will be no worse off in terms of psychotic relapses over 2 years follow up.

**Results:** This presentation will present the method, rationale and hypotheses of this new study.

**Discussion:** This study will provide evidence as to whether an alternative recovery treatment leads to improved functioning and safer outcomes in young FEP patients, and the first controlled experiment of the effect of exposure to AMTx on brain volume changes in this population.

04

### To continue or not to continue: the HAMLETT study - Handling Antipsychotic Medication: Long-term Evaluation of Tapered Treatment

Wim Veling<sup>1</sup>, Marieke Begemann<sup>2</sup>, Lieuwe de Haan<sup>2</sup>, Iris Sommer<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands



**Aim:** Guidelines recommend treatment continuation with standard dose antipsychotic medication for at least one year after remission of first episode psychosis. Recently, these guidelines have been questioned. Functional recovery may not benefit from continuation treatment with standard dose antipsychotic medication.

**Method:** A pragmatic single blind superiority trial. Patients (n=512) from 22 Dutch sites, aged 16-45 years, who are in stable symptomatic remission for 3-6 months, are randomised to: 1. *Treatment as usual*: continuation of antipsychotic medication until at least 1 year after remission; or 2. *Dose reduction/discontinuation*: gradual dose reduction according to a tapering schedule.

Measurements will be conducted at baseline, and at 3 and 6 months post baseline. Further follow-ups are scheduled over 4 consecutive years. The primary outcome measure is social recovery (WHODAS-II). Secondary outcome measures include wellbeing, symptom severity, number and duration of psychotic relapses, rates of self-harm and aggressive incidents, somatic comorbidity, substance abuse, side effects, and cognitive functioning. Ecological momentary assessments are assessed via a smartphone diary app in a sub-sample, as measure of social functioning and well-being in daily life.

**Results:** Design of the study and proposed outcome measures will be presented.

**Conclusion:** Patients, their family as well as clinicians need to know whether continued standard dose antipsychotic medication is beneficial or harmful after remission of first episode psychosis. This question not only concerns the short-term (i.e. after 1 or 2 years), but also the more relevant long-term (after 3 and 4 years) outcome. This study has been designed to answer this question.

describe the RADAR trial (Research into Antipsychotic Discontinuation And Reduction). This trial is designed to compare a programme of gradual reduction and discontinuation of antipsychotics with maintenance treatment in people with schizophrenia and non-affective psychosis.

**Results:** Preliminary data from the RADAR research programme will be described as well as the progress of the trial.

**Conclusions:** we need further evidence on the pros and cons of long-term antipsychotic treatment.

## 05

### The Bitterest Pills: antipsychotic-induced alterations, implications for the treatment of psychosis and design of a randomised trial of antipsychotic discontinuation

Joanna Moncrieff

University College London, London, United Kingdom

**Aim:** to understand and evaluate the effects of antipsychotics

**Method:** Evidence suggests that antipsychotic drugs suppress mental activity and emotions, and these effects may account for their ability to reduce acute psychotic symptoms. In the long-term, however, such effects may be more detrimental than helpful. This talk will look at the evidence on long-term treatment with antipsychotics, and



## Symposium 4.5

### Lifestyle interventions and their effect on metabolic risks of patients with SMI: enhancing enduring results

#### Lifestyle interventions and their effect on metabolic risks of patients with SMI: enhancing enduring results.

Organiser: Frederike Jörg

*Aim:* Many people with a severe mental illness (SMI) suffer from somatic comorbidity which shortens their life expectancy by 15-30 years. One of the amendable risk factors for this alarming health situation is unhealthy lifestyle behaviour. However, results of lifestyle intervention studies in SMI patients are inconclusive: where some studies show health improvements, several large well-designed RCTs convincingly show a lack of improvement. The aim of the current symposium is to present results of several lifestyle intervention studies, with either promising or disappointing results, and to discuss ways to sustain lifestyle changes in SMI patients.

*Activities:* In this symposium four presentations will be given on lifestyle intervention studies, in which the focus will be on: 1) dietary intake and cardiometabolic risk factors in people with psychotic problems, 2) effects of lifestyle activities in 24-hours care settings; 3) results of improving lifestyle and access to somatic health care in SMI outpatients, and, 4) implementation issues of lifestyle interventions in everyday practice. Last, we will discuss how to sustain lifestyle changes in SMI patients, in which both the importance of patients' environment and a personalized and motivating approach is highlighted.

*Scientific interest:* Many studies have been undertaken to evaluate the effectiveness of lifestyle interventions in SMI patients, with conflicting outcomes. Meanwhile, mental health care professionals urgently need tools, skills and knowledge how to improve lifestyle behaviour in SMI patients. The lessons learnt from the studies presented will enhance not only the field but also the relevance and adequacy of future study designs.

01

#### Physical (in)activity and energy intake in schizophrenia patients and matched healthy controls; results of the TOPFIT study.

Thomas Scheewe<sup>1</sup>, Frederike Jörg<sup>2</sup>, Frank Backx<sup>1</sup>, Josine Beulens<sup>1</sup>, Davy Vancampfort<sup>1</sup>, Wiepke Cahn<sup>3</sup>

<sup>2</sup>UMCG, Groningen, Netherlands

<sup>3</sup>UMC Utrecht Brain Center Rudolf Magnus, Netherlands

*Aims:* To assess physical activity (PA) and energy intake in schizophrenia patients including predictors of obesity compared to healthy controls and, for energy intake, BMI-matched general population data. In patients, associations between PA, cardiorespiratory fitness (CRF), physical and mental health were examined.

*Methods:* PA was assessed with SenseWear Pro-2 for three 24-hour bouts in schizophrenia patients (n=63) and matched healthy controls (n=55). Dietary intake over 12 months was gathered for patients (n=30), matched controls (n=48) and from the Dutch National Food Consumption Survey. Positive and Negative Syndrome Scale and Montgomery and Åsberg Depression Rating Scale, CRF, and BMI were assessed.

*Results:* Schizophrenia patients performed less moderate and vigorous PA, had lower total and active energy expenditure and more lying down and sleeping time per day compared to healthy controls. For energy or nutrient intake, no significant differences were found between the three groups. Controlled for BMI, PA and CRF, energy intake was higher in patients compared to healthy controls. Obesity was associated with being a patient, female gender, socioeconomic status, PA and CRF, not with energy intake. Negative associations were found for CRF and severity of negative symptoms in schizophrenia. CRF was also negatively associated with BMI.

*Conclusion:* Schizophrenia patients are less physically active but energy and nutrient intake were similar compared to healthy controls and BMI-matched general population data. Interventions aimed at increasing both physical and mental health should thus be tailored to increase patients' daily activity pattern and focus on decreasing sedentary behavior and increasing PA.



02

## The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on physical activity and metabolic health (MULTI-study)

Jeroen Deenik<sup>1</sup>, Diederik Tenback<sup>2</sup>, Ingrid Hendriksen<sup>2</sup>, Erwin Tak<sup>2</sup>, Peter van Harten<sup>2</sup>

<sup>1</sup>GGZ Centraal, Netherlands

**Aim:** The mortality gap of 13-30 years between severe mentally ill (SMI) patients and the general population is mainly caused by cardiovascular disease. Especially long-term inpatients are characterized by an unhealthy lifestyle, whereby they are sedentary (sitting/lying) for 84% of the time. However, in this severely ill population, changing lifestyle-behaviour is challenging. Therefore, we started a multidisciplinary lifestyle-enhancing treatment, based on a 'change-from-within-principle', and evaluated improvements in physical activity and metabolic health after 18 months.

**Method:** Quasi-experimental design in long-term SMI inpatients whose baseline data (2013) was available and if they participated in no other lifestyle-related intervention (N=123). We collected: -physical activity; accelerometer-measured during 5 days [ActiGraph GT3X+]; - weight: Abdominal girth - blood pressure - blood levels (fasting glucose, HDL cholesterol, triglycerides)

**Analysis:** hierarchical multilevel regression using change-scores, correcting for baseline outcome-value, age, diagnosis, baseline illness-severity and treatment-ward.

**Results:** Sufficient data of intervention (N=65) and controls (N=49), who differed in age, diagnosis and baseline illness-severity ( $p < 0.01$ ). Results show significant improvements in physical activity ( $B=0.5$ ,  $p=0.02$ ), weight ( $B=-4.2$ ,  $p=0.04$ ), abdominal girth ( $B=-3.5$ ,  $p=0.03$ ), systolic blood pressure ( $B=-8.0$ ,  $p=0.02$ ) and HDL-cholesterol ( $B=0.1$ ,  $p=0.03$ ).

**Conclusions** Results confirm that using existing resources and a multidisciplinary lifestyle-enhancing treatment, sustainable improvements can be achieved in PA and metabolic risk in long-term SMI inpatients. No lifestyle-enhancing treatment = non-significant improvement (or deterioration) in outcomes.

03

## Improving lifestyle in people with severe mental illness: Are we running on the right path?

Helene Speyer<sup>1</sup>, Merete Nordentoft<sup>2</sup>

<sup>2</sup>Psykiatrisk Center København, forskningsenheden, Denmark

**Aims:** Lifestyle counselling might bridge the gap in life

expectancy for people with severe mental illness but evidence remains unclear.

**Method:** We conducted a pragmatic, randomized clinical trial, the CHANGE trial, evaluating a 12 month lifestyle intervention and a meta-analysis evaluating individually based interventions to improve physical health.

**Results:** The CHANGE trial found no improvement in lifestyle or metabolic risk factors. 38 trials provided data on BMI (n=2863) finding a small reduction (-0.60 kg/m<sup>2</sup> (95% CI -1.06 to -0.22;  $P = 0.003$ )) compared to controls. The effect had vanished at follow-up. Trials with pragmatic features were less effective than trials with explanatory features.

**Conclusion:** The CHANGE trial did not improve physical health. Pooling results from available trials, a small and non-sustainable weight reduction in BMI was achieved. This is in line with the lack of effective lifestyle interventions in the general population. It has even been suggested that the individual approach is unethical, as it "blames the victim" and possibly contributes to stigma. Thus, there might be adverse effects to the good intentions, apart from the obvious waste of resources. However, combating inequity in health for people with mental illness is a moral imperative and we will warn against a nihilistic given up. We suggest that future strategies focus on 1) Improving the distal determinants of health like low education, poverty and unemployment 2) structural interventions using principles of nudging to make the healthy choices easy.

04

## Lessons learned from lifestyle intervention trials aiming to improve cardiometabolic health in persons with a severe mental illness

Anne Looijmans<sup>1</sup>, Frederike Jörg<sup>1</sup>, Frederike Jörg<sup>1</sup>, Richard Bruggeman<sup>1</sup>, Robert Schoevers<sup>2</sup>, Eva Corpeleijn<sup>2</sup>

<sup>1</sup>UMCG, Netherlands

**Aims:** To discuss lessons learned from two pragmatic lifestyle interventions in SMI patients.

**Methods:** We conducted two large pragmatic RCTs to improve cardiometabolic health in SMI patients, one tackling the obesogenic environment of inpatients (ELIPS), the other (LION) aimed to improve health by increasing intrinsic motivation of SMI outpatients to change unhealthy lifestyle.

**Results:** The ELIPS trial showed that adjusting the obesogenic environment improved cardiometabolic health of residential patients when staff were guided by lifestyle coaches. However, effects diminished when coaches left and staff were themselves responsible for creating



a healthy environment. The LION study showed that a 12-month multidimensional lifestyle intervention using a web tool to facilitate mental health nurses in improving patients' lifestyle behaviours by increasing awareness and lifestyle knowledge, and setting and regularly discussing lifestyle goals, did not improve cardiometabolic health in residential and outpatients.

Conclusion: It difficult to improve patients' lifestyles. Several lessons were learned that might enhance relevance and adequacy of future study designs. First, lifestyle coaching is a serious profession and not something that can easily be added to nurses' tasks and responsibilities. Second, create an environment that decreases permissiveness: coach those who are capable of taking initiative, but keep supporting those patients that are not. Third, organizational change (e.g. employ a lifestyle coach, set up an activities schedule) and cultural adaptations (e.g. changing staff attitudes) are equally important. Fourth, from an organizational point of view: put lifestyle on the agenda, it deserves attention. Structural changes in the system are essential.

## Symposium 4.6

### Psychiatric re-hospitalisation by Record Linkage of Large Administrative Data Sets: the EU CEPHOS\_LINK Study

#### Psychiatric re-hospitalisation by Record Linkage of Large Administrative Data Sets: the EU CEPHOS\_LINK Study

Francesco Organiser: Amadeo, Heinz Chair/Discussant: Katschnig

**Aim.** Given the relevance of re-hospitalisation as an indicator of quality of care, a huge amount of pre-discharge variables has been examined across literature as predictors of re-hospitalisation in psychiatric setting. In this study, we have reviewed the relevance of these variables for re-hospitalisation and compared pre-discharge characteristics of admitted psychiatric patients in 6 EU countries.

**Methods.** Studies on the association between pre-discharge variables and re-hospitalisation after discharge with a main psychiatric diagnosis were searched in the main health bibliographic databases (1990 - 2014). For each variable, the number of papers that considered it as a predictor of re-hospitalisation and finding a significant association was recorded, together with the association direction. According to these findings, data on pre-discharge variables from large electronic registers across 6 EU countries were selected and compared.

**Results.** Fifty-nine papers were included in the review, mainly concerning patients with severe mental disorders. Analysed variables were classified according to: patients' demographic, social and economic characteristics; patients' clinical characteristics; patients' clinical history; patients' attitude and perception; environmental, social and hospital characteristics; and admission and discharge characteristics. Results of the exploratory analysis in 6 EU countries using the available pre-discharge variables will be presented.

**Conclusions.** To our knowledge, this review is the first systematic description of all the possible pre-discharge factors of re-hospitalisation for psychiatric patients. Associations are not straightforward, interactions between factors and comparability problems on analysis should be considered by researchers and policy makers when analyzing data on re-hospitalisation.





01

## Comparing and predicting psychiatric re-hospitalisation rates across countries by using routine health care data: possibilities and limitations

Christa Straßmayr, Heinz Katschnig, Florian Endel, Michael Berger

**Aims:** Advantages of using already collected routine data in different countries are that very large unselected patient populations can be studied and that a common design and protocol can be applied. A disadvantage is that data may vary in quality and completeness. Aims were to establish with a common protocol psychiatric rehospitalisation rates in six European countries (Austria, Finland, Italy, Norway, Romania, Slovenia) and identify predictors in a retrospective cohort study design using routine health care data.

**Methods:** Re-hospitalisation rates and predictors for adult patients discharged from psychiatric inpatient care were analysed for a 12-month follow-up period by using data from large national routine health care databases. Data analysis was performed on a national level and with pooled datasets. Before, interoperability of data was ensured by a lengthy iterative process of exploring databases and carrying out pilot studies.

**Results:** Data on 225.600 patients in the six participating countries were available. 12 month psychiatric re-hospitalisation rates differ between one third and nearly fifty percent. In most countries fifty percent of these re-hospitalisations already occur within three months after discharge. The most consistent predictors for high re-hospitalisation rates were a diagnosis of psychosis and younger age.

**Conclusions:** As the risk for re-hospitalisation is highest in the early days after discharge it is there where preventive measures would be placed best by ensuring the availability of seamless transition from inpatient to community care. Differences found between the countries give rise to exploring the influence of provider payment mechanisms and health care system effects.

02

## Which factors before discharge have to be considered to prevent re-hospitalisation?

Valeria Donisi<sup>1</sup>, Francesco Amaddeo<sup>2</sup>, Federico Tedeschi<sup>1</sup>  
<sup>1</sup>University of Verona, Verona, Italy

**Aim.** Given the relevance of readmission as an indicator of quality of care, a huge amount of pre-discharge variables

has been examined across literature as predictors of re-hospitalisation in psychiatric setting. In this study, we have reviewed the relevance of these variables for re-hospitalisation and compared pre-discharge characteristics of admitted psychiatric patients in 6 EU countries.

**Methods.** Studies on the association between pre-discharge variables and re-hospitalisation after discharge with a main psychiatric diagnosis were searched in the main health bibliographic databases (1990 - 2014). For each variable, the number of papers that considered it as a predictor of re-hospitalisation and finding a significant association was recorded, together with the association direction. According to these findings, data on pre-discharge variables from large electronic registers across 6 EU countries were selected and compared.

**Results.** Fifty-nine papers were included in the review, mainly concerning patients with severe mental disorders. Analysed variables were classified according to: patients' demographic, social and economic characteristics; patients' clinical characteristics; patients' clinical history; patients' attitude and perception; environmental, social and hospital characteristics; and admission and discharge characteristics. Results of the exploratory analysis in 6 EU countries using the available pre-discharge variables will be presented.

**Conclusions.** To our knowledge, this review is the first systematic description of all the possible pre-discharge factors of re-hospitalisation for psychiatric patients. Associations are not straightforward, interactions between factors and comparability problems on analysis should be considered by researchers and policy makers when analyzing data on re-hospitalisation.

03

## Mental health service users' experiences of hospitalisation and re-hospitalisation to hospital - a focus group study in six countries

Marian Adnanes  
SINTEF, Norway

**Aim.** Repeated hospitalisation to a mental hospital is characterized as a new form of institutionalization, often referred to as "revolving door". Re-hospitalisation constitute profound interruptions to a patient's life and are not conducive to the patients' needs in terms of optimal quality of life in the community. Repeated hospitalisation is costly and disruptive to individuals. Independent of the circumstances and despite the drawbacks, being admitted to a hospital also provides refuge. The aim of this study is to explore mental health service users' own



positive and negative experiences of hospitalisation and re-hospitalisation and their suggestions about how one can avoid it.

**Method.** A total of eight focus groups were administered in Romania, Slovenia, Finland, Italy, Austria and Norway. The 55 participants had received mental health services for at least one year and had experienced more than one hospitalization. They were recruited through user organisations and activity centres. The interviews were recorded, transcribed verbatim and analysed using HyperRESEARCH.

**Results.** The service-users' view first-time hospitalisation as "a trauma" and particularly when admission is involuntarily; re-hospitalisation makes the individual feel like an experienced patient but views about the outcomes is highly variable; different kind of monitoring or follow-up are needed to prevent re-hospitalisation, and in this respect activity/day centres are considered particularly useful.

**Conclusions.** The results indicate the importance of focusing more on the first admission (in addition to the problem of readmission), and that the admission is voluntary. Furthermore, of addressing patient's social and activity needs to reduce the risk of readmission.

## 04

### Reducing psychiatric re-hospitalisation with the help of a Decision Support System

Kristian Wahlbeck

The CEPHOS-LINK (Comparative Effectiveness Research on Psychiatric Hospitalisation by Record Linkage of Large Administrative Data Sets) compared re-hospitalisation and its predictors in six different European countries, based on retrospective cohort studies with data from country specific large electronic health care registries. Previous research was mapped in four systematic reviews, and possible health system level predictors of rehospitalisation were identified. Together with CEPHOS-LINK research findings, a set of an interactive web-based decision support system (DSS) to support policy makers and planners was constructed. The DSS is designed to aid policy makers and other stakeholders understand different factors which may impact psychiatric rehospitalisation and could aid in resource allocation and service planning. This proof of concept tool is intended to open discussion around using re-hospitalisation as an indicator when planning services based on available data and information. The tool is an attempt to support translation of health services research results to the actual health policy making.

## 05

### Mental health service users' experiences of admission and readmission to hospital - a focus group study in six countries

Marian Ådnanes<sup>1</sup>, Line Melby<sup>2</sup>, Johanna Cresswell-Smith<sup>2</sup>, Valeria Donisi<sup>2</sup>, Raluca Sfetku<sup>2</sup>, Christa Strassmayr<sup>2</sup>

<sup>1</sup>SINTEF, Trondheim, Norway

Hospital readmissions constitute profound interruptions to a patient's life and are not conducive to the needs of mental health patients in terms of optimal quality of life in the community. Repeated admission is costly and disruptive to individuals. Independent of the circumstances of admission and despite the drawbacks, being admitted to a hospital also provides refuge. The perspective of the patient regarding their readmissions is largely unexplored in literature.

The aim of this study is to explore mental health service users' own positive and negative experiences of admission and readmission to hospital and their suggestions about how one can avoid readmissions.

A total of eight focus groups were administered in Romania, Slovenia, Finland, Italy, Austria and Norway. The 55 participants had received mental health services for at least 1 year and had experienced more than one hospitalization. The interviews were digitally recorded, transcribed verbatim and analysed using HyperRESEARCH.

The service-users' experiences are summarised as follows: first-time admission is viewed as "a trauma" and particularly when admission is involuntarily; readmission makes the individual feel like an experienced patient but views about the outcomes is highly variable; different kind of monitoring or follow-up are needed to prevent readmission, and in this respect activity/day centres are considered particularly useful.

The results indicate the importance of focusing more on the first admission (in addition to the problem of readmission), and that the admission is voluntary. Furthermore, of addressing patient's social and activity needs to reduce the risk of readmission.



## Symposium 4.7

### The use of Experience Sampling as a clinical tool to personalize and contextualise mental health care

#### The use of Experience Sampling as a clinical tool to personalize and contextualise mental health care

Organiser: Jozanneke Bastiaansen, Chair/Discussant:  
Evelien Snippe

*Scientific Interest:* The experience sampling methodology (ESM), in which patients record affect, behavior, cognitions, and context multiple times a day, has great potential as a person-tailored approach for clinical practice. Based on ESM assessments, patients can receive person-tailored feedback on the day-to-day dynamics between their symptoms and environment. ESM and person-tailored feedback could be used to enrich the diagnostic process and extend therapy beyond the clinical setting into real life.

*Aim:* In this symposium, we will present several novel applications of ESM in clinical practice and discuss future avenues with the audience.

*Activities:* We will present three different innovative applications of ESM as clinical tools. First, we will present a new Ecological Momentary Intervention (EMI) for depression (ZELF-i), which offers weekly ESM-derived personalized feedback. Second, we will illustrate how a n=1 network analysis of symptoms of psychosis or bipolar disorder in daily life can deepen personalized insight. Third, an EMI blended with exercises adapted from Acceptance and Commitment Therapy for psychosis will be presented. The talks will cover whether the obtained ESM information is meaningful to individual patients and has added value for clinical practice. Fourth, we will present results from a qualitative study showing how patients and clinicians think ESM should be applied to improve diagnostics, treatment, and relapse prevention in clinical practice. This presentation will be followed by a discussion with the presenters and the audience on future avenues for research on ESM as a clinical tool.

01

#### Personalized feedback based on the experiencing sampling method as a tool to boost depression treatment (ZELF-i): common patterns and individual differences

Jozanneke Bastiaansen<sup>1</sup>, Maaïke Meurs<sup>2</sup>, Renee Stelwagen<sup>2</sup>, Marieke Wichers<sup>1</sup>, Albertine Oldehinkel<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim:** Systematic self-monitoring through the Experience Sampling Method (ESM) and personalized feedback may be an effective therapeutic tool for depressed patients. In this presentation, I will discuss whether information obtained with ESM is meaningful and sensitive to individual differences, and can hence be used as personalized feedback to enrich routine clinical care. **Method:** To this end, I will use (anonymized) individual feedback reports from an ongoing pragmatic multi-site randomized controlled trial (ZELF-i). In this study, patients with depressive complaints are randomly allocated to one of three study arms: a control group receiving no additional intervention, and two experimental groups engaging in 28 days of ESM (5 times per day) and receiving weekly personalized feedback on positive affect (PA) and activities ("Do"-module) or negative affect (NA) and thinking patterns ("Think"-module). **Results:** Preliminary exploration (n=12) revealed that most depressed individuals showed no diurnal mood pattern (e.g. lower mood in the morning), but the degree of day-to-day mood fluctuations showed large individual differences. Also, the activities that were reported as most pleasurable (Do-module), and the amount of daily hassles and uplifts (Think-module) varied widely. In addition to descriptive data, I will present commonalities and individual differences in outcomes of vector autoregression models, which are applied to provide feedback on temporal relationships between sets of variables (e.g. PA and physical activity (Do-module), or NA and rumination (Think-module)). **Conclusion:** The dynamic nature of ESM data and personalized feedback reports offer the ZELF-i approach great potential for use in clinical practice.

02

#### N=1 network analyses may be additive to clinical assessment and treatment

Maarten Bak<sup>1</sup>, Marjan Drukker<sup>2</sup>, Liala Hasmi<sup>2</sup>, Daniel Kreiter<sup>2</sup>, Jim van Os<sup>2</sup>

<sup>1</sup>Maastricht University, Maastricht, Netherlands

**Aim:** Networks of psychopathology may show dynamic relationships between the symptoms in individual patients.



Data were collected with the Experience Sampling Method to study lagged associations between symptoms and relate this to illness severity and (pharmacological) treatment. **Method:** One patient diagnosed with schizophrenia completed 10 daily assessments (1 year, 4 days per week). Five *a priori* selected symptoms were analysed. Another patient diagnosed with bipolar 2 disorder completed items on 12 affective symptoms (90 days, 7 days per week). Regression analysis was performed including current level of one symptom as the dependent variable and all symptoms at the previous assessment (lag) as independent variables. Resulting regression coefficients were printed in graphs representing a network of symptoms. Network graphs were generated for different levels of severity: stable, impending relapse and full relapse. **Results:** Symptoms varied intensely from moment to moment. Network representations of the patient with schizophrenia showed meaningful relations between symptoms, e.g. 'down' and 'paranoia' fueling each other, and 'paranoia' negatively impacting 'relaxed'. During relapse, symptom levels as well as the level of clustering between symptoms markedly increased, indicating qualitative changes in the network. In the bipolar disorder, down was the most prominent symptom in both states (depressed and euphoric). Furthermore, positive affective symptoms changes explained changes in mood state more than negative affective symptoms. Symptom variability was more intense during the euphoric period. **Conclusion:** Construction of intensive ESM time series in a single patient is feasible and gives additive information for treatment, particularly if represented as a network.

### 03 ACT in Daily Life - A Momentary Intervention Approach to Acceptance and Commitment Therapy

Henrietta Steinhart<sup>1</sup>, Thomas Vaessen<sup>2</sup>, Tim Batink<sup>2</sup>, Annelie Klippel<sup>2</sup>, Ulrich Reininghaus<sup>2</sup>, Inez Myin-Germeys<sup>2</sup>  
<sup>1</sup>KU Leuven, Leuven, Belgium

**Aim:** Acceptance and Commitment Therapy (ACT) focuses on acceptance of negative experiences and commitment towards those values that patients deem important. In this presentation, I will introduce a treatment protocol, *ACT in Daily Life* (ACT-DL), for the real-world delivery of ACT. **Method:** ACT-DL is an add-on to in-person ACT treatment. On three days between the weekly sessions, patients are asked to fill out brief questionnaires on an app about their mood, symptoms, activity, and current context at 8 random moments throughout the day. Besides this ESM

component, the app also provides users with visual cues and exercises specifically related to the ACT sessions to help them implement the techniques into their daily lives. **Results:** ACT-DL supports users to apply ACT skills to diverse contexts of everyday life. The integration of ESM aims at promoting awareness of the user's current mental state, which is a crucial component of ACT and thus supports its mechanisms to symptom improvement. Pilot data in 161 patients with diverse psychopathology show that patients find the exercises useful (rated 5 out of 7) and that the app is stimulating the use of ACT (rated 5 out of 7). These results will be illustrated with case examples. **Conclusion:** ACT-DL is a promising new treatment approach. The integration of ESM with specific treatment components does not only increase patients' awareness of their current mental state, it also has the potential to improve personalization of treatment through the provision of person-specific patterns and behavior in patients' everyday lives.

### 04 ESM in clinical practice: the possibilities, the pitfalls, and the promise

Fionneke Bos<sup>1</sup>, Evelien Snippe<sup>2</sup>, Richard Bruggeman<sup>1</sup>, Marieke Wichers<sup>1</sup>, Lian van der Krieke<sup>3</sup>  
<sup>1</sup>UMCG, Groningen, Netherlands  
<sup>3</sup>University of Groningen | UMCG, Netherlands

**Aim:** Research suggests that the experience sampling method (ESM) may be a valuable and insightful tool for improving psychiatric care. In this presentation, I will present the results of a qualitative investigation into the wishes of patients and clinicians on how ESM should be applied to improve diagnostics, treatment, and relapse prevention in clinical practice.

**Method:** We conducted focus groups and interviews with 42 patients and clinicians and assessed the possibilities, pitfalls and promise of the application of ESM to clinical practice. The Qualitative Analysis Guide of Leuven (QUAGOL) was used to analyze the interviews and focus groups' transcripts.

**Results:** Patients and clinicians suggested several possible applications of ESM to improve clinical care. The feedback derived from ESM could offer patients more insight into what improves their mental health. Such knowledge could motivate patients towards more helpful behavior and help them become more in control over their own treatment process. Clinicians perceived ESM as a tool to extend treatment outside the session. Both patients and clinicians stressed the importance of personalisation



and the possibility to collaboratively decide on the ESM protocol. Potential pitfalls include an excessive negative focus on symptoms instead of on strengths of the patient, and limited time of clinicians to discuss the feedback derived from ESM with patients.

**Conclusion:** Both clinicians and patients believe ESM and the feedback derived from it show great promise for clinical care. Their ideas can contribute to a valid and broadly supported implementation of ESM in clinical practice.

## Keynote lectures Theme assessments

### Understanding the context

#### Oral Presentation

### The dynamic nature of psychopathology and the relevance of micro-level context

Marieke Wichers

UMCG, Groningen, Netherlands

Introduction: Psychopathology may be the result of a dynamic interplay between mental states and daily life contexts. It has been shown that small moment-to-moment changes in mental states can be very informative for the later development of symptoms. Also, the speed of recovery following minor stressors is hypothesized to be a measure of resilience against psychopathology. Methods: Experience sampling is a methodology that is optimally suited to follow the dynamics of mental states over time in relation to the daily life context in which these dynamics occur. It allows for prospective assessments to examine how mental states follow on each other and how mental states respond to daily life contexts such as stressors. Network and time-series techniques can be used for analyzing these dynamics Results: I will present results regarding the dynamics of mental states combined with contextual factors in populations at high risk for psychopathology and with current psychopathology. Furthermore, I will explain the relevance of personalized models and a new approach in which we aim to expose early warning signals for psychopathology in micro-level daily life measures combined with sensor technology. Conclusions: Psychopathology is dynamic in nature and therefore we should use designs and measurements that can capture that dynamic development. Measurements of mental states and daily life contexts at the micro-level may reveal relevant dynamic patterns that may provide insight in the development of psychopathology.

#### 01

### The use of Virtual Reality in mental health.

Lucia Valmaggia

King's College London, London, United Kingdom

Virtual Reality (VR) has been used in psychology research for over two decades, and in recent years the integration of VR into the computer games industry has contributed to the creation of a much simpler, and more affordable immersive VR systems. This has generated a new impulse in the



use of VR for the research, assessment and treatment of mental health problems.

VR enables researchers and clinicians to bring social situations into the consultation room. The same virtual social environment can be presented to different participants to assess, in real-time, their neuro-cognitive functioning, appraisal, emotions, body response and behaviour. VR environments can also form the ideal platform for behavioural experiments and for gradual exposure as VR allows the manipulation of the environment, for example one can manipulate the background noise level or the appearance and behaviour of virtual characters.

In my talk, I will give an overview of the use of VR in mental health and I will focus on the use of VR for psychosis.

## Oral presentation session 5.1

### Decision making

#### Testing the CEDAR model on the relation between clinical decision making and outcome

Bernd Puschner<sup>1</sup>, Sabine Loos<sup>1</sup>, Mike Slade<sup>2</sup>

<sup>1</sup>Ulm University, Ulm, Germany

<sup>2</sup>University of Nottingham, United Kingdom

**Aim:** Clinical decision making is the primary means for delivering effective treatment. This paper will test a conceptual model of the relation between decision making and outcome.

**Method:** Longitudinal data over one year of 588 people with severe mental illness who participated in the CEDAR study and their key workers were subjected to structural equation modeling. Preferences, experiences and content of decision making 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.



## Interactivity in Shared Decision Making in Swedish mental health services; A process evaluation of a tool to support user participation

Ulla-Karin Schön<sup>1</sup>, Katarina Grim<sup>2</sup>, David Rosenberg<sup>3</sup>, Petra Svedberg<sup>2</sup>

<sup>1</sup>Dalarna University, Falun, Sweden

<sup>3</sup>Umeå University, Sweden

The purpose of the study was to explore aspects of implementing an SDM intervention which featured an interactive digital decision tool, designed for patients with severe mental illness using community mental health services in Sweden. A process evaluation design was selected in order to investigate actual obstacles and possibilities for a structured intervention to facilitate participation in decision making. The design utilized in the study (Moore et al. 2015) included collecting data focused on three identified evaluation components; Context, Implementation and Mechanism of impact.

The results illustrate both facilitating factors and barriers to implementing SDM. Facilitating factors included staff assertions that SDM was most appropriate for formal decisions such as care planning, assessments and planning at admission and discharge from services. Another facilitating factor was the use of the digital decision tool, which enabled interactive communication between staff and users, thereby supporting the user to be informed and prepared in decisions.

A contextual barrier was found to be the lack of a common agenda for concretely increasing user participation in the program. SDM was rather a voluntary activity shaped by each staff member in accordance with his or her judgment, experience and attitude. Another barrier concerned the decision making capacity of both staff and users.

While staff sometimes felt that they did not have formal power regarding treatment planning decisions, they also expressed doubt as to the patient's willingness and ability to participate in decisions. Confidence in patients' decision-making capacity and their ability to integrate information was generally low.

## Barriers to, and facilitators of, collaborative, recovery-focused, care planning and coordination in UK mental health services: findings from COCAPP and COCAPPA

Michael Coffey<sup>1</sup>, Sally Barlow<sup>2</sup>, Alan Simpson<sup>2</sup>, Ben Hannigan<sup>2</sup>

<sup>1</sup>Swansea University, Swansea, United Kingdom

**Aim:** To examine factors helping and hindering

collaborative, recovery-focused, personalised care planning and coordination in UK community and inpatient mental health services.

**Method:** COCAPP and COCAPPA used comparative, cross-national, case study designs. Data were generated in six NHS organisations in England and Wales. 749 users of mental health services and 491 professionals completed measures. 193 service users, carers and staff were interviewed. 84 care plans were reviewed, and 12 review meetings observed. Survey data were analysed descriptively and inferentially and qualitative data were analysed using the framework method.

**Results:** Across the two studies, different understandings of recovery, the bureaucratic requirements of care planning, pressures on staff availability and time, and the ability or willingness of service users or staff to engage in collaborative working all inhibit recovery-focused care planning and coordination. Good therapeutic relationships, continuity of contact and more individualised approaches enhanced the recovery-focus of care. Inpatients were aware of efforts to ensure their safety but in both hospital and community settings, discussions of risk rarely involved service users or carers.

**Conclusion:** Service users value their relationships with staff. Administrative and organisational pressures mean that care planning and coordination often fail to deliver on expectations.

**Funding acknowledgement:** Funded by the NIHR Health Services and Delivery Research Programme (HS&DR 11/2004/12 and 13/10/75). The views and opinions are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, the National Health Service (NHS) or the Department of Health.

## Perceived assistance in pursuing personal goals and personal recovery among mental health consumers across housing services

Galia Moran

Ben-gurion University, Beer-sheva, Israel

Personal goals/plans play a central role in personal recovery and psychiatric rehabilitation of persons with mental illnesses. Yet, few studies have explored whether perceiving practitioners' assistance towards the pursuit of goals are associated with personal recovery and other favorable rehabilitation outcomes. A total of 2121 mental health consumers, of which 1222 use supported-housing services and 899 use group-home services, completed self-report questionnaires as part of a larger quality-assurance study conducted during the years 2013–2014.



Eighty percent of participants living in supported-housing and 72% living in group-homes reported having personal goals/plans for the forthcoming year. Furthermore, their type of goals was different. Irrespective of the type of goal or housing service, participants who reported having goals/plans (compared with those who did not) showed higher levels of personal recovery and more favorable psychosocial outcomes. Regression analyses showed that perceiving professional staff members (but not para-professionals) as assisting in pursuing goals/plans was positively associated with personal recovery. This study empirically validates the value of having personal goals and professionals' assistance in pursuing goals/plans in regards to personal recovery. We propose that recovery-oriented services should seek to enhance goal setting and goal-pursuit, and to train practitioners in these areas. Moran, G. S., Westman, K., Weissberg, E., Melamed, S. (2017). Perceived Assistance In Pursuing Personal Goals And Personal Recovery Among Mental Health Residents Across Housing Services. *Psychiatry Research*, 249, 94-101 (first online Jan 2017).

## Oral presentation session 5.2

### Social context

#### Experiences of social exclusion in service users with severe mental illness

Jenny Bousfield<sup>1</sup>, Gillian Mezey<sup>1</sup>, Helen Killaspy<sup>2</sup>, Brynmor Lloyd-Evans<sup>2</sup>, Sarah Payne<sup>1</sup>, Sarah White<sup>3</sup>

<sup>1</sup>St George's University London, London, United Kingdom

<sup>2</sup>University College London, London, United Kingdom

#### **Objectives**

To explore the experiences of service users with severe mental illness of social exclusion and barriers and facilitators to social inclusion.

#### **Methods**

In-depth interviews were conducted with a subsample of participants from the study 'Development and Validation of a measure of Social Inclusion - The SInQUE'. In this study, the Social Inclusion Questionnaire User Experience (SInQUE) was developed, which measures social inclusion in 5 domains (productivity, social integration, consumption, access to services and political engagement). Semi-structured in-depth interviews were conducted with 15 service users selected purposively from this sample. Participants reflected a range of mental health diagnoses and socio-demographic characteristics (such as age and ethnicity). Interviews enabled an investigation of the effects of social exclusion, barriers and facilitators to social inclusion and other factors involved. Thematic analysis was conducted by two researchers, using Nvivo 11 qualitative analysis software.

#### **Results**

New understandings have been gained of the relevance and importance of different aspects of social exclusion. The approach taken looks beyond the domains of the SInQUE to identify any themes that have not been captured by the measure. New insights have been revealed into experiences of social exclusion in the lives of individuals with severe mental illness.

#### **Discussion**

This aspect of the study has given individuals with severe mental illness the opportunity to discuss social exclusion, which has been found to impact on mental health and well-being. This approach is particularly important for the investigation of social exclusion in mental health, and demonstrates its complex and multidimensional nature.





## Mov(i)es to Destigmatisation: An intervention with future mental health professionals in the United Arab Emirates

Eleni Petkari

European University Of Cyprus, Nicosia, Cyprus

**Aim:** Movie based interventions have constituted a common educational practice for combatting mental illness stigma of future mental health professionals. This study aimed at examining the effectiveness of a movie-based 10-week intervention with 26 psychology students in the UAE, where the opportunities of the students for having with real contact with mentally ill patients are extremely limited, if any. **Method:** Using a mixed-methods approach, students were assessed at two time points (T1-T2) by means of the Opening Minds Stigma Scale for Health Care Providers and of qualitative questions at the end of the intervention (T2). **Results:** The results revealed changes to some of the students' attitudes related to agency, compassion and proximity, but did not corroborate a general attitudinal change. Importantly, students highlighted the benefits obtained by the intervention regarding their learning experience, pointing out the utility of combining theory with practical cases of mental illness for spreading awareness and confronting stigma. **Conclusions:** Such results point out the value of using reality-simulating entertaining activities such as movies for teaching issues related to mental illness to future mental health professionals, in the absence of possibilities for real contact with patients. Lastly, results demonstrate that albeit small, an attitudinal change is in fact possible through movie-based interventions.

## The effectiveness of Narrative Enhancement and Cognitive Therapy. A randomized controlled study of a self-stigma intervention

Lars Hansson<sup>1</sup>, Annika Lexén<sup>1</sup>, Joacim Holmén<sup>2</sup>

<sup>1</sup>Lund University, Lund, Sweden

**Purpose:** An aspect of stigma which has been increasingly discussed is self-stigma, which refers to the internalization of negative stereotypes among people with severe mental illness. The aim of the present study was to investigate the effectiveness of a group-based anti self-stigma intervention, Narrative Enhancement and Cognitive Therapy (NECT) as an add-on to treatment as usual, with regard to changes in self-stigma, self-esteem, and subjective quality of life. **Method:** 106 participants were included in a RCT using a wait-list control group, of which 87 completed the study. Assessments were made at baseline, at termination of the intervention, and at a 6-month follow-up.

**Results:** The results showed that NECT was effective in reducing self-stigma and improving self-esteem compared to treatment as usual only. No differences were shown regarding subjective quality of life. Changes shown in the intervention group at termination of intervention were stable at the 6-month follow-up. A regression analysis showed that there was a positive relationship between exposure to the intervention and reduction of self-stigma.

**Conclusions:** The conclusion of the present study is that, using a sample size with adequate power, NECT seems to be an effective intervention with regard to diminishing self-stigma and improving self-esteem, and that these improvements were stable at a 6-month follow-up. There was a distinct relationship between number of sessions attended and improvements in self-stigma and self-esteem controlling for confounding factors. This puts attention to the importance of creating a group climate which facilitate and encourage participation through the various phases of the intervention.

## Evaluation of the mental health reform in Belgium: a baseline assessment of the perspective of patients, family carers and professionals

Chantal Van Audenhove<sup>1</sup>, Evelien Coppens<sup>2</sup>, Bram Vermeulen<sup>1</sup>, Joke Vanderhaegen<sup>1</sup>

<sup>1</sup>KU Leuven, Leuven, Belgium

<sup>2</sup>LUCAS KU Leuven, Leuven, Belgium

**Aim:** Since 2010, a reform of mental health care is ongoing in Belgium. The aim is a deinstitutionalisation of hospital based care together with the development of community mental health care. The perspectives of patients, family carers and professionals are important aspects in the evaluation of the reform.

**Method:** In 2015, a questioning took place in 19 networks and 152 services: 652 patients, 467 family carers and 861 professionals participated. The assessment consists of the Mental Health thermometer, the EDIZ, the Maslach Burnout Inventory, the job satisfaction scale.

**Results:** Patients are satisfied, however for one third of the respondents no care plan is present. Family carers are satisfied with the care for their family member, but dissatisfied with the support for themselves as well as with their involvement in the treatment process. Except for their salary and chances of promotion, professionals are satisfied with the intrinsic qualities of their job, the supervision and the functioning of their organization.

**Conclusions:** The absence of care plans is hindering empowerment and the process of recovery. The support



of family carers is an important aspect of care in the community for persons with severe mental illness. Those issues lead to concrete recommendations to improve care. The results are a baseline in the monitoring of the mental health reform and the differences between networks are a challenge for improvement.

## Oral presentation session 5.3

### Community care

#### Effectiveness of networks of health and social services on continuity of care and social integration: a case-control study for patients with severe mental illness.

Vincent Lorant, Pablo Nicaise

Université Catholique de Louvain, Brussels, Belgium

**Aim.** The shift towards community mental health care has raised concerns about continuity of care for patients with severe mental illness: these patients living in the community are likely to experience re-hospitalization, compulsory commitment, discontinuity of treatment, poor social integration and other adverse events. Network of mental health services has been advocated to provide these patients with coordinated care and to tackle fragmentation across social care, general health care and mental health care. Yet, the evidence these networks are effective is quite limited and inconclusive. **Method.** In 2010, Belgium implemented a nation-wide reform commissioning networks of social, health, and mental health services. Using a case-control design, we assessed the effectiveness of this reform on continuity of care, social integration, quality of life and hospitalization. Nineteen experimental networks commissioned in 2012 and 2014 and four control areas, including 735 services and 2200 patients were recruited. Patients and their carer were requested to complete a questionnaire. We computed an index of exposition to the reform and outcomes of continuity of care (Alberta Continuity of Service Scale), social integration (SIX score), and quality-of-life (MANSA). Multilevel logistic and multinomial regression were used to assess the effect of the reform controlling for patient socio-demographics and clinical status. **Results.** Higher exposure to the reform was associated with a slight increase in continuity of care but not in social integration neither in quality-of-life or hospitalization. **Conclusions.** We concluded that networks can achieve only a narrow and limited range of objectives.

#### Sense of belonging and social connectedness, what are we measuring?

Laurie Hare Duke<sup>1</sup>, Tom Dening<sup>2</sup>, Mike Slade<sup>1</sup>

<sup>1</sup>University of Nottingham, Nottingham, United Kingdom

**Aim:** To review existing measures of sense of belonging and develop a conceptual framework of this construct.



Relationship variables such as social support show strong associations with mental health problems and well-being. Moreover feeling connected to others represents a key process of personal recovery and social inclusion. But what exactly it means to be socially connected remains unclear. One particular question is whether there is a meaningful difference between feeling intimately attached and having a sense of belonging. To answer this question first requires greater clarity on the construct of belonging. If attachment and belonging are indeed distinct then there may be differences in their association with mental health problems, as well with the processes of recovery and inclusion. Belonging, for instance, may be more influenced by factors relating to social groups, identity and other contextual factors.

**Methods:** A systematic review of measures of belonging was conducted using several online databases. Study characteristics, psychometric properties and constructs operationalised were extracted.

**Results:** A conceptual framework of belonging was developed using narrative synthesis of pooled subscales from identified measures.

**Conclusions:** Individuals' may view social connectedness in different ways, related to distinct social motivations and goals. The results from this review will provide greater conceptual clarity on the concept of belonging and how it fits into a typology of social connectedness. This will allow further research into how particular contextual factors might influence an individuals' sense of belonging.

### Monitoring deinstitutionalisation and community care in the Netherlands: system changes, outcome and future directions

Hans Kroon<sup>1</sup>, Aafje Knispel<sup>2</sup>, Harry Michon<sup>1</sup>, Lex Hulsbosch<sup>2</sup>, Maaïke van Vugt<sup>2</sup>, Frank van Hoof<sup>2</sup>

<sup>1</sup>Trimbos Institute, Utrecht, Netherlands

**Aim:** monitoring system changes, service use, quality of life and participation of people with serious mental illness during the deinstitutionalisation process in the Netherlands. **Method:** cohort analysis of a panel of 2000 persons with serious mental illness, with data on service use, quality of life and participation; time trends of fidelity assessments of flexible assertive community teams from 2010-2016; national registry data. **Results:** the number of places in psychiatric hospitals and sheltered housing is decreasing since 2013. Although the Netherlands has a relatively good network of flexible assertive community treatment teams, the reduction in hospital beds and sheltered housing was not paired with more intensive

community alternatives, with little changes in participation and quality of life of people with serious mental illness.

**Conclusions:** the deinstitutionalisation process aims for more independence and a satisfying life in the community of persons with serious mental illness. Currently there is a serious risk of a more fragmented service system and less intensive community care and support due to (among others) a lack of specified goals and governance. Cohort patterns and solutions for more integrated care and social inclusion will be discussed.

### My Choice: Pathways to Community Living in New South Wales, Australia

Alistair McGeorge<sup>1</sup>, Grant Sara<sup>2</sup>, Robyn Murray<sup>2</sup>

<sup>1</sup>Ministry of Health, Sydney, Australia

**Aim** The My Choice: Pathways to Community Living Initiative (PCLI) has been established by the New South Wales Ministry of Health to support the transition of 380 patients who have been in long term psychiatric inpatient care (>365 days) into alternative services that are demonstrably more person centred and recovery oriented than previous care. **Method** Planners, managers, clinicians, consumer advocates and researchers involved in the program have developed agreed person-centred processes and a standardised assessment battery utilising 'transition readiness' screening tools, existing NSW Health patient data and additional evidence-based measures of functioning, capacity and need. Assessment data will be collected across 5 timepoints (pre-discharge baseline and post-discharge followup every 6 months over the 5-8 years of the project). This information will be used to inform individual healthcare and rehabilitation needs, determine innovative service options, facilitate care coordination, and provide a comprehensive handover record for community-based receiving facilities. The NSW Ministry of Health will also use this information to monitor progress and reporting back to Local Health Districts. In addition an external evaluation of the initiative is being commissioned to determine challenges to and changing attitudes towards the process, consumer experience and clinical outcomes. **Results** The assessment and evaluation processes have begun. Learning and progress will be reported to the Conference. **Conclusions** While deinstitutionalisation has been undertaken with varying levels of success throughout the world this initiative is notable for the high level of government support, resource and expertise that has been dedicated to it and its comprehensive evaluation.



## Oral presentation session 5.4

### Disease burden

#### Prevalence and correlates of psychological distress and psychiatric disorders in asylum seekers and refugees resettled in an Italian catchment area

Michela Nosè<sup>1</sup>, Giulia Turrini<sup>2</sup>, Giovanni Ostuzzi<sup>3</sup>, Corrado Barbui<sup>2</sup>, Mirella Ruggeri<sup>3</sup>

<sup>1</sup>University of Verona, Verona, Italy

<sup>3</sup>University of Verona, Italy

**Background:** In recent years there has been a progressive rise in the number of asylum seekers and refugees displaced from their country of origin, with significant social, economic, humanitarian and public health implications. The aim of this study is to describe the frequency and correlates of psychological distress and psychiatric disorders in asylum seekers and refugees resettled in an Italian catchment area. **Methods:** In the catchment area of Verona, all male asylum seekers and refugees aged 18 or above included in the Italian protection system for asylum seekers and refugees during a period of one year were screened for psychological distress and psychiatric disorders using validated questionnaires. **Results:** During the study period, 109 asylum seekers or refugees were recruited. The frequency of traumatic events experienced was very high. More than one-third of the participants (36%) showed clinically relevant psychological distress, and one-fourth (25%), met the criteria for a psychiatric diagnosis, mainly PTSD and depressive disorders. In multivariate analyses, time after departure, length of stay in the host country and number of traumatic events were independent factors associated with psychological distress and psychiatric disorders. **Discussion:** In an unselected sample of male asylum seekers and refugees, after around one year of resettlement in an Italian catchment area, the frequency of psychological distress and psychiatric disorders was substantial and clinically relevant. Health care systems should include a mental health component to recognise and effectively treat mental health conditions.

#### My Way Forward: An intervention for increased mental health, empowerment and participation among newly arrived refugees in Sweden

Ulrika Bejerholm<sup>1</sup>, Susanne Sundell<sup>2</sup>

<sup>1</sup>Lund University, Lund, Sweden

Our aim is to develop an intervention to promote mental

health in the post-migration adaptation process among newly arrived refugees, who are at high risk of developing mental health problems due to their pre-migration, during migration, and post-migration experiences. It has been argued that post-migration experiences may cause greater psychological distress than previous experiences or may worsen psychological disorders or deepen fatigue and anxiety. Method: A participatory research design guides our research (2016-2018). The iterative development process involves persons with own refugee experience, employment services (responsible for the introduction program), Red Cross PTSD psychological treatment, and civic organizations. A process evaluation will be performed. Results: Demonstration of *My Way Forward* and the development process will be described, i.e. program initiation and initial planning stages, developing a delivery plan, delivering intervention, and program maintenance and consolidation. Preliminary findings show that a person-centered approach will guide the process according to the needs and goals of service users. Those with PTSD may seek psychological treatment at first. Service users may also enter a Discussion Group (Arabic/Dari) in which they regain a sense of power over their own health. Their own interests and preferences can be matched to civic organizations, to socialize in leisure activities and practice language. Study and work goals will be supported by means of Supported Employment strategies. Conclusions: Our project contributes to a stronger focus on mental health promotion among refugees and knowledge of how mental health process, empowerment and participation can be supported and implemented.

#### Factors associated with suicidal risk in general population in Andalusia (Spain). The PISMA ep-Study

Paloma Huertas Maestre<sup>1</sup>, Berta Moreno Küstner<sup>2</sup>, Jorge Cervilla<sup>3</sup>

<sup>1</sup>University of Málaga, Málaga, Spain

<sup>2</sup>University of Malaga, Spain

**Abstract:** Epidemiological studies that take into account the prevalence and factors associated with suicide risk in different populations are scarce, and there are no previous studies on this reality in Andalusia (southern of Spain).

**Aim.** This research aims to show the prevalence and associated factors of suicide risk. **Method.** The study is a cross-sectional household survey conducted on a representative 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 current suicide risk in Andalucía. Standardized instruments were employed to evaluate the impact of the following independent variables on suicide risk: demographic variables, psychosocial variables and clinical.

**Results.** The prevalence of current suicide risk was calculated (IC; 95%). The chi-square test and Student t test was used for univariate analysis. Finally a multivariate logistic regression analysis multivariate logistic regression was used to model suicidal risk as a function of each independent variable 6.4 % of the sample showed current suicidal risk. The results of the multivariate model indicated that associations with the current suicide risk were being female, being older, being divorced / separated / widowed / single, family history of mental illness, greater number of stressful life events, less social support levels, higher level of neuroticism, high alcohol consumption, dependence on nicotine or other drugs.

**Conclusions.** This is the first epidemiological study in Andalusia on suicide risk, offering important results of clinical interest for suicide prevention.

## Oral presentation session 5.5

### Implementation in care

#### Non-adherence to anti-psychotic medication guidelines in outpatient schizophrenia care affects hospital readmission and costs

Hans Salize<sup>1</sup>, Vera Onken<sup>2</sup>, Harald Dressing<sup>2</sup>

<sup>1</sup>Central Institute of Mental Health, Mannheim, Germany

**Aim:** Anti-psychotic drug treatment is fundamental for schizophrenia treatment. However, it is unclear to which degree antipsychotic drug prescription practice in outpatient schizophrenia care follows international standards and how non-adherence to treatment guidelines affects hospital re-admission and costs. **Method:** In a German community care sample of 72 patients suffering from psychotic related illness we collected data on their prescribed anti-psychotic medication over a period of 12 months in three-weekly intervals. Individual medication patterns were analyzed in how far they complied with the German S-3 guideline for psychopharmacological schizophrenia treatment. **Results:** According their medication intake, patients were classified into 3 adherence groups: prevailing guideline based medication (32.2%), reduced guideline based medication (14.1%) and insufficient guideline-based medication (58.6%). Hospital readmission and cost was statistically significant higher in reduced and insufficient guideline based groups. **Conclusions:** We conclude that the potential for reducing hospital re-admissions and costs is much higher by improving psychopharmaceutic treatment standards in outpatient care than in any other strategy for cost-containment or schizophrenia treatment improvement currently favored in Germany (such as integrated care or home treatment).

#### A pairwise randomized study on implementation of guidelines and evidence based treatments of psychoses

Torleif Ruud<sup>1</sup>, Tordis Sørensen Høifødt<sup>2</sup>, Miriam Hartveit<sup>2</sup>, Jan Olav Johannessen<sup>2</sup>, Vegard Øksendal Haaland<sup>2</sup>, Kristin Heiervang<sup>2</sup>

<sup>1</sup>Akershus University Hospital, 1478 Lørenskog, Norway

**Aims:** The aims of the study are to give new knowledge (Q1) on current implementation in mental health services of four evidence based practices for treatment of psychoses, (Q2) on the effect of an implementation support program, and (Q3) on whether improved implementation is



associated with better clinical course and higher patient satisfaction.

**Methods:** Pairwise randomized study in six health trusts on implementation of the four evidence based practices physical health care, antipsychotic medication, family psychoeducation, and illness management and recovery. Data on model fidelity and patient course/experience are collected at baseline and 6, 12 and 18 months. 39 clinical units choose two practices and receive implementation support on one for 18 months after randomization. Q1 is answered from baseline data, and Q2 and Q3 from data after 6-18 months.

**Results:** Fidelity assessments at baseline in 2016 indicate fairly low current implementation of the four evidence based practices. Fidelity assessment after 6 months is done in March/April 2017. Inclusion of patients for the patient sub-study on clinical course and patient satisfaction ends 31 March 2017. Some preliminary results will be presented in the presentation.

**Conclusion:** The study will support quality improvement of evidence based practices for treatment for psychoses, and give knowledge on current implementation, on how to improve implementation, and on whether patient course and satisfaction is associated with degree of implementation.

### Lessons from dissemination of the Flexible ACT model in the Netherlands.

Remmers van Veldhuizen

CCAF, Groningen, Netherlands

The Flexible ACT model was developed in 2004. In 3-4 years the number of teams grew to >100 teams. In 2008 The Handbook FACT was published and certification by the CCAF started. In 2016 there are 400 teams and already > 300 teams with a certificate. The Flexible ACT model is no longer exclusive for the SMI, but also used in the (long term) care for persons with an intellectual handicap, addicted persons and for Forensic follow up. The so called IHT (Intensive Home Treatment) started for patients with acutely psychiatric problems. With these FACT and IHT teams the infrastructure for outreaching MHC in the Netherlands is rather well organised but not yet fully developed. A further growth to 800 teams is foreseen together with a further reduction of beds. The economic crisis (2010 -2016) had a twofold impact: (1) Budget cuts in MHC resulted in teams with a lower staff/patient ratio and less model fidelity. (2) Growing problems for patients in participation, work, housing and finances problems for the patients. A public discussion about too many 'disturbed/

confused persons' at the street and about unsafety started. Some argue that the reduction of beds in the Netherlands is going too fast (>20 % in 10 years). This presentation discusses how helpful has it been to have a 'model' and certification; how can we proceed and grow to 800 teams with enough space for innovation and change in the MHC, working towards better care and treatment, more recovery and community inclusion.

### Facilitators and Barriers for Sustainable Implementation of Integrated Support in a Sectorised Community Mental Health Service System - Experiences from a Swedish Project.

Magnus Bergmark<sup>1</sup>, Ulrika Bejerholm<sup>2</sup>, Bengt Svensson<sup>3</sup>, Urban Markström<sup>1</sup>

<sup>1</sup>Umeå University, Umeå, Sweden

<sup>2</sup>Lund University, Sweden

**Aim:** The present research project, reported in several published articles, have studied the implementation of integrated support models (IPS and ACT). Implementation strategies used at several levels have been analyzed, including the national political level, organizational level and team level. This presentation aims to discuss the main findings of barriers and facilitators for sustainable implementation of these interventions in a sectorised community mental health service system.

**Method:** Qualitative content analysis was used to analyze political steering strategies. The Sustainable Implementation Scale, based on findings from implementation science, was used to assess effectiveness of implementation. The Supported Employment Fidelity Scale and Tool for Assessment of Assertive Community Treatment was used to assess program fidelity of 15 programs. Data of the selected programs' target groups and sustainability was used in order to assess the programs establishment in the welfare system's regular services.

**Results:** Sustainable implementation of the selected models is possible, but several barriers in and between different organizational levels exist. Preparations and collaboration strategies are crucial for teams and organizations. The system level includes several inconsistencies that hamper effective implementation.

**Conclusions:** Political steering, involved agencies' organizations and the models supposed to be implemented has to be better aligned. A more holistic approach is needed in order to promote supportive horizontal and vertical inter-organizational relationships.



## Oral presentation session 5.6

### Engagement in care

#### Development and validation of an objective measure of a service user's pattern of engagement with secondary mental health services

Sarah White<sup>1</sup>, Mike Firn<sup>2</sup>

<sup>1</sup>St George's, University London, London, United Kingdom

**Aim:** Disengagement from mental health services is a significant problem for individuals with severe mental illness. This study aims to develop and validate markers of disengagement from services using the Electronic Patient Record (EPR).

**Method:** Adapting a previous analysis strategy designed to identify longitudinal patterns of change this study uses EPR data of all patients on Enhanced CPA, on the caseload in one London borough on 01/01/12 for the following two years. Twenty four variables were calculated which reflected three different elements of engagement, measures of contact frequency, inconsistency in contact, indicators of relapse/crisis. The variables were calculated separately for 2012 and 2013. Using the 2012 data a process of data reduction occurred, variables removed for lack of spread or high correlation. Factor analysis was conducted on the remaining variables. The factor structure suggested by 2012 data was tested using confirmatory factor analysis on 2013 data.

**Results:** Data from 797 service users was used to develop the markers of disengagement. Six of the 24 variables were removed prior to factor analysis due to redundancy and lack of spread. Seven factors extracted explained 87% of the variance in the data. This factor structure was found to be robust in the 2013 data. Responsiveness was assessed by applying the markers of disengagement to a sample of EPR data from users moving from ACT to FACT care.

**Conclusion:** Robust markers of disengagement from services have been identified. The variables reflect the frequency or infrequency of contacts, gaps between contacts and indicators of relapse/crises.

#### Decomposing psychiatric re-hospitalisation rates in Norway

Eva Lassemo<sup>1</sup>, Jorid Kalseth<sup>2</sup>

<sup>1</sup>SINTEF, Trondheim, Norway

**Aim:** The Norwegian specialist mental health system is characterised by a two-level structure, with hospitals providing specialised - largely acute - care and district psychiatric centres (DPCs) providing generalised - more often planned - mental health care. Thus far, little is known about the composition of the relatively high Norwegian psychiatric re-hospitalisation rate. The aim of the present study was to decompose it, focusing on the distinction between acute and planned hospitalisations and re-hospitalisations, and to study differences in re-hospitalisation risk in relation to contextual and system level factors.

**Method:** Registry data from the Norwegian Patient Register was used (N=17158). Risk of re-hospitalisation within 30- and 365 days, and conditional risk of acute re-hospitalisation was analysed by logistic regression.

**Results:** Within 30 and 365 days, respectively, 15.2% and 47.9% of inpatients were re-hospitalised. Of these, 35% and 42% were elective. Baseline characteristics (acute vs planned, DPC vs hospital), catchment area, rural living, and patient characteristics was associated with different re-hospitalisation-, and conditional risk of acute re-hospitalisation. Being discharged from a DPC increased long-term re-hospitalisation risk, while the short-term conditional risk of acute re-hospitalisation was lower. Patients living in rural areas had a lower long-term re-hospitalisation risk, and a lower conditional risk of acute re-hospitalisation both in the short- and long term, even in the presence of significant catchment area differences.

**Conclusions:** It is important to distinguish between acute and planned re-hospitalisations. Contextual and system effects were present in the risk and type of re-hospitalisation for psychiatric patients in Norway.

#### Victorian consumer and staff experiences of the Safewards trial

Justine Fletcher<sup>1</sup>, Bridget Hamilton<sup>2</sup>

<sup>1</sup>University of Melbourne, Carlton, Australia

**Aim:** In 2015 the Victorian Department of Health and Human services in partnership with seven health services implemented a 12-week trial of Safewards, with a 12-month follow-up. Safewards is a model and set of interventions designed to increase positive interactions between consumers and staff and reduce restrictive interventions.



The evaluation aimed to gather the perspectives of consumers and staff in Victorian inpatient mental health services regarding the implementation of Safewards.

**Method:** Five health services representing 13 wards participated in post-trial surveys 12 months after Safewards implementation. Participants represented adolescent, adult, aged acute units, and secure extended care units. Consumers were asked to complete the 26 question survey either independently or with the support of a consumer consultant or nurse educator. The staff were sent a web-link for the post implementation survey, which they were able to complete anonymously. Consumer and staff surveys included similar quantitative and qualitative questions.

**Results:** Consumers reported that Safewards improved safety and decreased verbal conflict with staff and between consumers. Staff also reported decreased conflict and confrontation with consumers as a result of Safewards. Eighty percent of consumers reported increased optimism and both staff and consumers reported more respectful interactions. In addition, consumers and staff reported the model and interventions were highly relevant and appropriate to the Victorian inpatient unit context.

**Conclusions:** Safewards is an evidence based model that has been successfully adopted in Victorian inpatient mental health services. Both patients and staff reported improved outcomes, such as decreased conflict, following implementation of the model.

### Long term compulsory treatment for difficult-to-engage and homeless dual diagnosis patients.

Grieke van Kranenburg<sup>1</sup>, Wout Diekman<sup>2</sup>, Rob van den Brink<sup>3</sup>, Niels Mulder<sup>4</sup>, Wijnand Mulder<sup>2</sup>

<sup>1</sup>GGZ Drenthe, Beilen, Netherlands

<sup>3</sup>UMCG, Netherlands

<sup>4</sup>Epidemiological and Psychiatric Research Institute, Rotterdam, Netherlands

**Aims:** To study the life courses and mental health trajectories of a group of difficult-to-engage homeless dual diagnosis patients in order to contribute to the understanding of their difficulty to take advantage of available mental health services and to evaluate the effects of long term compulsory in-patient treatment on their functioning.

**Methods:** The medical files of the patients were studied for common life course factors that may predispose for disengagement from services. During the long-term treatment developments in patient functioning were monitored by Routine Outcome Assessment over a four year period.

**Results :** We found common factors in childhood adversities, low school achievements, high level of unemployment, discontinuity of care and problems with the judicial system which led to social and psychological conditions that help to understand disengagement. After four years compulsory treatment all patients improved on global psychosocial functioning, therapeutic alliance and distress. The patients who were dismissed to a less restrictive setting (42.6%) showed improvement in risk for self or others, psychiatric symptoms and activities of daily living.

**Conclusions:** The life trajectories of a group homeless, dually diagnosed and difficult-to-engage patients show a common pattern of difficulties which may be target for prevention by mental health and social services. Long term compulsory treatment is associated with improvement in functioning for a substantial part of the patients. They can be dismissed and referred to less restrictive and supportive facilities such as supported housing.





## Oral presentation session 5.7

### Recovery-focused interventions

#### PULAREveryday - a consumer led project

Vrinda Edan<sup>1</sup>, Michelle Kehoe<sup>2</sup>, Ellie Fossey<sup>2</sup>

<sup>1</sup>Monash Univeristy, Melbourne, Australia

**Aim:** In previous studies exploring recovery oriented practice it has been identified that a lack of focus on consumers understanding of recovery may have a potential impact on the outcomes of recovery oriented practice. During the PULSAR project (presented in other papers) there came an opportunity to support a consumer led project to develop materials for consumers to sustain recovery and support them in leading discussion about what's important in their interactions with health and other service providers.

**Methods:** An expanded Lived Experience Advisory Panel (LEAP) was developed to oversee this project. Two consumer researchers were employed, and the consumer academic, Vrinda Edan, led the project. A literature review was undertaken and the results of this discussed at LEAP meetings. Preliminary material was developed and used at two focus groups, conducted by the consumer researches, to determine the final materials to be developed.

**Results:** During the focus groups to develop the material suggestions were made regarding the potential of a groups process to deliver the material. A consumer guide was developed, as well as some supporting materials, and a four-week program to deliver and discuss the various domains of recovery as covered in the guide.

#### Discussion

This presentation will discuss the development, implementation and evaluation of the materials for this project. The unique composition of the work team will also be discussed highlighting what it means to be a consumer working on this research project and the value of consumer-led participation in the research field.

#### A co-produced 'Building Resilience for Mental Health Recovery' Recovery College course - research and evaluation findings.

Josh Cameron<sup>1</sup>, Paul Neale<sup>2</sup>, Saff Brooker<sup>2</sup>, Mair Reardon<sup>2</sup>, Jo Harris<sup>2</sup>, Anna Kemp<sup>2</sup>

<sup>1</sup>University of Brighton, Brighton, United Kingdom

**Aim:** This presentation reports research findings of a co-created resilience building course for adults with

mental health problems. This project is part of a wider multi-national UK research council funded Imagine: Social Context project (<http://www.imaginecommunity.org.uk/projects/the-social-context/>) which explores the potential for community-university partnerships to make better and more resilient collective futures. It aimed to increase people's resilience to respond on an individual and collective basis to adversities using internal and external resources and supports. This was achieved by combining lived experience expertise of mental health recovery and evidence-based practice approaches.

**Method:** The course was co-developed by peer trainers, practitioners and an academic. Peer trainers are people with lived experience of mental health problems trained as tutors by a mental health Recovery College (Perkins et al 2012). Content drew on the adapted Resilience Framework (Hart et al 2007) and other resilience tools alongside the facilitators' personal, practice and research expertise.

**Results:** The course was evaluated qualitatively (eg interviews, course notes and products) and quantitatively (eg resilience scales). Findings suggest this collaborative educative approach can effectively support resilience building. **Conclusions:** The co-produced Recovery College approach is an effective empowering approach to supporting responses to mental health challenges. Contrary to some individualising and responsabilising resilience discourses, powerful evidence emerged that participants identified with and valued the underpinning ecological resilience model.

#### Participation and Shared decision making in a recovery oriented educational intervention for mental health professionals

Maria Bendtsen Kronkvist<sup>1</sup>, Tove Janarv<sup>1</sup>, Patrik Dahlqvist Jönsson<sup>2</sup>, David Rosenberg<sup>1</sup>, Karl-Anton Forsberg<sup>2</sup>, Mikael Sandlund<sup>2</sup>

<sup>1</sup>Umeå University, Umeå, Sweden

**Introduction:** Participation in decision making for persons in need of mental health services is a prioritized matter in recovery focused organizations, however patients' participation is still often lacking. Training mental health professionals in Recovery orientation, Shared decision making (SDM) and coordinated planning, might mean that people with mental illnesses perceive higher degrees of participation in their own treatment.

**Aims:** To explore mental health professional's experiences and changes in attitudes towards and knowledge regarding recovery and participation after an educational intervention.

**Methods:** A mixed method intervention study was



designed. The educational intervention training took place in five different locations in Sweden and included professionals from mental health care in municipalities and county councils. The Recovery Knowledge inventory (RKI) was used to measure attitudes and knowledge about recovery. 87 participants answered the RKI before the intervention and 33 answered at follow up. Nine participants were interviewed regarding their experienced changes about knowledge and attitudes of recovery.

**Results:** The quantitative result showed that already before the intervention there was a high level of recovery orientation among the participants, however some RKI items showed changed recovery orientation after the intervention. The qualitative result described development in theoretical and practical knowledge, like SDM, which was identified as a method to gain greater participation among persons with mental illness.

**Conclusion:** Educating mental health professionals in recovery and SDM strengthened conditions for increased participation in decision making situations of persons with mental illness.

### Personal recovery of Dutch service users compared to siblings and healthy controls

Lian van der Krieke<sup>1</sup>, Agna Bartels-Velthuis<sup>2</sup>, Sjoerd Sytema<sup>3</sup>

<sup>1</sup>University of Groningen | UMCG, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

**Background:** The five core processes of recovery – Connectedness, Hope and optimism about the future, Identity, Meaning in life, and Empowerment (CHIME) – are not service user-specific, but can be considered relevant to non-service users as well. Any individual, whether suffering from psychiatric symptoms or not, can experience variation in hope, optimism, and empowerment, and changes in one's identity and sense of meaning in life.

**Aims:** To investigate if and how recovery of service users with a psychotic disorder differs from that of siblings and of healthy controls as measured with the Recovery Assessment Scale (RAS) in a large Dutch sample, after validation of the RAS Dutch version.

**Methods:** Psychometric evaluation and comparative analyses (ANOVA, clinical significance) were performed on data from service users (n=581), siblings (n=632) and controls (n=372) in the longitudinal Genetic Risk and Outcome in Psychosis (GROUP) study.

**Results:** Psychometric validity of the Dutch RAS was adequate. A significant, moderate effect was found for the RAS total  $F(3, 1559)=31.73$ ;  $p<0.001$ ; Cohen's  $f=0.25$ ), but

it did not discriminate well between service users versus non-service users.

**Conclusions:** Performance of the RAS Dutch version is similar to other translations. However, our study questions the usefulness of the RAS in routine outcome assessment.



## Keynote lectures Theme Approaches

### Novel approaches using the patient's own context

#### The Mental Health Atlas Project. Development and implications for consumer empowerment

Luis Salvador-Carulla

Australian National University, Canberra, Australia

Context analysis for evidence informed policy should include the standard assessment of the service provision, placement and workforce capacity at local and global levels. Obstacles to the availability of comparable information on the service delivery system across local areas, regions and countries include the absence of a common terminology or a standard unit of analysis of care teams and services. Starting in 1994, the EPCAT group developed a battery of seminal instruments for the assessment of local care for adults experiencing mental illness in Europe. One of these instruments, the European Service Mapping Schedule (ESMS), was later adapted for mapping services in other sectors and population groups including chronic care and disabilities (DESDE-LTC). This instrument was incorporated to the REMAST tool for assessing Mental Health (MH) care in local areas in Europe. The ESMS/DESDE system has been used for mapping local services and for producing atlases of MH care in Europe, Australia and Latin America. Drug and alcohol, social services and chronic care provision have also been mapped in some areas. Local, regional a national distinctive patterns of mental health care began to emerge showing similarities and differences between districts and countries, between urban and rural care, and across sectors. This local context information can be incorporated to decision support systems, incorporated to visual tools for eliciting prior expert knowledge and for reducing uncertainty in policy planning. An important aspect in the development of local atlases is the involvement of local organisations of consumers and carers and the availability of the information in open access repositories as information on available social and health care is a major driver of consumer empowerment. Currently we are working in charting tools to facilitate navigation of the MH care system by consumers based on the atlases of MH.

#### Enhancing stigma resilience and recovery using the individual's context

Catherine van Zelst

Maastricht University, Maastricht, Netherlands

Public stigma, self-stigma and structural stigma are often a big problem for people with mental illness in recovery and reintegration. To reduce the negative impact of stigma on the individual's life, it is necessary to develop and implement collective and individual strategies and interventions.

In designing these interventions, it is essential to consider the individual's context. This context can hinder and/or help recovery. It can destigmatize or be a source of stigma. By developing stigma resilience, the individual can recover despite stigma experiences. Demystifying mental illness in the individual's environment is of great importance as well. There are various ways in which experiential expertise can be understood and implemented. In a mental health care that is changing, attention for lived experience of people with mental health problems should increase. Experiential knowledge is an important resource of people that have experienced or are experiencing mental health problems. Experiential knowledge can also contribute to research. I will talk about recovery, stigma and interventions and focus on how lived experience can contribute to research and novel approaches of treatment and care.



## Symposium 6.1

### Let's recover! Restructuring health care and the use of recovery-oriented interventions

#### Let's recover! Restructuring health care and the use of recovery-oriented interventions

Organiser: Stynke Castelein

*Aim:* The aim of this symposium is to discuss important elements of recovery in people with psychotic disorders, from presenting an overview of the current situation, to discussing an organisational perspective and different recovery-oriented interventions.

*Activities:* The symposium will kick off with an overview of the current situation regarding symptomatic, functional, and personal recovery. Next is a presentation on the organisation of mental health care in the Netherlands, with a special focus on the use of Routine Outcome Monitoring (ROM) results in the treatment of people with psychotic disorders and how this can be improved to support recovery. The team-level REFOCUS intervention will then be described, including the underpinning systematic reviews and the results of the pragmatic cluster randomised controlled trial. Last, two different interventions are discussed. In the CAT intervention the patients' environment is restructured to compensate for cognitive impairments. The HY-project combines home-based skill training and peer support through a three-person dinner club, in attendance of a trained nurse.

*Scientific interest:* In mental health care, symptomatic recovery is too often the sole focus of treatment. In recent years recovery in other areas of life, such as personal and functional recovery, has gained more attention. It is important to map how our current health care system is not optimally designed to stimulate all areas of recovery in people with psychotic disorders, and how we may be able to optimise our health care organisation and use interventions to improve recovery.

#### 01

#### Mapping recovery with large naturalistic cohorts and latent class growth analysis in people with psychotic disorders

Stynke Castelein<sup>1</sup>, Edith Liemburg<sup>2</sup>, Helga Ising<sup>3</sup>, Simone Burger<sup>3</sup>, Mark van der Gaag<sup>3</sup>, Ellen Visser<sup>2</sup>

<sup>1</sup>Lentis Psychiatric Institute, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

**Aim** Recovery within mental health can be conceptualized in three dimensions: recovery of symptoms, community functioning, and personal identity. We aim to identify the course of recovery over time and to examine whether distinct groups can be identified with different courses for recovery.

**Method** Data of the annual Pharmacotherapy Monitoring and Outcome Survey (PHAMOUS) from 2012 through 2015 were used. Domains of recovery were assessed with PANSS-R, Functional Remission-Tool and Single-Item Happiness Question. An LCGA was conducted only for recovery of community functioning to distinguish homogenous groups with similar trajectories.

**Results** Baseline measurements (M1) showed symptomatic recovery in 51.6% of the patients (n=1967). M2, M3 and M4 showed symptomatic recovery rates of 52.7 (n=968), 57.7 (n=442) and 55.5% (n=119), respectively. Of all patients who were recovered at M1, 75% (n=306) still showed symptomatic recovery at M2, and 90.3% at M3 (n=102).

At M1, 14.4% of the patients (n=2850) achieved recovery of community functioning. M2, M3 and M4 measurements demonstrated 12.0 (n=1304), 12.9 (n=560) and 11% (n=155). At M2, 41.5% (n=83) still showed recovery of community functioning, and 56.5% at M3 (n=25).

At M1, 71.3% of the patients showed personal recovery (n=2594), 78.4 (M2, n=1252), 82.3 (M3, n=538) and 85.6% (M4, n=146). At M2, 87.6% (n=730) still demonstrated personal recovery, and 93.5% at M3 (n=304).

**Conclusions** We found persistent patterns of three types of recovery over time. Symptomatic and personal recovery seem hopeful; recovery of community functioning is hardly obtained. Results of trajectory analyses may provide insight into the latter.

#### 02

#### The evaluation of TREAT: a computerized clinical decision support system for the treatment of psychotic disorders

Lukas Roebroek<sup>1</sup>, Magda Tasma<sup>2</sup>, Stynke Castelein<sup>1</sup>, Philippe Delespaul<sup>3</sup>, Albert Boonstra<sup>2</sup>

<sup>1</sup>Lentis Psychiatric Institute, Groningen, Netherlands

<sup>3</sup>University of Maastricht, Netherlands

**Objective:** Treatment-E-Assist (TREAT) is a computerized clinical decision support system that helps clinicians make treatment decisions in daily clinical practice. This pilot study aims to evaluate the feasibility of TREAT as a decision support system for clinicians in treating patients with a psychotic disorder.



**Methods:** The Dutch Phamous survey is an extensive routine outcome monitoring (ROM) protocol used for a yearly screening of patients with psychotic disorders. The algorithms of TREAT combine the ROM-Phamous data and treatment guidelines to generate personalized treatment recommendations. In this pilot, six clinicians used TREAT for at least three times before and/or during the discussion of the ROM-Phamous results with patients (n=16). Clinicians' opinions about ROM, TREAT and the content of the treatment sessions were assessed.

**Results:** Clinicians graded ROM-Phamous with a 7 on average, TREAT with a 7,5 and the combination of TREAT and ROM-Phamous with a 7,3 on a 10 point scale. Most clinicians indicated that TREAT simplified the interpretation of the ROM-Phamous results and would like to use it in the future. They considered it useful for daily clinical practice, easy to use and fitting for good clinical care. Connection with previous ROM-results is a point of improvement.

### Conclusions

Clinicians were positive about working with TREAT. TREAT appears to be a feasible and worthwhile endeavour based on this first evaluation. A multicentre RCT will be conducted to evaluate the effects of TREAT on offered treatment according to guidelines, shared decision making and topics discussed between clinicians and patients.

## 03

### REFOCUS: A theoretically-defensible and empirically-evaluated team-level intervention to promote recovery

Mike Slade

University of Nottingham, Nottingham, United Kingdom

**Aims:** To describe the theory base and empirical evaluation of the REFOCUS intervention.

**Methods:** REFOCUS was funded by the National Institute for Health Research (2009-2014) with the aim of finding ways of making community-based adult mental health services in England more recovery-orientated. The scientific framework was the MRC Framework for Complex Interventions. The theory stage collated and created evidence on personal recovery, best practice in supporting recovery, citizenship, strengths, the INSPIRE measure of recovery support, staff experiences and feasibility. Sub-study designs included qualitative studies (n=3), systematic reviews (n=7), psychometric evaluation (n=2) and a national survey. The resulting REFOCUS intervention was then evaluated in a 27-team cluster pragmatic randomised controlled trial with process and economic evaluation.

**Results:** The CHIME Framework (Connectedness, Hope,

Identity, Meaning, Empowerment) identifies recovery processes, and was cross-culturally validated. The manualised REFOCUS intervention involves training and supporting staff use of three working practices (Understanding values and treatment preferences; Assessing and amplifying strengths; Supporting goal-striving) and a coaching relationship with mental health service users. The trial showed the REFOCUS intervention led to improved recovery when given, though implementation challenges were found.

**Discussion:** The CHIME Framework, the INSPIRE measure and the REFOCUS Intervention have had an international impact on policy and practice, through replication studies, translations and new interventions based on CHIME. Further information on REFOCUS, including downloadable versions of INSPIRE and the REFOCUS intervention manual, is at [researchintorecovery.com/refocus](http://researchintorecovery.com/refocus).

## 04

### Cognitive Adaptation Training: is it effective as a nursing intervention in people with severe mental illness in need of long-term intensive clinical treatment?

Michelle van Dam<sup>1</sup>, Annemarie Stiekema<sup>2</sup>, Stynke Castelein<sup>3</sup>, Jaap van Weeghel<sup>4</sup>, Marieke Pijnenborg<sup>5</sup>, Lisette van der Meer<sup>6</sup>

<sup>1</sup>Lentis, Groningen, Netherlands

<sup>3</sup>Lentis Psychiatric Institute, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

<sup>5</sup>University of Groningen, Netherlands

<sup>6</sup>UMCG, Netherlands

**Aim:** Cognitive impairment is common in severe mental illness, and contributes to functional disabilities in schizophrenia even more than clinical symptoms. Cognitive Adaptation Training (CAT) is designed to improve daily functioning by compensating for cognitive deficits. Several studies have shown that CAT delivered by psychologists improves functional outcomes in outpatients with schizophrenia. Our previous study in a similar group of people confirmed the feasibility of the intervention in a hospital setting delivered by the individuals' case manager (nurse) and revealed promising results with regard to improving everyday functioning. The present study investigated the effect of CAT in people who are hospitalized long-term (average 8 years).

**Method:** A multicenter cluster randomized controlled trial was conducted comparing CAT (intervention group; n=42) as a nursing intervention to Treatment As Usual (TAU,



control group; n=47). The primary goal was to evaluate the effectiveness of CAT on everyday functioning. Secondary outcomes were quality of life, empowerment, and apathy. The study had a duration of one year, with follow-up measurements at 15, 18, 21 and 24 months for the intervention group.

**Results:** Preliminary results indicated improvement of everyday functioning (nursing observation) after 12 months ( $p < 0.04$ ) in people receiving CAT compared to TAU. No significant improvement was found on secondary outcome measures. Follow-up data will be presented.

**Conclusions:** Based upon the preliminary results, implementing CAT as a nursing intervention for hospitalized people seems to improve everyday functioning.

**Conclusions** The HospitalityY intervention was shown feasible in this pilot study. It was well received by the participants and nurses and showed promising results on social support, loneliness and self-esteem in participants. A multicentre RCT will be conducted to evaluate the effects of the HY-intervention on social contact and recovery outcomes.

## 05

### Home-based Peer Support and Skill Training for people with Psychotic disorders: a Recovery oriented Intervention

Jelle Sjoerd Vogel<sup>1</sup>, Marte Swart<sup>2</sup>, Jojanneke Bruins<sup>1</sup>, Mark van der Gaag<sup>2</sup>, Stynke Castelein<sup>3</sup>

<sup>1</sup>Lentis, Groningen, Netherlands

<sup>3</sup>Lentis Psychiatric Institute, Netherlands

**Objective** In the HospitalityY (HY) project we developed a new recovery oriented intervention for people with psychotic disorders. In this intervention home-based peer support and skill training are combined in an eating club. A pilot study was conducted to determine the feasibility and possible benefits.

**Methods** The HY intervention was developed using a focus group consisting of patients and professionals, and was subsequently manualised for practical utilisation. Participants receive individual skill training, guided by self-set goals, while organising a dinner at their home. During dinner, peer support is carried out with the Guided Peer Support Groups methodology. A pilot study was conducted in The Netherlands during five months (9 sessions). Three groups with three participants per group (total n=9) organised biweekly dinners with support from a nurse. Experiences from participants and nurses were recorded to determine feasibility.

**Results** During personal interviews patients reported positive effects on social support, loneliness and self-esteem. Nurses reported that patients were motivated to work on personal goals and progressively became more independent during the intervention. Participants reported being satisfied with partaking the HY-intervention (attendance rate = 93%). All were able to organise a dinner for their peers with practical support of a nurse.



## Symposium 6.2

### Dilemmas of choice in mental health care

#### Dilemmas of choice in mental health care

Organiser: Gian Maria Galeazzi

##### Symposium Abstract

**Aim:** The recovery model greatly emphasizes the centrality of service users' values and choices in the construction of their recovery journey. Mental health services, on the other hand, present with various constraints to freedom of choice.

**Activities:** The symposium will explore areas where there may be tension between service users' choices and statutory, organisational and political constraints in mental health practice. These are, for example, the possibility for service users to freely choose and change their allocated psychiatrist/mental health professional; limitations to therapeutic choices for users of forensic mental health services, constraints due to availability of resources regarding access to biological and psychotherapeutic treatments, limitations and challenges of the advance directives instrument.

**Scientific interest:** The symposium critically addresses some controversial and challenging areas for the implementation of the recovery model in mental health services, illustrating possible solutions emerging from different international contexts.

#### 01

##### Choosing and requesting to change psychiatrist in community mental health services: results of a literature review

Gian Maria Galeazzi<sup>1</sup>, Giorgio Mattei<sup>2</sup>, Cecilia Artoni<sup>2</sup>, Alessandro Minarini<sup>2</sup>, Lisa Martire<sup>2</sup>, Giulia Rioli<sup>2</sup>

<sup>1</sup>University of Modena and Reggio Emilia, Modena, Italy

**AIM:** The recovery model emphasizes the importance of service user involvement in key decisions of their care. Our aim was to review the topic of choosing and requesting a change of psychiatrist allocated to those using community mental health services, according to their preferences.

**METHOD:** Pubmed, Cochrane Library, PsycINFO and Web of Science electronic databases were searched for relevant papers written in English with no time limits. Descriptors tested in previous studies were used to capture community mental health settings in conjunction with terms referring to the choice and change of psychiatrist. Papers not referring to adult mental health services and not mentioning users'

preferences were excluded.

**RESULTS:** 234 articles were screened: 209 were off-topics, 8 duplicated and 3 involved minors: 14 papers were included. Three main themes emerged: 1) the importance of choice for users in deciding their psychiatrist; 2) factors pertaining to the users/psychiatrist dyad influencing users' preferences, such as education, age, gender, ethnicity, nationality, language; 3) whether choice of psychiatrist had any effect on treatment outcomes. No article addressed the current community mental health service management of users' request to change their allocated psychiatrist.

**CONCLUSIONS:** There is agreement that service users' preferences in choosing or requesting a change of psychiatrist is important, but little research on the topic is available. Psychiatrists' and other interested parties' views should also be explored in order to reach shared ways to address users' requests considering relevant ethical and practical issues, and to propose policies on this basis.

#### 02

##### Informed, advance treatment refusals by people with severe mental illness: demand, content and correlates

Claire Henderson<sup>1</sup>, Simone Farrelly<sup>2</sup>, Clare Flach<sup>2</sup>, Rohan Borschmann<sup>2</sup>, Max Birchwood<sup>2</sup>, Graham Thornicroft<sup>2</sup>

<sup>1</sup>King's College London, London, United Kingdom

**AIM:** In the UK, crisis planning for mental health care should acknowledge the right to make an informed advance treatment refusal under the Mental Capacity Act 2005.

Our aims were to estimate the demand for such treatment refusals within a sample of service users who had had a recent hospital admission for psychosis or bipolar disorder, and to examine the relationship between refusals, and service user characteristics.

**METHOD:** Content analysis of Joint Crisis Plans (JCPs), which are plans formulated by service users and their clinical team with involvement from an external facilitator, and routine care plans in sub-samples from a multi-centre randomised controlled trial of JCPs plus routine mental health care versus routine care (CRIMSON) in England. **RESULTS:** Ninety-nine of 221 (45%) of the JCPs contained a treatment refusal compared to 10 of 424 (2.4%) baseline routine care plans. No JCP recorded disagreement with refusals on the part of clinicians. Among those with completed JCPs, adjusted analyses indicated a significant association between treatment refusals and perceived coercion at baseline (odds ratio=1.21, 95% CI 1.02-1.43), but not with baseline working alliance or a past history of involuntary admission.



**CONCLUSIONS:** We demonstrated significant demand for written treatment refusals in line with the Mental Capacity Act 2005, which had not previously been elicited by the process of treatment planning. Future treatment/crisis plans should incorporate the opportunity for service users to record a treatment refusal during the drafting of such plans.

03

### Italian psychiatric residential facilities: a recovery oriented choice or a step backward to institutionalization? The VALERE Project

Mirella Ruggeri<sup>1</sup>, Laura Iozzino<sup>2</sup>, Eva Baldassarri<sup>2</sup>, Doriana Cristofalo<sup>1</sup>, Chiara Bonetto<sup>2</sup>, Chiara Bovo<sup>2</sup>

<sup>1</sup>University of Verona, Verona, Italy

**AIM:** Since 1978, Italian community psychiatry has been using a growing network of residential facilities (RFs), managed at the regional level. Despite their importance for clinical-rehabilitation, after almost 40 years, major concerns have been raised on their efficacy in meeting users' needs. The VALERE (eVALUation and outcomE in the REsidential facilities) project is a cross-sectional study involving all the RFs of the Verona Department of Mental Health, which addresses these concerns.

**METHOD:** Socio-demographic, clinical and treatment-related variables were collected, as well as data about staff, structures and treatments provided were collected for patients (N=156) hosted in RFs in a defined index period (from January to June 2014). Outcomes were assessed with BPRS, GAF, Camberwell Assessment of Need, Verona Service Satisfaction Scale, Manchester Short Assessment of Quality of Life.

**RESULTS:** 60% of the sample are male, mean age was 48 years. More than half is unemployed, and comes from another residential structures, with an average length of stay in the actual facility of about 4 years. Schizophrenia spectrum disorders are prevailing (63.6%); average functioning is generally low. The average satisfaction with the service they receive is good, with the exception of social and relational needs, that are unmet in a relevant percentage of users.

**CONCLUSIONS:** These results might have impact on both clinical and managerial aspects. Quality of life seems to be overall preserved, however an innovation more clearly focused on social skills development and restitution to normal life in society, respectful of patients needs and preferences, is needed.

04

### An employment pilot to support forensic mental health service users into work and vocational activities: choices and opportunities

Chiara Samele

Informed Thinking, London, United Kingdom

**AIM:** Choices for service users leaving secure forensic mental healthcare may be comparatively limited. Transition back to the community following many years of secure care is not only daunting for these service users, but also challenging given their complex mental health problems, history of offending and legal restrictions. The Employment and Social Inclusion Project (ESIP) aimed to support service users leaving secure care find employment and/or other vocational activities.

**METHOD:** Qualitative and quantitative data were collected to evaluate this pilot service. Eighteen qualitative interviews were conducted with service users and staff.

**RESULTS:** Fifty-seven service users engaged with the pilot service, 24 of whom gained some form of paid work or engaged in vocational activities. Tailored one-to-one support, building confidence and increasing social skills were important features of the project. Team working and positive relationships were developed through a painting and decorating programme created within the pilot service. There were challenges and often service users were limited in what they could apply for.

**CONCLUSIONS:** This exploratory pilot project provided some valuable insights into supporting service users with a history of forensic mental health services into employment and vocational activities. Despite the challenges, around a fifth of those receiving regular one-to-one support engaged in some form of paid employment. The creation of a paid employment programme based in the community opened up more opportunities for gaining work experience and employment.





## Symposium 6.3

### What can we offer long-term inpatients with psychosis: do's and don'ts regarding the treatment and quality of life

#### What we can we offer long-term inpatients with psychosis: do's and don'ts regarding the treatment and quality of life.

Organiser: Jeroen Deenik

#### Symposium Abstract

*Aim:* The premature mortality (10-20 years) in severe mentally ill (SMI) people is mainly caused by cardiovascular disease. Especially long-term inpatients are characterized by an unhealthy lifestyle (e.g. lack of physical activity) and many and high dosages of medication. In this severely ill population, behavioural change is challenging.

*Activities:* We present four recent studies concerning interventions on both lifestyle and medication in long-term SMI inpatients, in order to improve health, quality of life (QoL) and daily functioning.

- 1) A multidisciplinary lifestyle-enhancing treatment compared to treatment as usual (N=114) with 1,5 year follow-up, showing improvements in accelerometer-measured physical activity, physical health, QoL and functioning (MULTI-study).
  - 2) A process-evaluation of the multidisciplinary lifestyle-enhancing treatment, showing facilitators and barriers, resulting in recommended strategies for future implementations (MULTI-study).
  - 3) Pharmacological intervention by reducing concurrent prescribing of both first- and second generation antipsychotics to antipsychotic monotherapy (N=140) with superior outcomes in reducing relapse and side effects.
  - 4) A study of antipsychotic dose and movement disorders as predictors of physical activity (N=137), showing no relationship between antipsychotic dose and activity. Age, parkinsonism, akathisia and dystonia predicted activity.
- Scientific interest:* These studies show that long-term SMI inpatients, despite the chronicity and the enormous impact of the symptoms on their functioning and QoL, can benefit from a lifestyle-enhancing treatment and reducing concurrent prescribed antipsychotics. The little impact of medication dosage on physical activity and side-effects could indicate that part of the 'damage' has already been done in the early stage of the disease, underlining the need for preventive strategies.

01

#### The effects of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients on patient-oriented outcomes (MULTI-study)

Jeroen Deenik<sup>1</sup>, Diederik Tenback<sup>2</sup>, Ingrid Hendriksen<sup>2</sup>, Erwin Tak<sup>2</sup>, Peter van Harten<sup>2</sup>

<sup>1</sup>GGz Centraal, Amersfoort, Netherlands

*Aim:* Premature mortality in severe mentally ill (SMI) patients is mainly caused by cardiovascular disease. Especially long-term inpatients are characterized by an unhealthy lifestyle, whereby they are sedentary (sitting/lying) for 84% of their waking time. However, in this severely ill population, changing lifestyle-behaviour is challenging. Therefore, we started a multidisciplinary lifestyle-enhancing treatment, based on a 'change-from-within-principle', and found significant improvements in physical activity and metabolic health after 18 months. Since this does not necessarily mean that patients feel better, we additionally evaluated effects on patient-oriented outcomes.

*Method:* Quasi-experimental design in long-term SMI inpatients whose baseline data (2013) was available and if they participated in no other lifestyle-related intervention (N=123). We collected:

Psychotic symptoms [PANSS-r]

Psychosocial functioning [HoNOS]

Quality of life (QoL) [EQ-5D & WHOQoL-Bref]

*Analysis:* hierarchical multilevel regression using change-scores, correcting for baseline outcome-value, age, diagnosis, baseline illness-severity and treatment-ward.

*Results:* Sufficient data of intervention (N=65) and controls (N=49). Results show significant improvements in overall psychosocial functioning ( $B = -3.6, p = 0.03$ ), impairments ( $B = -0.7, p = 0.04$ ) and especially in social functioning ( $B = -3.0, p < 0.001$ ). QoL improved significantly in both groups.

**Conclusions:** Findings show that, besides improving clinical health, a multidisciplinary lifestyle-enhancing treatment sustainably improves psychosocial functioning and perceived quality of life in long-term SMI inpatients. Most likely another intervention (not related to lifestyle / physical activity) resulted in QoL improvements in the control group, confirming that there are more ways to improve QoL.

No lifestyle-enhancing treatment = no significant improvement (or deterioration) in psychosocial functioning.



02

### Evaluating the implementation of a multidisciplinary lifestyle-enhancing treatment for severe mentally ill inpatients (MULTI-study)

Jeroen Deenik<sup>1</sup>, Diederik Tenback<sup>2</sup>, Ingrid Hendriksen<sup>2</sup>, Erwin Tak<sup>2</sup>, Peter van Harten<sup>2</sup>

<sup>1</sup>GGz Centraal, Amersfoort, Netherlands

*Aim:* There are serious metabolic health problems in especially long-term severe mentally ill inpatients. After studying physical activity, quality of life and psychological determinants to understand the context of the challenge to change lifestyle behaviour, we developed a multidisciplinary lifestyle-enhancing treatment. Results after 18 months showed significant improvements in physical activity, metabolic health, quality of life and psychosocial functioning. Additionally, we wanted to perform a process-evaluation, to support further optimization and valorisation of the treatment.

*Method:* Four categories of determinants (innovation, professional/user, organisational context and socio-political context) were assessed using a questionnaire based on the Dutch validated Measurement Instrument for Determinants of Innovations (questions scored on a 5-point Likert-scale). The questionnaire was sent digitally to 42 healthcare professionals (HP). A reduced version (e.g. excl. organisational context) was administered to patients (N=33) in a semi-structural interview.

*Results (preliminary):* Both groups were positive about determinants of the treatment ( $M=3.88$  and  $M=3.89$ , respectively), although patients stated it wasn't easy to participate in the treatment ( $M=2.18$ ). Determinants of the HP and patients themselves scored positive ( $M=3.90$  and  $M=3.76$ , respectively), while organisational context (e.g. staffing, facilities and financial recourses) scored low ( $M=2.80$ ). Difficulties in getting patients involved, relapse after discharge and a lack of paramedical support and clear policy are main topics in open answers/suggestions.

#### Conclusions

Overall, determinants of the treatment and users seems to facilitate treatment-implementation.

Implementation strategies regarding organisational factors are needed.

Detailed analysis of scores and open answers/suggestions will be done to gain more insight into preliminary findings.

03

### Concurrent treatment with typical and atypical antipsychotics; double trouble.

Mushde Shakir<sup>1</sup>, Peter van Harten<sup>2</sup>, Diederik Tenback<sup>2</sup>

<sup>1</sup>GGz Centraal, Amersfoort, Netherlands

*Aim:* Approximately 50% of patients treated for schizophrenia in Europe receive more than one antipsychotic. There is little evidence to support antipsychotic polypharmacy. Typical antipsychotics are associated with movement disorder, while atypical antipsychotics are associated with metabolic side effects. Both side effects are associated with mortality.

*Method:* A randomized open label trial was performed with 140 patients. Inclusion criteria were a diagnosis of schizophrenia and treatment with a typical and atypical antipsychotic. Patients had to understand the nature of the study and sign written consent. 50% of patients were tapered to one antipsychotic while the other 50% received their usual treatment regimen. The study duration was 9 months with a 3 months tapering period. A cox proportional hazards regression model was used to analyse relapse.

*Results:* 140 patients were randomized. Mean age was 50.9 years, 58,6 % was male and 74,3% of patients was Caucasian. There was more relapse in the treatment as usual arm ( $p=0.01$ ) OR 2.82 95% CI (1.03, 4.40) ( $p=0.041$ ). Furthermore, there was significantly more movement disorder, more weight and less quality of life measured with the EQ5D.

*Conclusions:* There is some evidence that simultaneous prescribing of antipsychotics can be beneficial less study-specific defined inefficacy and discontinuation . The evidence however is weak. This trial suggests that discontinuation of simultaneous prescribing is as good or maybe even better practice with regard to relapse. This is an open label study with lower internal validity but a high generalizability.

04

### Association between antipsychotics, movement disorders and accelerometer-measured physical activity in schizophrenia

Jasper van Oort<sup>1</sup>, Jeroen Deenik<sup>2</sup>, Peter van Harten<sup>3</sup>, Christiaan Keurentjes<sup>3</sup>, Diederik Tenback<sup>3</sup>

<sup>1</sup>Radboud University Medical Centre, Nijmegen, Netherlands

<sup>2</sup>GGz Centraal, Netherlands



*Aim:* There is a high level of sedentary behavior (SB) and a lack of physical activity (PA) in patients diagnosed with schizophrenia. This study evaluated the association between the level of activity and antipsychotics, movement disorders and other demographic factors in long-term inpatients with schizophrenia.

*Method:* 137 patients with schizophrenia and related psychotic disorders were included. The level of activity was measured using an accelerometer during five days, with total activity counts per hour (TAC/h) as main outcome. To be included the patients had to wear the accelerometer for at least six hours/day for at least three days.

*Results:* The results showed that the patients had a sedentary lifestyle. There was no relationship between antipsychotic dose and TAC/h. However, age, parkinsonism, akathisia and dystonia were independent predictors for TAC/h. Lower age, lower parkinsonism, lower dystonia and higher akathisia were associated with more TAC/h.

*Conclusions:* These results imply that movement disorders should be an important focus in daily clinical practice and suggest the need for preventive strategies to avoid movement disorders since these, and not the current antipsychotic dose, are related with TAC/h.

## Symposium 6.4

### The social context of mental health in later life; implications for care

#### The social context of mental health in later life; implications for care

Organiser: Rob van den Brink, Chair/Discussant: Aart Schene

*Aim:* To explore the relevance of social relationships for mental health in later life and its implications for community mental health care.

*Activities:* Evidence from epidemiological studies on the influence of social relationships on mood and cognitive problems in older people will be presented as well as results of a qualitative study on the perceptions, coping strategies and needs for care of older people with low mood. In addition, the rationale, components and effects will be described of an action program of the Rotterdam municipality to address loneliness in older people. The discussion with the audience will focus on implications of these findings for care. Do services have a responsibility to advance positive mental health of older persons? Which services? How?

*Scientific interest:* Social relationships and mental health are closely related. Few social relations, low social support and loneliness are risk factors for depressive and cognitive symptoms and worsen the course of a depressive disorder. On the other hand, prolonged mental health problems affect one's social relationships. Changes with ageing, such as loss of loved ones and restrictions in mobility, may challenge the integrity of one's social relationships and the prevalence of loneliness and mood problems has been shown to be high in old age. Nevertheless, the acceptance of outreaching screening and intervention programs by older persons is poor. Crucial for their acceptance appears to be how these programs fit the perceptions of mood and social problems by the elderly and the benefits and risks they see in accepting care.

#### 01

#### Epidemiological studies on the influence of social relationships on mood problems

Rob van den Brink<sup>1</sup>, Natasja Schutter<sup>2</sup>, Denise Hanssen<sup>2</sup>, Brenda Penninx<sup>2</sup>, Richard Oude Voshaar<sup>1</sup>

<sup>1</sup>UMCG, Groningen, Netherlands



**Aim:** To review the evidence for social relational influences on mental health with ageing, including the results of a study we conducted on the influences of social network characteristics, social support and loneliness on the course of major depressive disorder in younger and older adults. Implications of these findings will be discussed in the light of evidence on the effectiveness of interventions aimed at improving social relationships.

**Method:** We studied 1181 patients (aged 18-90) with a major depressive disorder over a period of two-years. Social relational variables were assessed at baseline. Depression course was studied by remission at follow-up and change in depression severity.

**Results:** Multiple aspects of social network, social support and loneliness were related to depression course, independent of potential confounders. Unique contributions were found for living in a larger household, stressful relationships and loneliness. Few differences were found between patients younger or older than 60 years.

**Conclusions:** If depressed persons experience difficulties in their social relationships, this may impede their recovery. Special attention for interpersonal problems, social isolation and feelings of loneliness seems warranted in depression treatment and relapse prevention. Our findings corroborate the results of recent reviews of general population studies, which showed that few social relations and low social support are risk factors for the onset of depressive symptoms. Evidence for the effectiveness of interventions to improve social relationships, is limited however. It will be of great interest to test whether such interventions can contribute to prevention and recovery of depression in older individuals.

## 02 Epidemiological studies on the influence of social relationships on cognitive decline

Richard Oude Voshaar<sup>1</sup>, Jisca Kuiper<sup>2</sup>, Marij Zuidersma<sup>2</sup>, Nynke Smidt<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim:** To present the results of two meta-analyses on the influence of social relationships on cognitive decline and risk of dementia, respectively, as well as a longitudinal cohort study on the predictive significance of social relationships for incident memory complaints in older persons.

**Method:** Systematic reviews were performed of longitudinal cohort studies conducted in the general population, followed by separate meta-analyses for different aspects of social relationships as predictors of cognitive decline or

incident dementia. In addition, we conducted a longitudinal cohort study among 8762 older participants of a general population study and examined the predictive significance of baseline social relationships for onset of subjective memory complaints at 1.5 years follow-up.

**Results:** In the meta-analyses, low social participation (pooled OR: 1.41; 95%CI 1.13-1.75), less frequent contacts (1.57; 1.32-1.85), and loneliness (1.58; 1.19-2.09) were found to be significant predictors of incident dementia, and poor structural aspects of social relationships (e.g. small network size and less frequent contacts; 1.08; 1.05-1.11) and poor functional aspects (e.g. low social support and loneliness; 1.15; 1.00-1.32) predicted cognitive decline. Our longitudinal study showed that better fulfilment of needs for affection (0.93; 0.88-0.98) and behavioural confirmation (0.93; 0.88-0.99) are associated with a lower risk for subjective memory complaints.

**Conclusions:** Poor social relationships are an important risk factor for cognitive decline. For incident dementia, this association is comparable in strength with well-established risk factors such as low educational attainment, physical inactivity, and late-life depression. Social relationships may be a promising target for preventive measures to counteract cognitive decline.

## 03 Lessons learned from screening programs on depressive symptoms: interviews with older people on cause and need for care for low mood

Margaret von Faber<sup>1</sup>, Gerda van der Weele<sup>2</sup>, Jeanet Blom<sup>2</sup>, Jacobijn Gussekloo<sup>2</sup>

<sup>1</sup>University of Applied Sciences Leiden, Netherlands

**Aim:** At old age, depressive symptoms are reported to be under-recognized and under-treated. Screening has been considered effective for early detection and prevention of clinical depression. However, in our earlier combined screening-intervention program, a majority of older people declined the offered treatment intervention. Therefore, we explored the perceptions and needs of older people with depressive feelings according to screening.

**Method:** We interviewed 38 persons, aged 75 years and over, in general practice, who screened positive for depressive symptoms. In two in-depth interviews, we explored their perceptions on causes and solutions related to depressive feelings. To investigate the influence of complexity of health problems, we included 19 persons with and 19 persons without complex health problems. Complex problems were defined as a combination of functional, somatic, psychological or social problems.



Results: Respondents believed the causes were external problems or individual characteristics rather than subscribing to a biomedical model. All participants used several cognitive, social or practical coping strategies. Four patterns emerged: mastery, acceptance, ambivalence, and need for support. Few people expressed a need for professional support. A strong sense of self-efficacy was mainly found in older people without complex problems. Some participants, especially those with complex problems, were ambivalent about possible interventions and the practical consequences.

Conclusions: Older people with depressive feelings are actively engaged in coping strategies. These strategies are considered sufficient by most respondents themselves. As most respondents think professional intervention cannot solve the problem, a need for care is almost absent.

04

#### Lessons learned from house calls to older inhabitants to address loneliness and social isolation: an action programme of the Rotterdam municipality

Anja Machielse<sup>1</sup>, Mireille Wolfers<sup>2</sup>, Bianca Stam<sup>2</sup>, Jurriaan Omlo<sup>2</sup>, Pascal Kreijen<sup>2</sup>

<sup>1</sup>University of Humanistic Studies, Utrecht, Netherlands

Aim: To present the results of a midterm review evaluating the first phase of an action programme to address loneliness and social isolation of older residents. The presentation focuses on results of the main part of the programme – house calls by trained volunteers to residents aged 75 and older.

Method: Before the action programme was started a survey to gain insight into the degree of loneliness and social isolation was conducted among 3824 residents (aged 65+) in 21 planned districts. During the implementation of the programme registration data were studied of 1665 seniors aged 75+ who received a house call in two rounds, and a survey study on appreciation of the first round's house calls (221 persons). We also conducted a qualitative study among the action programme target group.

Results: In the first round of house calls 44% of the target group was visited, in the second round 26%. Based on a structured survey, each district's backoffice team assessed per person whether follow-up action was needed. This was the case for respectively 25% and 35% in the first and second rounds. The elderly valued the house calls predominantly positively (70%).

Conclusions: The risk assessment for house calls with respect to loneliness and social isolation seems to be

correct. Follow-up actions were deployed more often for lonely seniors. Because there were also lonely seniors who did not receive any follow-up action, the procedures were somewhat adjusted. The effect report is only possible once data from all the districts are gathered.



## Symposium 6.5

### Implementation of context analysis in decision support systems for evidence-informed policy

#### Implementation of context analysis in decision support systems for evidence-informed policy

Organiser: Jose Salinas-Perez

Nowadays the context analysis is essential for developing evidence-informed policies in mental health. Successful experiences in specific mental health systems may not be suitable for application in other territories. Thus, decision-making requests knowledge on the local characteristics of the mental health system in order to design effective policies. Decision support systems are crucial for providing essential information for health planners.

In this symposium researchers from PSICOST Research Association will present different tools for a better knowledge of local context in mental health systems. Interventions will address the implementation and usefulness of: 1) integrated care atlases and the standard classification of services (DESDE-LTC) for description and comparison of local mental health care systems across areas; 2) the technical efficiency analysis to evaluate the performance of mental health services and modeling the effects caused by a possible management intervention on the system; 3) the Bayesian networks to study the relationships between inputs and outputs for service management; and 4) the spatial data analysis to identify geographical areas with excessive treated prevalence, which could request specific interventions.

Therefore, the proposed presentations are:

- The use of integrated atlases of care for assessing availability, diversity and capacity of regional mental health systems in Australia.
- Standard comparison of local mental health care systems in three regions of Spain (Andalusia, Catalonia, Basque Country): REFINEMENT-Spain project
- Spatial analysis of psychiatric epidemiological data in Andalusia.
- Efficiency analysis of the mental health system in the Basque Country.
- Bayesian network for mental health service management: preliminary findings.

01

### The use of integrated atlases of care for assessing availability, diversity and capacity of regional mental health systems in Australia

Jose Alberto Salinas-Perez<sup>1</sup>, Maryanne Courtenay Furst<sup>2</sup>, John Mendoza<sup>2</sup>, Janet Hopkins<sup>2</sup>, Amélie Prigent<sup>2</sup>, Luis Salvador-Carulla<sup>3</sup>

<sup>1</sup>Universidad Loyola Andalucía, Sevilla, Spain

<sup>3</sup>Australian National University, Australia

**Aim:** Australian health governments are making a significant effort to collect scientific evidence-informed. In this respect, this presentation aims to show the relevance of Integrated Mental Health Atlases for decision-making in mental health policy.

**Method:** The atlases are based on the "Description and Evaluation of Services and Directories for Long Term Care" (DESDE-LTC 2.0) tool. This tool uses as study units the functional care teams or Main Type of Care (MTC), which deliver care for people with a lived experience of mental illness. The service research is completed by the context analysis of the catchment area. Both analysis are represented in maps through a Geographic Information Systems (GIS).

**Results:** Atlases provide socioeconomic indicators related with mental health such as unemployment, family income, living-alone or ageing; and healthcare indicators such as availability of care, placement capacity and workforce capacity. The results let to describe the pattern of care in order to detect strengths and gaps in the systems, and compare it with other mental health systems in Australia or in other countries. Thus, for example, a comparison of availability of MTCs in urban areas in Sydney, Helsinki (Finland), and Barcelona and Biscay (Spain) has been carried out.

**Conclusions:** Currently, diverse Local Health Governments of the States of New South Wales, Victoria and Queensland are supporting, developing or showing interest in the Integrated Mental Health Atlases. Therefore, this tool is providing a wide and useful knowledge base to support the planning and management of mental health services based on evidence-informed.



02

### Standard comparison of local mental health care systems in three regions of Spain (Andalucía, Cataluña, Basque Country): REFINEMENT España project

Mencía R. Gutiérrez-Colosía<sup>1</sup>, Jordi Cid<sup>2</sup>, María Luisa Rodero<sup>1</sup>, Carlos Garcia-Alonso<sup>1</sup>, Luis Salvador-Carulla<sup>3</sup>

<sup>1</sup>Universidad Loyola Andalucía, Sevilla, Spain

<sup>3</sup>Australian National University, Spain

**Aim:** The Spanish mental health system is almost completely decentralised and its functions have been transferred to each of the autonomous communities. Despite mental disorder prevalence rates are similar among these regions, different funding schemes (tax expenditure, out of pocket and private insurance) coexist in the territory, which may lead to inequalities in provision of care. Therefore, comparison of economic, quality and accessibility indicators across areas is of great importance to establish adequate health policies. This study is part of the REFINEMENT Spain project funded by Instituto de Salud Carlos III and is aimed at describing and comparing full characteristics of the mental health care systems in three autonomous communities in Spain: Andalucía, Catalonia and the Basque Country.

**Method:** The study comprises different objectives and methodologies i) multivariate econometric models to obtain composite indicators; ii) structural equation models to study the causal relationships between indicators, but also between factors affecting patient pathways of care, iii) spatial data analysis to map and characterize the mental health services, previously assessed with the DESDE-LTC classification system; and finally, iv) efficiency analysis techniques by means of nonparametric data envelopment analysis to evaluate the different funding schemes. For the collection of data, tools were adapted from the REFINEMENT Europe project. This information was supplemented with databases and direct contact with regional mental health agencies.

**Results:** Preliminary analysis throw significant results regarding differences in the organization of mental health care services in the three regions assessed.

#### Conclusion

There remains substantial diversity in mental health care systems

03

### Spatial analysis of psychiatric epidemiological data in Andalucía

María Luisa Rodero Cosano<sup>1</sup>, Jose Alberto Salinas-Perez<sup>1</sup>, Carlos Garcia-Alonso<sup>1</sup>, Pablo García Cubillana<sup>2</sup>, Luis Salvador-Carulla<sup>3</sup>

<sup>1</sup>Universidad Loyola Andalucía, Córdoba, Spain

<sup>3</sup>Australian National University, Australia

**Background:** The spatial data analysis is a methodology which is widely used to study geographic patterns of diseases. One of the latest contribution in this field is a tool based on a Multi-Objective Evolutionary Algorithm, which optimizes the following spatial objectives: i) maximizing (hot spot) or minimizing (cold spot) mental disorders treated prevalence, ii) minimizing standard deviation of the prevalence, iii) minimizing the distance between spatial units. The aims of this research is to locate the hot spots of mental disorders in Andalucía and to compare them with which those found in 2004 and 2008.

**Method:** The Minimum Data Set for Outpatient Mental Health Centers were analyzed to identify the hot spots of mental disorders prevalence and utilization in basic health areas within Andalucía during 2014.

The process of the algorithm starts with optimising a solution that has been generated randomly by genetic operators (selection, mutation and crossover) in an iterative process by which the solutions are improved in successive generations. The results of each generation are assessed by four fitness functions which highlight the efficiency of the results to solve the spatial problem. The solutions can be different from each fitness function, so the final results will be those identified by at least two functions.

**Result and conclusion:** The results obtained are compared with the hot spots obtained in previous studies (2004, 2008). This allows us to analyze evolution and changes of the mental disorders during this period in this regions.

04

### Impact assessment of micromanagement interventions on mental health care systems: the case of Bizkaia (Basque country, Spain)

Carlos García-Alonso<sup>1</sup>, Nerea Almeda<sup>1</sup>, José Alberto Salinas-Pérez<sup>1</sup>, Mencía, R Gutiérrez-Colosía<sup>1</sup>, Luis Salvador-Carulla<sup>2</sup>

<sup>1</sup>Universidad Loyola Andalucía, Sevilla, Spain

<sup>2</sup>Australian National University, Australia



Taking into account the present economic and social situation, the efficient utilization of available resources, with a proper outcomes production, is essential. This study aims to assess the impact of three micromanagement interventions on the mental health system of Bizkaia (Basque Country, Spain).

Data was collected from the *Atlas de Salud Mental de Bizkaia* (Bizkaia Mental Health Atlas), including 51 variables. The Mental Health system in Bizkaia is structured in 19 Small Health Areas (SHA). The variables were coded according to the DESDE-LTC classification system. The micromanagement intervention assessment was carried out by a Decision Support System prototype that integrates an operational model (Data Envelopment Analysis) in a Monte-Carlo simulation engine with a fuzzy inference engine embryo (artificial intelligence approach).

Results showed a small but significant global improvement in the system performance. From a resources perspective and after the interventions, the global efficiency –on average- of the system slightly increases (differences are statistically significant). Focusing our attention on outputs, the global efficiency, also on average, decreases a little bit but the differences are not statistically significant (system situation remains constant). Those SHA which take advantage of the proposed interventions, are indifferent and decrease their performance are identified and the corresponding impacts are assessed.

Considering the small dimension of the interventions proposed, the evolution of the system after them can be considered appropriate. The Decision Support System prototype is useful to both better understanding of system management and evaluate the risk associated to any real intervention or policy.

ideally represent the functioning of a complex system by using its main variables and their causal relationships. The objective of this research is to propose a causal BN model for the mental health care system in order to design better evidence-informed policies.

The BN includes a large amount of relevant variables (resources and outcomes) that describe the real system functioning. Resources (inputs) and outcomes (outputs) were classified, according to the Basic-Mental Health Community Care Model in: service availability, placement capacity, workforce capacity and service utilization. DESDE-LTC codification system was used to classify mental health services in: inpatient, outpatient and day care. The casual framework that is shown by the BN includes the probabilistic structure of the real system. The causal relationships that link variables (model nodes) are based on expert knowledge elicitation. The validation of the BN will be testing using statistical analysis and sensitivity analysis.

Preliminary results show a BN prototype that will be included in a Decision Support Systems for improving their validity. System modeling, prior to any real policy intervention, decreases the real decisional risk.

## 05

### Bayesian networks in mental health care management: preliminary findings

Nerea Almeda<sup>1</sup>, Carlos García-Alonso<sup>1</sup>, José Alberto Salinas-Pérez<sup>1</sup>, Mencía, R Gutiérrez-Colosía<sup>1</sup>, Luis Salvador-Carulla<sup>2</sup>

<sup>1</sup>Universidad Loyola Andalucía, Sevilla, Spain

<sup>2</sup>Australian National University, Australia

Since the deinstitutionalization movements, big efforts are carried out in order to deliver a mental health care system integrated into the community. One of the main obstacles for this process is the extreme complexity of the real mental health systems. This complexity cannot be easily understood and formalized. This problem may be overcome applying Bayesian Networks (BN). A BN is a useful tool that





## Symposium 6.6

### Costs and economic evaluation in mental health care: how to make it work?

#### Costs and economic evaluation in mental health care: how to make it work?

Organiser: Thea van Asselt, Chair/Discussant: Cathy Mihalopoulos

**Aims:** This symposium provides an overview of several studies, some still ongoing, in mental health economics. The fact that patients with for instance Borderline PD and severe mental illness are rather heavy consumers of (mental) healthcare illustrates that the burden of these diseases is substantial, in terms of cost but probably also concerning Quality of Life (QoL). This indicates room for improvement and suggests that interventions in these areas may be cost-effective.

**Activities:** Four presentations will be held about costs of mental illness and cost-effectiveness of certain interventions in mental health care. The results of the various studies are inconclusive. For instance, one of the outcome studies in our symposium shows an uncertain result, whereas the other finds cost savings but no improvement in QoL. This is a pattern seen quite frequently in mental health economics. Possible explanations, such as the fact that economic evaluations in mental health are faced with a diffuse definition of care as usual, a high rate of dropouts and missing data, costs occurring in non-healthcare sectors (difficult to measure/value), and possibly a diminished sensitivity of common QoL instruments (EQ-5D, SF-36), will be discussed.

**Scientific interest:** Although guidelines for economic evaluation may not be very well-tailored to the mental health care sector, they cannot be ignored. Discussion in this symposium will focus on best practices and possible solutions for designing and performing a cost-effectiveness study alongside a trial. Which costs to take into account? How to value lost productivity? How to measure quality of life?

#### 01

##### **Borderline Personality Disorder: What are the costs in Ireland?**

Jane Bourke<sup>1</sup>, Aileen Murphy<sup>2</sup>, Daniel Flynn<sup>2</sup>, Mary Kells<sup>2</sup>, Mary Joyce<sup>2</sup>, Justina Hurley<sup>2</sup>

<sup>1</sup>University College Cork, Cork, Ireland

**BACKGROUND:** Borderline personality disorder (BPD) is characterised by recurring crises, hospitalizations, self-harm, suicide attempts, addictions, episodes of depression, anxiety and aggression and lost productivity. Individuals with BPD tend to be heavy users of health care resources and it is one of the most expensive mental disorders.

**OBJECTIVE:** Estimate the cost of BPD in Ireland.

**STUDY DESIGN:** This prevalence-based micro-costing study is undertaken on a sample of 207 individuals with BPD in Ireland. All health care costs were assessed using a resource utilisation questionnaire completed by mental health practitioners. Productivity losses were estimated using national level data. All costs were expressed in Euros for the year 2016. A probabilistic sensitivity analysis, using a Monte Carlo simulation, was performed to examine uncertainty.

**STUDY PARTICIPANTS:** All participants had been diagnosed, or met criteria for a diagnosis, with BPD or emotionally unstable personality disorder. Modal age group was 35-44 years and 78% was female.

**RESULTS:** Total cost per individual was €9,937 annually (95% confidence interval 7,887-14,888). Based on a prevalence of 1% and an adult population of 3.3 million, we derived that there were 33,460 individuals with BPD in Ireland. Total yearly cost of illness was €332 million.

**CONCLUSIONS:** Given the dearth of cost of illness studies in mental health coupled with the lack of national guidelines for BPD, these results provide an insight on the cost of treating BPD and can be employed to inform the development of national guidelines that promote effective and cost effective treatments for BPD.

#### 02

##### **Cost-effectiveness of a 12-month multidimensional lifestyle intervention to improve cardiometabolic health in patients with a severe mental illness**

Anne Looijmans<sup>1</sup>, Frederike Jörg<sup>1</sup>, Richard Bruggeman<sup>1</sup>, Robert Schoevers<sup>2</sup>, Eva Corpeleijn<sup>2</sup>, Talitha Feenstra<sup>1</sup>, Thea van Asselt<sup>1</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Objectives:** The present study assesses the cost-effectiveness of a multidimensional lifestyle intervention versus care-as-usual to improve cardiometabolic health in severe mentally ill (SMI) patients.

**Methods:** In total, 244 patients received either care-as-usual or the lifestyle intervention in which mental health nurses were trained to coach patients in changing their lifestyle by using the web tool 'Traffic Light'. Cost data were



collected by means of a care consumption questionnaire and quality of life was assessed with the Short Form 6D – SF6D at baseline, and after six and twelve months. Both a cost per centimetre waist circumference and cost per Quality Adjusted Life Year (QALY) incremental analysis was performed. Costing was performed according to Dutch guidelines for economic evaluation. Reported costs and effects after 12 months intervention were pooled means of five imputed datasets.

**Preliminary results:** Costs (€2515,-) and reduction in waist circumference (1.8 cm) were higher in the intervention (N=114) than control (N=94) group after 12 months, although not statistically significant. Pooled results indicated a cost of €1370,- per cm reduction in waist circumference. A reference is lacking, therefore it was hard to conclude whether this could be considered cost-effective. QALYs did not differ between intervention and control group and the chance that the intervention could be considered cost-effective was extremely low.

**Discussion/Conclusion:** The 12-month multidimensional lifestyle intervention in SMI patients did not reduce care consumption or increase QALYs. However, a period of 12 months was considered too short to improve both cardiometabolic health and to reduce related care costs.

Total costs consisted of the subcategories hospitalizations, supported and sheltered housing, outpatient medical services, home care, organized activities, prescribed medication, unprescribed medication, informal home care, social support, unexpected health-related expenditures and MHC professionals.

**Results:** Preliminary results show that total costs amounted to an average of €16.382; SD= 18.651 (median €7525) per person in the 6 months preceding baseline. Data was very skewed, with few individuals making high costs in certain subcategories. Significant Spearman correlations were found between total costs and age, diagnosis (psychotic vs other), living situation (dependent vs independent), but not illness duration.

**Conclusion:** Baseline costs for this study group were comparable to other studies among individuals with SMI. Younger age, living dependently and having a psychotic disorder were associated with higher costs. Costs from the various subcategories and their implications will be discussed in detail in the presentation.

### 03

#### Societal costs for individuals with severe mental illness

Sarita Sanches<sup>1</sup>, Wilma Swildens<sup>2</sup>, Joeske van Busschbach<sup>3</sup>, Taliitha Feenstra<sup>3</sup>, Thea van Asselt<sup>3</sup>, Jaap van Weeghel<sup>4</sup>

<sup>1</sup>Altrecht MHC, Utrecht, Netherlands

<sup>2</sup>Altrecht, Netherlands

<sup>3</sup>UMCG, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim:** Aim of this study was to provide insight into the costs associated with severe mental illnesses from a societal perspective. Insight into expenses is of value to policymakers and mental health institutions that are dealing with ongoing budget cuts. A reliable cost estimate is also necessary to assess the cost-effectiveness of interventions and make decisions on reimbursement.

**Methods:** Baseline costs were calculated for 188 individuals with severe mental illness (SMI) who wish to increase their societal participation defined as paid or unpaid work, education and meaningful daily activities. Costs were measured from a societal perspective by means of the TIC-P questionnaire and expressed in Euros.



## Symposium 6.7

### Insight in psychosis: integrating a social and neuropsychiatric perspective?

#### Insight in psychosis: integrating a social and neuropsychiatric perspective?

Organiser: Marieke Pijnenborg,  
Chair/Discussant: David Roe

Insight is impaired in a majority of people with psychotic disorders and is associated with poorer prognosis. Insight is a multi-dimensional construct and encompasses awareness of having an illness, awareness of the symptoms of this illness and recognizing the need for treatment. Some authors state impaired illness is a neurological deficit, while others propose psychological factors play a role as well.

In this symposium we will address both social cognitive processes that may underlie impaired insight and the impact of impaired insight on patients and their social environment. We will address the following questions: which brain areas and networks are associated with insight in psychotic disorders? Can we relate these neurological underpinnings to specific social cognitive processes? And, what is the impact of impaired insight on patients and their direct social environment?

First, we will present a recent meta-analysis of all literature on brain areas associated with insight, followed by two new fMRI studies on insight and its neural correlates, focusing on emotion regulation and self-reflection. The fourth presentation will address the impact of impaired insight on patients and their direct social environment. In the last presentation a critical evaluation of the construct of cognitive insight is given.

Finally, the findings presented in the symposium will be integrated in a discussion, in which we will focus on the consequences of our findings for how insight is defined.

#### 01

##### Insight and emotion regulation in schizophrenia: an fMRI study

Daouia Larabi<sup>1</sup>, Lisette van der Meer<sup>2</sup>, Marieke Pijnenborg<sup>3</sup>, Branislava Curcic-Blake<sup>4</sup>, André Aleman<sup>4</sup>

<sup>1</sup>University of Groningen | UMCG, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>3</sup>University of Groningen, Netherlands

**Aim:** Insight is impaired in the majority of individuals

with schizophrenia, but its exact neural correlates remain unclear. In addition, many studies have found emotional dysregulation in schizophrenia. In this study, we investigated the association between insight and brain activation and connectivity during emotion regulation in 30 individuals with schizophrenia.

**Method:** We used functional MRI to measure brain activation during two emotion regulation strategies, namely cognitive reappraisal and expressive suppression. Clinical insight was measured with the Schedule of Assessment of Insight – Expanded, while cognitive insight was measured with the Beck Cognitive Insight Scale.

**Results:** For clinical insight and suppression, significant positive associations were found between symptom relabeling (subscale score) and activation in left striatum, thalamus, right caudate, pre- and postcentral gyrus, middle occipital gyrus, bilateral insula, superior occipital gyrus and cuneus. Additionally, clinical insight (composite index score) was significantly negatively associated with connectivity between midline medial frontal gyrus and right middle occipital gyrus. For cognitive insight and suppression, significant positive associations were found between self-reflectiveness (subscale score) and activation in bilateral pre- and postcentral gyrus and middle cingulate gyrus. No significant associations were found between reappraisal and insight.

**Conclusions:** Our results may suggest that the capacity to relabel symptoms (clinical insight) is related to activation of brain systems involved in cognitive-emotional control and visual processing of negative stimuli. Additionally, brain systems subserving control and execution may facilitate self-reflectiveness (cognitive insight). Our results may shed light on a possible link between emotion regulation and impaired insight in schizophrenia.

#### 02

##### Brain areas associated with insight in psychotic disorders: a meta-analysis

Marieke Pijnenborg<sup>1</sup>, Daouia Larabi<sup>2</sup>, Brani Curcic-Blake<sup>3</sup>, Annerieke de Vos<sup>3</sup>, Andre Aleman<sup>3</sup>, Lisette van der Meer<sup>4</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

<sup>2</sup>University of Groningen | UMCG, Netherlands

<sup>4</sup>UMCG, Netherlands

**Introduction:** A majority of people with a psychotic disorder has impaired insight, which is associated with worse outcome. Usually two types of insight are distinguished: clinical insight and cognitive insight. The exact neural basis of insight is unknown. The aim of the current meta-analysis was to provide a quantitative summary of the literature.



**Methods:** A search was performed in the following databases: MEDLINE, PSYCINFO, and PUBMED. The following search terms were used: (insight OR awareness) AND (fMRI OR “functional magnetic resonance imaging” OR “structural imaging”) AND (schizophren\* OR psychos\* OR psychot\*).

**Results:** No significant findings were found for VBM studies on cognitive insight, VBM studies on clinical insight or fMRI studies on clinical insight. The meta-analysis on fMRI- and NIRS studies showed a significant association between cognitive insight and activation in the right temporoparietal junction (TPJ). The meta-analysis on region of interest gray matter volume and clinical insight, showed an association between clinical insight and gray matter in the prefrontal cortex.

**Conclusions:** Our findings suggest an important role of the TPJ in cognitive insight. The TPJ is thought to be involved in social-cognitive abilities such as Theory of Mind (ToM) and cognitive empathy. This is in line with previous studies suggesting insight is related to social cognitive processes. Volume of the prefrontal cortex is associated with clinical insight. The prefrontal cortex (PFC) is involved in many higher order mental processes that require cognitive effort.

### 03

#### Changes in insight in psychosis and corresponding changes in functional connectivity during self-reflection: a 12-week follow-up study

Lisette van der Meer<sup>1</sup>, Annerieke de Vos<sup>2</sup>, Jan Bernard Marsman<sup>2</sup>, Johan Arends<sup>2</sup>, André Aleman<sup>2</sup>, Marieke Pijnenborg<sup>3</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

<sup>3</sup>University of Groningen, Netherlands

Literature suggests that level of insight in psychosis is positively related to a variety of outcome variables (e.g. global functioning, psychopathology, treatment compliance). Though studies consistently show low levels of insight in about 50 – 70 % of the people with schizophrenia, the course of insight varies between individuals. We investigated the relationship between course of two distinct conceptualizations of insight (clinical and cognitive insight) and changes in functional brain connectivity during self-reflection in people with schizophrenia.

Twenty-nine people with schizophrenia completed a self-reflection (SR) task at baseline and after twelve weeks. Brain connectivity was measured using functional Magnetic Resonance Imaging (fMRI). The SR task consisted of sentences referring to self, another person and semantic

knowledge. Insight was assessed with the SAI-E (clinical insight) and the BCIS (cognitive insight). Independent Component Analysis was used to analyze the imaging data.

Improvements in clinical insight were related to reduced negative correlation between the posterior default mode network (DMN) and the left fronto-parietal network (IFPN). Results for cognitive insight were non-significant.

The current findings suggest that improvements in insight are accompanied by a reduction in negative functional connectivity in networks that are involved in cognitive control (IFPN) and self-reflection (DMN). These results may reflect that self-reflection remains a more cognitively demanding process for people with low levels of insight, while people in whom insight improves self-reflection becomes easier. Further research should refine the role of the DMN and the IFPN in relation to the course of clinical insight.

### 04

#### Insight into the illness: correlations with outcomes among patients and their parents

Ilanit Hasson-Ohayon

Bar-Ilan University, Ramat-gan, Israel

**Aim:** Previous literature showed inconsistent results regarding the positive and negative implications of having insight into the illness. This paradoxical nature of insight into the illness calls for further exploration of the processes by which insight is related to outcome. **Method:** Exploring the results of series of studies on insight correlates among patients and their parents and identifying differences in insight implications between patients and parents. **Results:** For patients, insight seems to produce both negative and positive results depending on the meaning attached to the illness, often studied via self-stigma. Thus, the association between insight and outcome among patient is moderated by self-stigma. For parents of persons with serious mental illness, insight seem to be related to family burden and stress via the increasing of self-stigma, i.e. its mediation. Interestingly, for parents self-stigma was found to moderate the coping style with threatening information and outcome. **Conclusions:** Being aware of the illness and coping with illness related knowledge have strong implications for patients and parents outcome. These implications are understood in the framework of illness perception theory. Differences between insight implications for patients and parents are discussed throwing on the need to adapt interventions.



05

## Critical evaluation of the construct cognitive insight and how we measure it

Rikke Jørgensen<sup>1</sup>, Jan Brink Valentin<sup>2</sup>, Annerieke de Vos<sup>2</sup>,  
Lisette van der Meer<sup>3</sup>, Marieke Pijnenborg<sup>4</sup>

<sup>1</sup>Aalborg University Hospital, Psychiatry, Aalborg, Denmark

<sup>3</sup>UMCG, Netherlands

<sup>4</sup>University of Groningen, Netherlands

Recent refinements of the concept of insight have implicated a more extended understanding. The concept of cognitive insight was introduced together with the self-rating instrument the Beck Cognitive Insight Scale (BCIS), to describe the capacity of patients with psychotic disorders to distance themselves from their psychotic experiences, reflect on them, and respond to corrective feedback. The BCIS evaluate two separate components of cognitive insight: patients' self-reflectiveness and their overconfidence in their interpretations of their experiences. The BCIS has mostly been used in cross-sectional studies and in a few randomized controlled trials. Concerning the trials, the BCIS seems to be sensitive to psychosocial interventions regarding improvement in self-reflectiveness; however, a trend in the opposite direction was found in a trial testing the Guided Self-Determination Method (GSD). The GSD method is a shared decision-making and problem solving method developed e.g. to attain a richer personal narrative, support self-reflection and critical thinking of alternative solutions to cope with difficulties living with a psychotic disorder. As the GSD method has been proven to support individuals' self-reflection, it prompted us to look further into the BCIS.

The presentation will contain a critical evaluation of the construct of cognitive insight and how it is measured, e.g. that the scale does neither specify explicitly what kind of problem is addressed (context or content), nor the time frame of the patient's judgment. And most importantly, does the scale only detect changes in the way individuals think about themselves, but not in change in behavior?



## Symposium 7.1

### The QuEST Study: Quality and Effectiveness of Supported Tenancies for People with Mental Health Problems. A national programme....

The QuEST Study: Quality and Effectiveness of Supported Tenancies for People with Mental Health Problems. A national programme of research across England.

Organiser: Helen Killaspy, Chair/Discussant: Jaap van Weeghel

Across the world, a very large number of people with mental health problems live in community based supported accommodation of various types. 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 a five year programme of research in England that started in 2012 that aimed to address this evidence gap. The programme comprised four workpackages:

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.

This session will present the final results of the QuEST project and the results of a number of additional sub-studies carried out as part of the programme.

01

The QuEST Study: Quality and Effectiveness of Supported Tenancies for People with Mental Health Problems. A national programme of research across England.

Helen Killaspy<sup>1</sup>, Stefan Priebe<sup>2</sup>, Michael King<sup>2</sup>, Sandra Eldridge<sup>2</sup>, Gerard Leavey<sup>2</sup>, Geoff Shepherd<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

02

What works? A new taxonomy for the classification of mental health supported accommodation services

Peter Mcherson<sup>1</sup>, Joanna Krotofil<sup>1</sup>, Helen Killaspy<sup>2</sup>

<sup>1</sup>UCL, London, United Kingdom

<sup>2</sup>University College London, London, United Kingdom

Aims: The supported accommodation literature is difficult to synthesise due to heterogeneity in the descriptions of different models. To enable the comparison of outcome data, we aimed to develop a new taxonomy of supported accommodation services that could be applied to the existing literature.

Methods: A literature review that aimed to identify brief classification systems for supported accommodation service types was undertaken as part of a broader, systematic review of literature in this field. However, no suitable system was identified and a pragmatic approach to taxonomy was therefore adopted; retrieved articles were reviewed to identify what service characteristics were reported, and the findings used to construct an initial taxonomic framework. The framework was evaluated by an expert panel, and revised based on feedback, resulting in a taxonomy reflecting five distinct service types, stratified according to five domains: physical setting, staff location, move-on policy, recovery-focus, and level of staff support. The new system, and an existing taxonomy (Siskind et al., 2013), were applied to 120 service descriptions reported in 101 studies, and assessed for their ability to categorise the reported service types.

Results: From the reviewed articles, 82.5% of service descriptions could be categorised according to the new taxonomy. The new system was more effective in categorising service types than the existing model.

Conclusions: The findings suggest that the new taxonomy is effective in categorising supported accommodation service types. Some classification systems, while comprehensive, may lack applicability; a reductive approach may be more useful in facilitating the synthesis of existing data.

03



## Results of a qualitative investigation of staff and service user experiences of a feasibility trial of supported accommodation in England

Rose McGranahan

Queen Mary University of London, LONDON, United Kingdom

**Aim** To examine the experiences of staff and service users who took part, or were approached to take part, in a feasibility study of a randomised control trial comparing two forms of supported accommodation: floating outreach (staff off-site) and supported housing (staff on-site).

**Methods** A feasibility study was carried out in WP4 of the QuEST programme to inform whether it would be possible to recruit adequate numbers of services users for a large RCT comparing two models of supported accommodation (supported housing or floating outreach). Three UK sites were involved. To assess their experiences of the trial, in-depth semi-structured qualitative interviews were carried out with ten service user participants and ten key staff participants. Interviews focused on participants' experiences of the trial, with a particular emphasis on their perspectives on randomisation. The interviews have been completed and recorded. After transcription and anonymization we will use thematic analysis to investigate common barriers and facilitators to recruitment.

**Results** The results of this qualitative investigation will be ready in time for ENMESH and the main themes will be presented.

**Conclusion** The findings will help to clarify the methodological approaches that are likely to be most feasible for the investigation of the effectiveness of supported accommodation services.

## 04

### Results of a study of staff morale in mental health supported accommodation in England

Sarah Dowling<sup>1</sup>, Helen Killaspy<sup>1</sup>, Michael King<sup>2</sup>, Louise Marston<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aim:** While the well-being of staff is key to the provision of reliable and cost-effective mental health services, little is known about the experiences of staff working in mental health supported accommodation facilities. This study explores morale in the English mental health supported accommodation workforce and compares it with levels of morale in other mental health services. Levels of engagement, burnout, job satisfaction and mental well-being are described and the association of these

morale variables with service quality, job demands and job resources is examined. The study is using the Job Demands-Resources (JD-R) Theory as a framework.

**Method:** The study involves staff working in supported housing services in a nationally representative sample of 14 geographic areas in England. All support staff in these services were asked to complete a questionnaire about their experiences of work. The questionnaire comprised scales used in previous studies of staff working in hospital and community mental health services. In order to assess service quality, the manager of each service was asked to complete the Quality Indicator for Rehabilitative Care – Supported Accommodation (QuIRC-SA).

**Results:** A total of 218 staff participants from 74 supported housing services completed the questionnaire, with the QuIRC-SA completed with managers in all 74 services. Analysis is in progress and will utilise mixed modelling to examine the associations between the explanatory variables of service quality, job demands and job resources and the morale response variables of engagement, burnout, job satisfaction and mental well-being.

**Conclusions:** Findings will be discussed.

## 05

### Predictors of quality of supported accommodation services in England

Rose Tierney<sup>1</sup>, Christian Dalton-Locke<sup>2</sup>, Helen Killaspy<sup>1</sup>, Sarah White<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom

**Aim:** The QuIRC-SA (Quality Indicator for Rehabilitative Care – Supported Accommodation version) is the first standardised service quality assessment tool developed for use with specialist mental health supported accommodation services. It was developed as part of the QuEST (Quality and Effectiveness of Supported Tenancies for people with mental health problems) study and consists of 146 items which are collated into percentage scores on seven separate domains of care (Living environment, Therapeutic environment, Treatments and interventions, Self-management and autonomy, Social interface, Human rights and Recovery based practice). This study aimed to investigate the service characteristics associated with better quality care.

**Method:** QuIRC-SAs were completed with managers of 144 supported accommodation services across England. Using multilevel modelling, the following service level variables were investigated for their association with QuIRC-SA domain scores: service size; gender ratio; staff turnover rate; staff-to-service user ratio; proportion of



service users on CTO; whether the service has a maximum stay; service user disability; and proportion of service users that are difficult to engage. Service type (residential care, supported housing, floating outreach) was controlled for as a clustering variable.

**Results:** Data have been collected and entered into the database. Data analysis is in progress and the results will be available for the ENMESH conference.

**Conclusions:** The findings will help to clarify the key characteristics of service design and scope that should be considered when planning supported accommodation services in England.

## Symposium 7.2

### Virtual Reality treatments for psychotic disorders - the beginning of a new era?

#### Virtual Reality treatments for psychotic disorders - the beginning of a new era?

Organiser: Wim Veling, Chair/Discussant: Lucia Valmaggia

**Aim:** Recently, Virtual Reality (VR) has been introduced in psychosis research and treatment. The ecological validity of VR offers the possibility to explore and train interactions between individual and social situations in an experimental, controlled way. Psychosocial mechanisms are tested in a way that has not been possible before, and novel treatments are developed. In this symposium, results from pioneering VR studies will be presented and discussed.

**Activities:** A pilot study investigated a new VR 'social situation' paradigm in non-clinical participants with high and low paranoid ideation. Cognitive, affective, and behavioural components of social performance and mood were associated with increased paranoid ideation in a VR 'social situation' task. Next, results from an RCT of VR based cognitive behavioral therapy are shown. Virtual exposure exercises may reduce paranoia and distress in social situations, which enables people with psychotic disorders to participate in daily life. Fourth, results from the AVATAR therapy RCT are presented, in which patients create a visual, virtual representation of their voices (an avatar) in order to gain control over the hallucinations. Finally, the development of a VR social cognition training for patients with a psychotic disorder is presented. A pilot study investigated VR training of emotion perception, social perception, theory of mind and social interactions, using virtual narratives and interactive virtual scenarios.

**Scientific interest:** The presentations in this symposium show that VR applications for assessment and treatment of psychotic disorders appear to have a great potential for increasing our understanding of psychosis and expanding the therapeutic toolbox.





01

## Using virtual reality to assess associations between social performance and paranoid ideation

Simon Riches<sup>1</sup>, Philippa Garety<sup>2</sup>, Mar Rus-Calafell<sup>2</sup>, Daniel Stahl<sup>2</sup>, Clare Evans<sup>2</sup>, Lucia Valmaggia<sup>2</sup>

<sup>1</sup>King's College London, London, United Kingdom

**Aim:** Paranoid ideation and social performance impairments overlap significantly. Virtual reality (VR) can enable psychological assessment in ecologically valid social environments. This project, in two linked studies, aimed to recruit a general population sample; test for paranoid ideation and its correlates with cognitive, affective, and behavioural components of social performance; then to pilot a new VR 'social situation' paradigm in non-clinical participants with high and low paranoid ideation; and to investigate whether these components of social performance and mood are associated with increased paranoid ideation in a VR 'social situation' task. **Method:** In Study 1, a general population online survey (N=609) investigated how trait paranoia relates to components of social performance and mood. In Study 2, two groups were formed from Study 1: participants who scored high and low in trait paranoia (N=89) entered a VR 'social situation' task to evaluate the acceptability of the VR task and the relationship between paranoid ideation and social performance. **Results:** As hypothesised, in Study 1, trait paranoia was associated with components of social performance; in Study 2, participants found the VR environment acceptable and immersive; exposure to the VR environment elicited a range of cognitive, affective, and behavioural components of social performance; and high trait paranoia participants reported higher state paranoia and greater negative components of social performance. **Conclusions:** The VR task has assessment and treatment applications for people with psychosis, who can experience paranoia in social situations.

02

## The effects of virtual reality based cognitive behavioral therapy in patients with persistent paranoid ideation and social avoidance

Roos Pot-Kolder<sup>1</sup>, Wim Veling<sup>2</sup>, Chris Geraets<sup>3</sup>, Philippe Delespaul<sup>4</sup>, Mark van der Gaag<sup>3</sup>

<sup>1</sup>Parnassia, The Hague, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>4</sup>University of Maastricht, Netherlands

**Aim:** Many patients with a psychotic disorder have

persistent paranoid ideations and avoid social situations because of suspiciousness and anxiety. Avoidance behaviors are an important factor in sustaining social isolation and it can be hard to motivate patients to omit these behaviors in real life. Virtual reality based cognitive behavioral therapy has the potential to be an affordable and accessible form of treatment to enhance social participation and wellbeing for patients suffering from paranoia and social withdrawal.

**Method:** The study design is a single blind randomized clinical trial with six-month follow-up. The treatment consists of sixteen treatment sessions of sixty minutes each, within an eight-week timeframe. Social activity was measured with the PsyMate Experience Sampling Method. One hundred and sixteen participants were included in the study. Fifty-eight participant participants received virtual reality based cognitive behavioral therapy in addition to treatment as usual (TAU). The other fifty-eight participant received only TAU during the study.

**Results:** Compared with the control group, the CBTvr intervention group significantly improved real-life functioning, i.e. social activity increased and use of safety behaviors decreased, whereas momentary paranoia, persecutory ideation, social reference and anxiety in social situations all decreased.

**Conclusions:** Virtual reality based cognitive behavioral therapy appears to be an effective treatment for reducing feelings of paranoia in real life social situations for patients with a psychotic disorder. Limitations of the results and the study will be discussed.

03

## Effect of Virtual Reality enhanced CBT on cognitive biases and paranoia: a randomized clinical trial

Chris Geraets

UMCG, Groningen, Netherlands

**Background:** Biased styles of thinking are associated with delusions and seem important in the development and persistence of delusions and paranoid ideations. Recently, we showed that virtual reality enhanced CBT (CBTvr) is effective in reducing safety behaviour and paranoia in daily life. This study investigated whether CBTvr also affects cognitive biases and internal schemata about others, and whether changes in safety behaviour and cognition belong to the working mechanisms by which the intervention reduced paranoia.

**Methods:** A trial between VRcvt and treatment as usual was carried out. 116 patients with a psychotic disorder and



mild to high paranoia were included. VRcbt consisted of maximally sixteen 60-minute sessions. Safety behaviour, schemata of self and others, cognitive biases and paranoia were assessed at baseline, post-intervention (at three months) and follow-up (at six months).

*Results:* In comparison with treatment as usual, the intervention led to reductions in jumping to conclusions, attention for threat and social cognition problems at post-intervention. Schemata remained unaffected. Mediation analysis showed that safety behavior and social cognition problems statistically mediated the positive effect of CBTvr on paranoia in daily life.

*Conclusion:* The current study is a first step toward understanding the mechanisms of action of CBTvr in reducing paranoia.

## 04

### Computer assisted therapy for auditory hallucinations: the AVATAR clinical trial.

Tom Craig<sup>1</sup>, Mar Rus-Calafell<sup>2</sup>, Tom Ward<sup>2</sup>, Richard Emsley<sup>2</sup>, Mark Huckvale<sup>2</sup>, Philippa Garety<sup>2</sup>

<sup>1</sup>King's College London, London, United Kingdom

*Aim:* AVATAR therapy is part of a new wave of therapies which adopt an explicitly relational approach to working with distressing voices. It involves the creation of a computerized representation ('avatar') of the entity the patient believes is the source of the hallucination and its use in a triologue between the patient, avatar and the therapist. Therapy aims to help the patient confront the voice, challenge its authority and diminish its perceived power. A pilot study found clinically significant reductions in frequency and severity of voices after just seven short sessions (Leff et al 2014). The current study attempts to replicate these findings in a larger controlled trial comparing AVATAR therapy and supportive counselling (SC).

*Method:* A two group single blind randomised controlled trial comparing AVATAR to SC for patients who had suffered from persistent distressing hallucinations for at least 12 months despite routine treatment. Primary outcomes (frequency of voices and associated distress) were assessed at 12 weeks and at a 24 week follow up.

*Results:* 150 participants were randomised. Both groups experienced reductions in the severity and frequency of voices. Compared with supportive counselling, the AVATAR group had significantly greater reductions on all primary outcomes 12 weeks. The changes in the AVATAR arm were maintained at 24 weeks though the group difference was no longer significant.

*Conclusions:* AVATAR therapy appears to be an effective

treatment for auditory hallucinations that have proven resistant to routine treatment and was superior to SC, at least in the short term.

## 05

### Virtual Reality Social Cognition Training for individuals with psychotic disorder: a pilot study

Saskia Nijman

GGZ Drenthe, Assen, Netherlands

*Introduction* People with a psychotic disorder commonly experience problems in emotion recognition, reading others' mental states and assessing social situations. These social cognitive deficits are a strong predictor of problems in social functioning. Meta-analyses show that social cognition can be improved by social cognition training (SCT); however, long-term effects seem to be limited. A possible explanation is that the stimuli and techniques that are typically used in SCT do not adequately mimic real-life social interactions. We have therefore developed a SCT which utilizes Virtual Reality (VR). VR is highly realistic and interactive, but at the same time, it is customizable and controllable.

*Method* A new form of SCT, utilizing VR ('DiSCoVR'), has been developed. DiSCoVR consists of 16 sessions, provided over the course of eight weeks, in which the following social-cognitive domains are trained: 1) Emotion perception; 2) Social perception and Theory of Mind; and 3) Social interaction training. DiSCoVR is currently being piloted amongst 25 mental health service clients in the northern Netherlands. In this pilot study, our primary outcome of interest is the acceptability and feasibility of the intervention. Our secondary outcome measure is the effect of the intervention on several domains of social cognition (emotion perception, social perception and theory of mind). The mental health service client group is compared on these measures to a healthy control group (n=25), to determine 'normal' performance on these measures and in VR.

*Results & Conclusion* We will demonstrate the intervention and provide preliminary results of the ongoing pilot study.



## Symposium 7.3

### Prevalence and prevention of victimization in persons with severe mental illness: findings from a national research programme in the Net

#### Prevalence and prevention of victimization in persons with severe mental illness: findings from a national research programme in The Netherlands

Organiser: Wendy Albers

**Aim:** People with severe mental illness are more often victim of a crime than a perpetrator, but also experience more victimization than other people within the community. The research projects of this symposium each examine a different group of patients, or target a specific type of victimization, in order to develop interventions to recognize and prevent future victimization.

**Activities:** The first research project presented is a systematic review and meta-analysis on the prevalence rate and risk factors of victimization in patients with a psychotic disorder. Furthermore, a model is presented that explains victimization in psychosis, integrating risk factors. The second project focuses on the risk factor social cognition in individuals with a psychotic disorder. The aim was to investigate whether victimized patients show differences in brain activation during processing of angry faces. The third project presented is a latent class analysis that focuses on both criminal victimization but also on other adversities, such as stigmatization and discrimination. The fourth research project aimed to develop a virtual reality aggression prevention training for forensic inpatients. The training consists of 16 sessions and first (pilot) results were successful. The fifth project is a study on knowledge of and opinion on domestic violence in mental health professionals.

**Scientific interest:** Victimization in groups of people with severe mental health problems still is a serious problem. Mental health professionals should become more aware of these risks of their clients. Discussion will focus on how presented results may give a better insight in recognizing and preventing victimization.

01

#### Prevalence rate and risk factors of victimization in patients with a psychotic disorder: A systematic review and meta-analysis

Bertine de Vries<sup>1</sup>, Joeske van Busschbach<sup>2</sup>, Elise van der Stouwe<sup>3</sup>, André Aleman<sup>3</sup>, Marieke Pijnenborg<sup>1</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

**Background:** People with a psychotic disorder are more often victim than perpetrator of violence. In this presentation a review of prevalence rates is presented with results from a meta-analyses to identify consistent significant risk factors for victimization. Furthermore, a model explaining victimization in psychosis will be presented that integrates these risk factors together with the outlines of a body-oriented resilience therapy that addresses the risk factors.

**Method:** A search was performed in three bibliographic databases. Studies were included when the sample consisted of adults with a psychotic disorder and victimization occurred during adulthood. Four categories of victimization were distinguished: 'violent victimization', 'sexual victimization', 'non-violent victimization', and 'victimization not otherwise specified (NOS).

**Results:** After screening 23 studies were included. The median prevalence rate for violent victimization was 22%, sexual victimization 32%, non-violent victimization 20%, and for victimization NOS 18%. Meta-analyses showed that the following risk factors were significant associated with victimization: unemployment, homelessness, hallucination, manic symptoms, drug misuse or abuse, alcohol misuse or abuse, and perpetration.

**Conclusion:** Depended of the examined time period, one in five ( $\leq 3$  years) or one in three (adulthood) patients with a psychotic disorder was victim of a crime. A risky lifestyle, impaired social functioning or experiencing hallucinations and/or manic episodes are associated with victimization. Finally, there is an overlap between being a victim and acting as perpetrator. Although not all risk factors found could be subject to change, the new model does give promising angles for intervention.



02

### Victimization and brain responses to emotional facial expressions in individuals with a psychotic disorder: results of the Beatvic study

Elise van der Stouwe<sup>1</sup>, Joeske van Busschbach<sup>2</sup>, Esther Opmeer<sup>2</sup>, Bertine de Vries<sup>3</sup>, André Aleman<sup>4</sup>, Marieke Pijnenborg<sup>3</sup>

<sup>1</sup>Cognitive Neuropsychiatry, Groningen, Netherlands

<sup>2</sup>UMCG, Netherlands

<sup>3</sup>University of Groningen, Netherlands

Individuals with a psychotic disorder are at an increased risk of becoming the victim of a crime. Processing of facial expressions is important for making inferences about another person's feelings and intentions, which may be particularly relevant in the context of victimization, especially processing of angry expressions. Therefore, we aimed to investigate whether victimized patients show differences in brain activation during processing of angry faces.

A total of 35 participants (23 male) were recruited as part of the Beatvic study. Based on the personal victimization items of the Dutch Crime and Victimization Survey, 15 participants had been victimized and 20 had not. All participants underwent MRI scanning, during which they viewed angry and neutral facial expressions. The effects of angry vs neutral, angry vs low-level baseline (fixation cross) and neutral vs low-level baseline were investigated.

Preliminary results revealed more activation in the superior temporal gyrus (STG) for angry faces compared to both neutral and baseline (uncorrected for multiple comparisons). Processing of neutral faces activated the STG and insula (corrected for multiple comparisons). Moreover, victimized patients showed decreased activation compared to non-victimized patients in the STG for angry vs neutral (uncorrected for multiple comparisons). No group differences were found comparing angry faces vs baseline. Brain areas previously associated with social cognition showed increased activation in response to especially neutral faces. Our preliminary results show less activation in an area important for social cognition in victimized patients, suggesting that disturbed social cognition and specifically processing of angry faces is associated with victimization.

03

### Identifying subgroups among outpatients with severe mental illness based on social factors of victims and perpetrators

Wendy Albers<sup>1</sup>, Diana Roeg<sup>2</sup>, Yolanda Nijssen<sup>3</sup>, Inge Bongers<sup>3</sup>, Jaap van Weeghel<sup>4</sup>, Wendy Albers<sup>1</sup>

<sup>1</sup>Tilburg University, Tilburg, Netherlands

<sup>2</sup>GGzE, Netherlands

<sup>4</sup>Tilburg University, School of Social and Behavioral Sciences, Netherlands

**Aim:** People with severe mental illness (SMI) are more likely to experience victimization, discrimination and stigmatization than other community members. At the other hand, they also are more likely to become a perpetrator. Anticipating on these adversities, people with SMI may refrain from social activities. The aim of this study is to identify subgroups in outpatients with SMI receiving assertive community treatment based on victimization and perpetration, but also based on societal participation, in order to achieve a better fit of community-based services to personal needs.

**Method:** A latent class analyses was conducted on 408 outpatients, based on four variables: criminal victimization, stigma and discrimination, perpetration, and social functioning. Inferential statistics were used to test whether class membership is associated with socio-demographic variables, self-efficacy, and quality of life.

**Results:** It is possible to identify classes of people that differ in combinations of victimization, perpetration, and societal participation. Three prominent classes can be distinguished. The first class scores low on all variables. The second class consists of people that have the highest scores on perpetration, victimization and discrimination, but also score high on social functioning. The third class scores low on social functioning, but high on discrimination.

**Conclusions:** Workers of assertive community treatment teams should be more aware of this heterogeneity in their caseload. Recovery-oriented care should be more fine-tuned, and future interventions should therefore focus ways to enhance societal participation for all subgroups in outpatients with SMI.

04

### Development of Virtual Reality aggression prevention training (VRAPT) for forensic psychiatric inpatients

Stéphanie Klein Tuinte<sup>1</sup>, Stefan Bogaerts<sup>2</sup>, Sarah Ijzendoorn<sup>2</sup>, Wim Veling<sup>1</sup>

<sup>1</sup>UMCG, Groningen, Netherlands



**Aim:** Besides being perpetrators, forensic inpatients are also more likely to become victims of aggression. Reactive aggression is an impulsive and uncontrolled outburst of anger as reaction on a perceived provocation, often involving problems with Social Information Processing (SIP). The SIP-model is used as a framework for Virtual Reality Aggression Prevention Training (VRAPT). VRAPT is an interactive three-dimensional virtual environment in which inpatients have the opportunity to practice with aggressive behavior of virtual characters.

**Method:** In an iterative process, software engineers, VR experts, clinicians and researchers developed the VRAPT protocol. Three Dutch forensic psychiatric centers participated in a pilot. Participants were monitored with the Social Dysfunction Aggression Scale by staff for aggression on a weekly basis. Additionally, physiological data during treatment; and pre- and posttest self-report questionnaires (e.g., AQ, BIS-11, BDHI-D, NAS-PI, STAXI-2) were completed.

**Results:** VRAPT consists of 16-biweekly individual treatment sessions. Different interactive provocative social scenarios were designed with the main focus on controlling behavior, emotions and impulses. During these interactive scenarios participants wear earphones and a head-mounted display while arguing with a virtual character that is controlled by the therapist. Therapists deliver the dialogue and control speech, emotions and actions of the virtual character. Besides, VRAPT measures real-time galvanic skin response and heart rate as feedback for participants on their physical arousal.

**Conclusion:** The development of the VRAPT protocol and the pilot was successful. Following the evaluation after the pilot a few adaptations in the protocol and software were made. The randomized controlled trial is still ongoing.

preliminary results of a questionnaire on knowledge and opinion of DV in mental health professionals at baseline level.

**Method:** We included 24 CMH teams working in the Rotterdam-Rijnmond and The Hague area. All teams received a questionnaire on DV at baseline. The questionnaire consists of 48 questions; 9 questions about the respondent, 9 questions on estimation of skill on DV (scoring: Likert scale not (0) - very (4)), 14 questions about knowledge on DV (scoring: true, not true) and 16 statements about DV (scoring: agree (0) - disagree (4)). Scores on the question about skill on DV were added up, the questions about knowledge on DV scored and then summed up. Questions about opinions on DV were summed per category.

**Results:** 156 people responded; 14 psychiatrists, 17 psychologists, 47 social psychiatric nurses, 23 social workers and 55 persons with a different function. The overall mean in this sample for questions about skill on DV is 16.38 (SD= 4.72), the maximum score is 40. The mean score of opinion about the responsibility to ask about DV is 2.92 (SD = 1.07). The mean score of the difficulty of discussing DV with patients is 2.72 (SD=1.12).

**Conclusion:** Professionals found their skill in handling DV lacking and agreed with the statements that it's their responsibility to ask about DV and were comfortable with discussing DV.

## 05

### A cluster randomized controlled 12-month trial comparing detection of domestic violence (DV) in psychiatric patients of community mental health (CMH) teams trained in DV versus untrained teams: The BRAVE-R study

Roos Ruijne<sup>1</sup>, Astrid Kamperman<sup>2</sup>, Stefan Bogaerts<sup>2</sup>, Louise Howard<sup>2</sup>, Niels Mulder<sup>3</sup>

<sup>1</sup>Erasmus MC, Rotterdam, Netherlands

<sup>3</sup>Epidemiological and Psychiatric Research Institute, Rotterdam, Netherlands

**Aim:** The BRAVE-R study is a trial aiming to improve detection rate of DV in psychiatric patients in Rotterdam and The Hague. This presentation will focus on the



## Symposium 7.4

### Severe mental illness in later life: recent research relevant for mental health care in a scientifically much neglected area

#### Severe mental illness in later life: recent research relevant for mental health care in a scientifically much neglected area

Organiser: Paul David Meesters, Chair/Discussant:  
Richard Oude Voshaar

AIM: Scientific interest in older people with severe mental illness (SMI) has long been relatively absent. Their rapidly increasing numbers and shift toward societal orientated residences, urge for research with relevance for the development of tailor-made mental health services.

#### ACTIVITIES:

This symposium presents recent research into older SMI individuals from various angles. First, to draw a picture of their burden on the healthcare system, analyses from a South London cohort will be presented into the general hospital admission rates of older SMI individuals (by body systems, using ICD-10 codes), compared to the general population. Remission of psychotic symptoms is regarded as an important step to achieve recovery. The 5-year course of symptomatic remission in an Amsterdam-based cohort of older schizophrenia patients will be presented, including social variables predicting conversion from non-remission to remission. Next, age at onset of psychosis may hold clues about the interaction between environmental factors and vulnerability factors. Taking a closer look at social cognition in a selected subpopulation of the Amsterdam-based cohort, performance on the Hinting Task will be compared between age- and gender-matched patients with early and late onset schizophrenia, relative to healthy controls. Finally, the Amsterdam-based "New Club" will be presented, as an innovative facility aiming to promote social recovery of older SMI individuals. Qualitative research into factors that foster resilience in participants will be discussed.

SCIENTIFIC INTEREST: This symposium shows examples of recent clinically relevant research in a hitherto much neglected subpopulation of people with SMI.

01

#### Risk of Physical Healthcare Admissions for People with Severe Mental Illness at Older Age

Chin-Kuo Chang

King's College London, London, United Kingdom

Aims: To investigate the risk of admissions to general hospitals for physical illness among people with severe mental illness (SMI, including schizophrenia, bipolar disorder, and schizoaffective disorder) at older age  
Methods: A case register system has been established for research, base on the anonymised but full electronic health records in an almost monopoly secondary mental healthcare service provider in Southeast London, covering 1.36 million population, since 2007. Linkage between the Southeast London mental healthcare and Hospital Episode Statistics (HES) in England made all the admissions in general hospitals caused by any physical illness available for analysis for people with SMI  $\geq$  60 years old. Standardised admission ratios (SARs) for the adjustment of age, gender, and fiscal year on the general hospital admission risks by body systems in ICD-10 codes, compared to their counterparts in general population, were calculated.

Results: The age-, gender-, and fiscal year-SAR for all physical illness admissions was 5.15 (95% CI: 5.05, 5.25) among older people with SMI. Stratifying by gender, the SARs for males and females were 4.82 (95% CI: 4.68, 4.97) and 5.41 (95% CI: 5.27, 5.55), separately. The risk for physical illness admission by body system in ICD-10 codes was highest for endocrine and metabolic diseases, E00-E90 (SAR=8.49; 95% CI: 7.71, 9.32), followed by urinary conditions, N00-N39 (6.99; 6.58, 7.43) and then respiratory diseases, J00-J99 (6.80; 6.46, 7.13) with both genders combined.

Conclusion: Informing prevention strategies, further research focusing on the illness of endocrine and metabolic diseases, urinary diseases, and respiratory diseases is warranted for older people with SMI.

02

#### Course and predictors of symptomatic remission in late-life schizophrenia: a 5-year follow-up study in a Dutch psychiatric catchment area

Sjors Lange

GGZ inGeest, Amsterdam, Netherlands

Aims: In coming years, the group of older patients with schizophrenia will grow, with a majority being treated



in outpatient settings. To date, reported symptomatic remission rates vary largely, ranging from 25-50%, and consensus on predictors of remission is lacking. Methods: 5-Year follow-up course trajectories of symptomatic remission were examined in a catchment area based group of 77 older Dutch patients (mean age 66 years) with schizophrenia or schizoaffective disorder. A modified version of the Remission in Schizophrenia Working Group criteria was used to determine remission status. Next, in individuals who did not fulfill remission criteria at baseline (n=56), predictors of remission at 5-year follow-up were analysed with multivariable regression analyses.

Results: We found a substantial increase in remission at 5-year follow-up (27% at baseline, 49% at follow-up). Of all participants, 23% was in remission at both assessments, while 47% was in non-remission at both assessments. 26% of the participants changed from non-remission at baseline to remission at follow-up, while only 4% of remitted persons at baseline demonstrated a non-remitted state at follow-up. In unadjusted models, schizoaffective disorder (OR 9.15; 95% CI 1.68-49.9; vs. schizophrenia), total PANSS score (OR 0.87; 95% CI 0.80-0.95) and network size (2-5 persons vs. 0-1 person: OR 7.50; 95% CI 1.62-34.8) predicted remission at 5-year follow-up.

Conclusion: Remission was an attainable goal for almost half of all older persons with schizophrenia at 5-year follow-up. There remains a clear need to search for modifiable predictors of remission.

### 03

#### Unravelling the pathogenesis of schizophrenia: the importance of age at onset

Maureen Smeets-Janssen

GGZ Centraal, Amersfoort, Netherlands

Aims: To study differences in symptom profiles, social cognition and neurocognition between older patients with early-onset schizophrenia and late-onset schizophrenia. Methods: The Amsterdam-based SOUL study used a meticulous design for the determination of age at onset, and is therefore very suitable for studying differences between EOS and LOS patients. In a selected subpopulation of the SOUL study we studied Hinting Task results, a measure of social cognition, in age- and gender-matched EOS and LOS patients, comparing them to healthy controls. In addition, in a larger selection of EOS and LOS patients from the SOUL cohort, positive and negative symptom profiles and neurocognitive measures will be compared.

Results: EOS patients scored significantly lower on the Hinting Task compared with both LOS patients and healthy controls. In addition, comparisons of symptom profiles and neurocognitive measures will be presented.

Conclusion: Age at onset of schizophrenia is a characteristic holding clues about the interaction between environmental factors and vulnerability factors leading up to the disease.

### 04

#### Promoting resilience in older persons with schizophrenia: the case of The New Club, a novel facility offering social contact and activities

Paul David Meesters

GGZ Friesland, Leeuwarden, Netherlands

Aims: Studies into the care needs of older schizophrenia patients have demonstrated that psychological and social needs are met less often than environmental and physical needs. The New Club was founded in Amsterdam in 2011 as a novel facility to promote social contacts and to provide meaningful activities, by offering a welcome and nondemanding social environment to older individuals with severe mental illness.

Methods: A qualitative study aimed to clarify the specific aspects of The New Club that promote resilience in its participants. Methods of data collection included participatory observation and interviews.

Results: Individual, social and organizational factors with relevance to resilience will be discussed.

Conclusion: The New Club fosters self-confidence in its participants, who report taking more social initiatives and engaging more often in social contacts. Feeling attached to peer participants of The New Club emerged as one of the most relevant factors promoting resilience.



## Symposium 7.5

### Supported Education: community participation for people with psychiatric disabilities

#### Supported Education: community participation for people with psychiatric disabilities

Organiser: Lies Korevaar

*Aim:* The onset of mental illness generally occurs between the ages of 17 and 25 –the same years in which many young adults explore careers through educational opportunities. Although people with psychiatric disabilities often attempt college, they often meet with overwhelming obstacles, including stigmatization and discrimination. In the Netherlands and in Sweden, as in other European countries, Supported Education (SEd) programs are emerging, to help (young) people with psychiatric disabilities to pursue and achieve their educational goals. In this symposium, we will provide insight into several Supported Education studies in the Netherlands and Sweden related to these programs.

*Activities:* Overview of the symposium Welcome and a brief introduction of Supported Education Presentation 1: What helps and what hinders? A qualitative study Presentation 2: A working life on the horizon - Supported education for young adults with mental health problems in Sweden. An overview of three studies Presentation 3: Evaluation of a career guidance course for (young) adults with psychiatric disabilities Presentation 4: To tell or not to tell, an evaluation in four European Countries of the experiences of students with a disclosure instrument. Questions & discussion

*Scientific interest:* A review of the research shows that SEd is a promising practice. Despite the growing interest in SEd, this is also the case in the Netherlands and Sweden. In the symposium, we provide insight in the current SEd research in both countries and we will give recommendations how to move SEd from a promising practice to an evidence-based practice.

#### 01

##### What hinders and what helps?

Lies Korevaar, Jacomijn Hofstra

Hanze University Groningen, Groningen, Netherlands

*Aim:* In the Netherlands, as in other countries worldwide, starting and persisting in regular education is a challenge

for young people coping with (severe) mental illness. For example, of all people leaving senior vocational education without a diploma (35.000 Dutch students in 2008), 8 to 20% indicate psychiatric problems as the main reason. However, insight in what hinders and what helps (young) people to start and to remain at school is largely missing. In the present study, conducted in four European countries (Czech Republic, the Netherlands, Norway and Portugal), we aim to gain insight in these aspects.

*Method:* Literature review of peer reviewed and gray publications

Questionnaires from 30 experts in Supported Education/ mental health care, and

Focus group interviews with 27 people with mental health problems wanting to go (back) to school.

*Results:* The answers to the question 'what hinders you (or students with psychiatric disabilities) when choosing, getting and keeping a study' could roughly be divided into three categories: personal barriers, barriers related to the educational environment, and barriers related to the social environment.

*Conclusion:* In this presentation, the results will be discussed in more detail. Implications for future research and care practice will be discussed.

#### 02

##### A working life on the horizon - Supported education for young adults with mental health problems in Sweden

David Rosenberg<sup>1</sup>, Helene Hillborg<sup>2</sup>, Veronica Lövgren<sup>2</sup>, Ulrika Beijerholm<sup>2</sup>

<sup>1</sup>Umeå University, Umea, Sweden

*Aim:* Research investigating outcomes related to evidence-based interventions such as Supported Employment have begun to suggest the need for more specific, career related, educational supports, as an essential aspect of supporting sustainable employment in a labor market that increasingly demands formal education or training. The aim of this project is to develop knowledge regarding the components of Supported Education that are feasible to develop within established IPS services and to study and describe the relevance of these services for young adults experiencing mental health problems in Sweden.

*Method:* It includes three studies that will generate knowledge regarding the essential components of these types of educational supports, investigate and describe potential outcomes related to educational needs, and develop specific knowledge of how these methods might best be implemented. Interviews with a wide range of





actors and users will generate knowledge regarding the needs, obstacles and possibilities for integrating IPS and SEd in a Swedish context.

*Results:* Results related to the needs assessment in Sweden will be presented and discussed in relation to the international literature and experience. Results that suggest the potential for SEd services that build on the well-developed Swedish welfare model and educational opportunities and supports will be discussed.

*Conclusion:* Methods such as Supported Employment and Supported Education, which contribute to opportunities for the individual to participate in studies and eventually meaningful and sustainable employment, can be most effectively implemented when adapted to particular welfare systems and reflect resources and pathways to participation in that context.

### 03

#### Use of the tool 'To tell or not to tell?' to help students decide whether or not to disclose their psychiatric disability in an educational setting: a European feasibility study

Jacomijn Hofstra

Hanze University Groningen, Groningen, Netherlands

*Aim:* A frequently experienced dilemma for students with psychiatric problems is the decision to tell or not to tell about these problems at school. Disclosing can have positive effects, but many students fear to be stigmatized or discriminated against when disclosing their psychiatric past or present. It is important to prepare students for situations in which the 'disclosure dilemma' can occur. However, many mental health and educational professionals do not know how to support these students. Therefore, we have developed a tool called 'To tell or not to tell', for professionals to support students with making a well-informed decision about disclosing or not. This tool has been evaluated as part of a European project.

*Method:* We have carried out a small-scale feasibility study of the disclosure tool in Portugal, Norway and the Netherlands. Fourteen students have been supported (either individually or in groups) using the disclosure tool that consists of five steps: consider 'whether', 'who', 'when', 'what' and 'how' to tell. Prior to the first meeting, directly after the last meeting and a few months later, the students filled out questions about decisional conflict (O'Connor, 1983), the degree of concern about disclosing and some evaluative questions.

*Results:* Overall, students were less concerned about disclosing and experienced less decisional conflict after

using the tool. Furthermore, they found the tool short, clear, concrete and eye-opening.

*Conclusion:* The first results with the disclosure tool seem to be positive. A larger scale study is needed to further develop the tool and evaluate its effectiveness.

### 04

#### Evaluation of a Supported Education career guidance course for (young) adults with psychiatric disabilities

Franca Hiddink, Lies Korevaar

Hanze University Groningen, Groningen, Netherlands

*Aim:* Several studies in the Netherlands have shown that people with psychiatric disabilities are in a need for extra support to get access to college (Korevaar, 2005; Hofstra & Korevaar, 2016).

In 2008 we have started an on-site career guidance class, named Impulse. The aim of the course is to help (young) adults with psychiatric disabilities to choose and get regular education of their own choice.

The aims of the evaluation study include:

to determine who participated in the Impulse course;

to determine how the Impulse course contributed to choose and get a regular education;

to determine how the participants value the provided support of the Impulse course;

to improve the Impulse course based on the outcome of the aims 1-3.

*Method:* The Impulse course has been evaluated on its results (completing the course and achieving regular education) and on the experiences of the participants with the content and organization of the course and the support of the trainers. To that end participants filled in an evaluation form and were interviewed.

*Results:* In the presentation, we will give an overview of the course and the characteristics of the first 51 participants. The results and experiences (completion rate of the course, number of participants who returned to school and the satisfaction of the participants with the content and organization of the course and the support of the trainers) will be presented

*Conclusion:* Some specific remarks will be made concerning the implications of the evaluation study for the further development of the Impulse course.



## Symposium 7.6

### Attitude towards people with mental disorders in university students of health sciences From Portugal, Spain and Chile. A Maristan network study

#### Attitude Towards People With Mental Disorders In University Students Of Health Sciences From Portugal, Spain And Chile. A Maristán Network Study

Organiser: Berta Moreno-Küstner

**Aim:** Various researchers have shown that undergraduate students from health-related degrees have prejudice and stigmatized attitudes towards people with mental disorders. The symposium aims to expose a series of studies focused on the effect of mental health clerkship and type of degree on university students' attitudes towards mental health in three different countries belonging to Maristán Network (Spain, Chile and Portugal).

**Activities:** A systematic meta-analysis establishing the effectiveness of clerkship for reducing the stigmatising attitudes in students toward mentally ill patients and identifying any potential moderators of such effectiveness is discussed. Also, the Mental Illness Clinicians' Attitudes (MICA) scale, designed to measure attitudes of health care students and professionals towards mental illness, was used to study the impact of clerkship in mental health centres between different university degrees and countries.

#### **Scientific interest:**

The symposium presents the first systematic meta-analysis focused on the effectiveness of clerkship for reducing the stigmatising attitudes in students of university programs. The results obtained come from large sample in different countries and different university degrees and show that clerkship plays an important role in the learning of attitudes towards mental health disorders. Indeed, the primary studies included in the symposium show that practical activities forming part of a degree program that include direct contact with people with mental disorder have a positive impact in reducing stigma towards this population. However, there are differences per degree and country, which require further and more detailed studies given the implications of the exposed results for planning university training programmes.

01

#### Attitudinal change towards mental illness in students through clerkship: a meta-analysis

Eleni Petkari<sup>1</sup>, A. Masedo<sup>2</sup>, Berta Moreno-Küstner<sup>1</sup>, Miguel Xavier<sup>3</sup>

<sup>1</sup>University of Malaga, Malaga, Spain

<sup>3</sup>NOVA Medical School / CHLO Hospital, Spain

**Aim:** This is the first systematic meta-analysis establishing the effectiveness of clerkship for reducing the stigmatising attitudes in students of university programs potentially working with mentally ill patients and identifying any potential moderators of such effectiveness. **Method:** 21 studies fulfilled the inclusion criteria and were included in the meta-analysis providing data from 21 independent samples. In moderator analyses, the effects of year of publication, age, sex, clerkship duration university program (medicine, nursing or occupational therapy), study design (paired versus independent groups) were examined. **Results:** Our analysis yielded a highly significant medium effect size (Hedge's  $g = .32$ ;  $p < .001$ ; 95%CI [.20, .42] indicating a considerable change to students' attitudes after clerkship. This effect remained robust for medicine and nursing but not for occupational therapy students. Clerkship duration seemed to influence the attitudinal change, with longer duration suggesting better attitudes ( $k = 21$ ,  $B = .03$ ,  $SE = .01$ ,  $Z = 2.11$ ;  $p = .03$ ), but such effect seemed to be reduced after eight weeks of clerkship. Still, there were only two studies with longer than 8-weeks clerkship and thus such result should be interpreted with cautiousness. Results also revealed a trend of women having marginally higher attitude change than men ( $k = 21$ ,  $B = .55$ ,  $SE = .31$ ,  $Z = 1.77$ ;  $p = .07$ ) whilst no other variables moderated the effect. **Conclusions:** Our findings suggest that university programs should incorporate clerkship in their design as a fundamental element for combatting the students' stigma towards mentally ill. Nonetheless, the effects of clerkships with more than 8-weeks duration should be explored more thoroughly in order to determine their efficacy.



02

### Attitudes toward people with mental illness in university students of medicine, nursing, occupational therapy and psychology students' degrees. An international comparison between Chile and Spain

Ana Isabel Masedo Gutiérrez<sup>1</sup>, Pamela Grandon<sup>2</sup>, Alexis Vielma<sup>3</sup>, Claudio Bustos<sup>3</sup>, E. Castro<sup>3</sup>, Cristina Romero<sup>4</sup>, Berta Moreno-Küstner<sup>1</sup>

<sup>1</sup>University of Malaga, Malaga, Spain

<sup>2</sup>University of Concepcion, Spain

<sup>4</sup>Universidad de Cádiz, Spain

**Aim:** The current study was undertaken to compare the attitudes toward people with mental illness among students of university degrees for different kind of health professions: nursing, occupational therapy and psychology.

**Method:** The Mental Illness Clinicians' Attitudes (MICA) scale designed to measure attitudes of health care students and professionals was used. Four hundred seventy four last year medicine, nursing, occupational therapy and psychology students from different universities in two Spanish-speaking countries: Chile and Spain were recruited. Data were analyzed using a two-way ANOVA and item by item of the scale. **Results:** Significant differences on stigmatized attitudes were found. Medicine and nursing students reported significantly higher negative attitudes than occupational therapist and psychology students. However, some differences need to be discussed in relation to the country. For example in Chile, psychology students showed less scores stigma than occupational therapy students however in Spain, psychology students did not show significant differences from nursing and occupational therapy students. **Conclusion:** Implications of the results for reducing the stigma in healthcare students are discussed.

03

### Stigma towards people with mental disorders in students of health-related degrees from Chile and Spain

Pamela Grandón<sup>1</sup>, Sandra Saldivia<sup>1</sup>, Alexis Vielma<sup>2</sup>, Elvis Castro<sup>2</sup>, Claudio Bustos<sup>2</sup>, Ana Masedo<sup>2</sup>

<sup>1</sup>University of Concepcion, Concepción, Chile

**Aim.** To evaluate stigma towards users with mental disorders in undergraduate students of health-related degrees in Chilean and Spanish universities, who are attending a practical course in mental health centres.

**Method.** Four hundred and seventy four students from nursing, psychology and occupational therapy degrees were asked on their attitudes towards people with mental illness using the *Mental Illness Clinician Attitudes (MICA)* scale, version 4, before and after attending a practical course where they came into contact with mental health users. **Results.** A repeated measures ANOVA showed significant differences by country and degree in the post test. Specific hypothesis testing showed that Chilean students had a larger stigma decrease than their Spanish peers. Only psychology degree students reduced significantly their negative attitudes in the post test. When results are analysed within country, psychology and nursing students in Chile and Spain reduced their negative attitudes after the practical course. **Conclusion.** Practical activities introduced in the degree program that include direct contact with people with mental disorder have a positive impact in reducing stigma towards this population. However, there are differences per degree and country which require further and more detailed studies given their implications for university training programmes.

04

### Impact of clerkship in the attitudes towards people with mental illness: a comparison between medical students from Portugal, Spain and Chile

Miguel Xavier<sup>1</sup>, Cristina Romero<sup>2</sup>, Pamela Grandón-Fernández<sup>3</sup>, A. Masedo<sup>4</sup>, J.M. Pena<sup>4</sup>, Sandra Saldivia<sup>3</sup>

<sup>1</sup>NOVA Medical School / CHLO Hospital, Lisbon, Portugal

<sup>2</sup>Universidad de Cádiz, Portugal

<sup>3</sup>University of Concepcion, Portugal

**Aim:** This study aims to assess the impact of a psychiatry clerkship in the attitudes towards people with mental illness among medical students from different countries.

**Method:** The Mental Illness Clinicians' Attitudes scale (MICA) was administered to a total of 565 pre-graduate medical students in Portugal, Spain and Chile, before and after a full-time clinical rotation in psychiatry. Data were analyzed by means of a repeated measures ANOVA procedure, with *post hoc* analysis. **Results:** At baseline, Portuguese students scored significantly higher than in Chile and Spain. After the clerkship, there was a significant improvement regarding the stigma within subjects. Between-subject comparison revealed a higher decrease of stigma levels in Portugal, followed by Spain and Chile (by this order). **Conclusion:** The results indicate that the clerkship had a favorable overall impact on the students' attitude towards people with mental illness, despite the



country of origin. Although the results restates the findings of studies published in other places with diverse socio-cultural backgrounds, differences found between Portugal, Spain and Chile underline the need for further research, namely regarding the mechanisms by which the clinical experience may prompt changes in attitudes.

## Symposium 7.7

### Assessing recovery in mental health

#### populations: a need for instruments that

#### measure what matters most to service users

### Assessing recovery in mental health

#### populations: a need for instruments that

#### measure what matters most to service users

Organiser: Anju Keetharuth

Aim: The concept of recovery for people experiencing mental health difficulties has received greater emphasis recently, prompting demands for new measures involving a shift from symptom-based measures to those that focus on a wider spectrum of domains impacting on the quality of life. Patient reported outcome measures are considered important tools for evaluating the impact of services because they allow service users to report on their own quality of life.

Activities: This symposium presents the findings from five studies on the measurement of recovery in mental health populations using the new outcome measure Recovering Quality of Life (ReQoL). The introductory session sets the scene on the issues of recovery and the state of outcome measurement in the mental health. The second session focuses on the qualitative work undertaken to confirm the themes that are relevant for mental health service users, generate items under the themes and check their content validity. The following presentation illustrates a novel way of combining qualitative and quantitative evidence in the construction of a psychometrically robust measure. The fourth session reflects on the successful contribution of PPI in the research and includes a short film. The final session explores a case study of using the ReQoL items in Canada with a population with serious mental illness.

Scientific interest: This symposium will be relevant to academics and professionals interested in measuring outcomes for service users. It is expected that the presentations will stimulate interaction with the audience on the wider role of outcome measurement in routine practice.



01

### The ReQoL measures: combining qualitative and quantitative evidence to produce a psychometrically robust measure.

John Brazier<sup>1</sup>, Anju Keetharuth<sup>2</sup>, Janice Connell<sup>1</sup>, Jill Carlton<sup>1</sup>, Thomas Ricketts<sup>1</sup>, Michael Barkham<sup>1</sup>

<sup>2</sup>University of Sheffield, Sheffield, United Kingdom

**Aim:** To construct and validate the 10-item version of the ReQoL measure.

**Methods:** Qualitative evidence from over 90 service users was used to reduce the number of items before field-trial quantitative data were collected from over 6200 service users. Psychometric analyses used confirmatory factor models and item response theory (IRT) analyses with particular focus on item fit and item information functions. A novel approach was developed to present qualitative and quantitative evidence to a group of service users, clinicians and researchers to make the final selection. Internal consistency was assessed using Cronbach's alpha. Known group differences were calculated to test whether the scale was able to discriminate between groups with pre-specified hypotheses. Sensitivity to change was measured between baseline and follow-up for a group of people attending services. The ReQoL was compared with EQ-5D and SWEMWBS.

**Results:** Factor analyses supported a unidimensional model. Evaluation of IRT test information functions suggested that a 10 item scale could cover as wide a measurement range as the pool of 40 items. A Cronbach alpha of 0.92 showed good internal reliability. The scale showed moderate responsiveness to change with a standardised response mean of 0.4 for those whose health improved and worsened. The ReQoL was able to detect known group differences and compared well with other measures.

**Conclusion:** This work provides a pragmatic yet rigorous approach to combining qualitative and quantitative evidence to develop the ReQoL to be both psychometrically robust and to have high face validity with service users and clinicians.

02

### Quality of life, are we asking the right questions: mental health service user views on potential items for the recovering quality of life measure (ReQoL)

Janice Connell<sup>1</sup>, Anju Keetharuth<sup>2</sup>, Andrew Grundy<sup>1</sup>, Elizabeth Taylor Buck<sup>1</sup>, Jill Carlton<sup>1</sup>

<sup>2</sup>University of Sheffield, Sheffield, United Kingdom

**Aim:** To gain the opinions of mental health service users on potential items in the development of the ReQoL.

**Methods:** One hundred potential items for the ReQoL outcome measure were presented to 59 adult mental health service users and, in a second phase 60 items were presented to seventeen young people aged 16-18 in interviews and focus groups. The responses were used to inform decisions on which items to include in the subsequent stages of measure development.

**Results:** The acceptance or rejection of an item by the participants was related to its sensitivity, ease of response, relevance, interpretation and comprehension. Respondents objected to those items considered to be of a sensitive nature either because they caused distress, were too personal, embarrassing, judgemental, unrealistic or patronising. Items that interviewees found difficult to respond to were those described as vague, abstract, philosophical, required self-awareness (whilst ill) or insight into the thoughts of others. Preference was given to those items respondents thought relevant because they related to their own experience, which in turn made them easy to answer. There were also a number of items that could be interpreted differently than expected. Finally some items were difficult to comprehend by some because of the vocabulary used.

**Conclusion:** Whether respondents accepted or rejected an item was associated with their ability or intention to respond accurately and honestly which has a direct impact on the validity and sensitivity of any outcome measure. These results were used to inform the selection of items for ReQoL.

03

### A critical assessment of patient/service user involvement in constructing the ReQoL

Andrew Grundy<sup>1</sup>, Anju Keetharuth<sup>2</sup>, Jill Carlton<sup>1</sup>

<sup>2</sup>University of Sheffield, Sheffield, United Kingdom

**Aim:** To critically assess the contribution of the patient/service user involvement (PPI) in the ReQoL project to add to the evidence base.

**Methods:** We adhered to the Guidance for Reporting Involvement of Patients and Public (GRIPP) checklist to critically assess the impact of PPI in the ReQoL. In addition to being participants, service users were involved in all aspects of the design (as investigators), conduct (as investigators) and decisions making around item content (in the scientific team, advisory group and stakeholder group). As part of this presentation at the symposium, we would like to show a film (6 mins duration) which was co-produced



with PPI to assist with the dissemination of the findings.

**Results:** We used a broad definition of PPI who included current service users, past service users, researchers who are current service users and/or able to provide views from the service users' perspectives. To enable full participation of PPI in decision-making, screencasts were made available to explain academic concepts in an accessible manner and we provided extra meetings to fully brief PPI prior to decision-making meetings which had an impact on costs and time of researchers. PPI ensured that we had not missed any important themes or items. We included items that may not be the most preferred psychometrically but were deemed to have high face validity.

**Conclusion:** Overall the process certainly adds more time and costs to the project but resulted in a measure with high face validity making it very worthwhile from all angles.

compared and contrasted with each other and the like domains. The demographics and recovery needs of participants have been reported in the five domains: connectedness, hope, identity, meaning in life, and empowerment.

**Conclusion:** The findings can support clinicians and researchers working in mental health in choosing a focused rating scale that is fit for purpose in terms of measuring the concept of recovery in a community setting.

## 04

### Understanding how to measure recovery in a clinically meaningful way: An example from the Canada Personal Recovery Outcome Measure (PROM) Project.

Skye Barbic

The University of British Columbia, Vancouver, Canada

**Aim:** Planning and evaluation of community-based mental health services can be better informed by direct input from patients indicating their recovery priorities and goals. The main objective is to contribute evidence towards the measurement properties of different rating scales reflecting personal recovery that pertains to adults living with serious mental illness.

**Methods:** Over 500 Adults accessing community-based, outpatient mental health services at different sites have been asked to complete six questionnaires about personal recovery comprising the (1) Recovering Quality of Life (ReQoL-40 item pool), (2) Recovery Assessment Scale (RAS), (3) Illness Management Recovery Scale (IMR), (4) Maryland Assessment of Recovery Scale (MARS), (5) Questionnaire on the Process of Recovery (QPR), and (6) Personal Recovery Outcome Measure (PROM). Factor analyses have been used to explore the dimensionality of the various recovery concepts. Rasch measurement methods have been used to assess the ordering or response option thresholds, tests of fit, spread of item locations, residual correlations, and person separation index.

**Results:** The relationship among domains alongside demographic characteristics has been assessed. The psychometric properties of each rating scale have been

- ABSTRACTS -

**Saturday,**  
October 7



## Oral presentation session 8.1

### Recovery-focused practice

#### Development of a quality standard for recovery-oriented care

Nicole van Erp<sup>1</sup>, Sonja van Rooijen<sup>2</sup>, Cora Brink<sup>2</sup>, Hans Kroon<sup>1</sup>

<sup>1</sup>Trimbos Institute, Nijmegen, Netherlands

In this contribution, we present the contents of a quality standard recovery-oriented care, which was developed in the Netherlands by a working group consisting of representatives of client organizations, experts-by-experience, professional groups, community organizations and health insurers. The standard offers concrete suggestions based on experience and scientific knowledge on recovery oriented care and peer support. It provides recommendations for professionals and informal caregivers indicating how to support a client's recovery process. The standard emphasizes the importance of supporting the individual needs of people with mental health or addiction problems and taking their experiences and resilience into account. Special attention is paid to the role of (family) experts-by-experience. They give people with mental health or addiction problems hope that recovery is possible. Peer support can be offered individually (for example a peer coach) or in self-help and peer support groups (such as WRAP). Mental health agencies need a change in attitude involving all levels in the organization. Also education and training programs can play an important role, as well as an ongoing dialogue between all stakeholders, exemplary behavior and creativity in the search for alternatives. The standard will be disseminated through a national body for quality development.

#### Working with HOPE: Implementing a recovery framework within a Scottish community mental health charity.

Bridey Rudd

Penumbra, Edinburgh, United Kingdom

**Introduction:** Principles of personalisation and recovery are shaping the direction of service provision in Scotland. Mental health charity Penumbra has embraced the challenge of transforming their service provision in order to deliver a personal outcomes based approach, engaging in systems transformation in order to achieve the required cultural shifts.

**Methods:** Shifts have been facilitated through the implementation of an outcomes focused approach and supported by new posts, changed roles, revised training programmes and the development and implementation of the HOPE framework. The framework includes the HOPE Toolkit, a range of personal plans, tools and wellbeing tips that promote a focus on personal outcomes, self-management and strengths based practice. It also includes Penumbra's recovery outcomes measure: the Individual Recovery Outcomes Counter (I.ROC), a 12-item self-assessment recovery questionnaire which has been through successful validation testing, and is now being used throughout Penumbra and further afield.

The impact of implementing the HOPE framework has been examined in a multi-faceted study, including a staff knowledge questionnaire, focus groups and analysis of routinely collected data.

**Results:** Here we focus on the process of implementing the HOPE framework of support, and how it has impacted on staff. We will evaluate the extent to which Penumbra's culture has actually evolved, drawing on the results of the questionnaire and focus groups, and analysing changes in the data over time.

**Discussion:** We will discuss conclusions that can be drawn from our experience of the process of transforming a system towards a recovery-focused, outcomes based method of working.

#### PULSAR: Implementing Recovery Oriented Practice in Primary and Secondary Care.

Vrinda Edan<sup>1</sup>, Graham Meadows<sup>2</sup>, Lisa Brophy<sup>3</sup>, Ellie Fossey<sup>2</sup>, Penny Weller<sup>2</sup>, Joanne Enticott<sup>2</sup>

<sup>1</sup>Monash University, Melbourne, Australia

<sup>3</sup>The University of Melbourne, Australia

**Introduction:** Mental health services in the Australian state of Victoria are working towards system-wide transformation through policy and legislation that promotes recovery oriented practice (ROP), supporting consumers to have greater choice and control in their lives. In this paper we will give an overview of the Principles Unit Local Services Assisting Recovery (PULSAR), project a major government-funded research program working to foster ROP through partnering with 20 investigators in 10 organisations.

**Methods:** This intervention involves training and support to staff in specific skills and practices structured to facilitate ROP. The mixed-methods design involving Primary and Secondary Care incorporates a stepped-wedge cluster randomized controlled trial (cRCT) incorporating qualitative





and process evaluation. Quantitative data assessing recovery is being collected in serial cross-sectional studies from over 1000 participants across. Time points include baseline, typically end of year 1 and again at the end of year two; variation to this structure in the primary care setting emphasises per-protocol collection and analysis. Qualitative studies involve up to 60 participants from Consumers and Staff.

Discussion: Implementing a large, multi-institutional research project brings many challenges. Many of these are specific to the area being studied while some will be experienced in other research projects, such as GP engagement, and recruitment of consumers in mental health services. This paper will discuss how we addressed these challenges, making adaptations along the way while working to maintain fidelity with the original proposal. Preliminary findings will be discussed along with implications for design of similar large scale translation research expertise.

## Facilitating recovery in a lifeworld context

Rolf Dalsgaard Johansen

Municipality of Fredericia, Fredericia, Denmark

The project aims at developing a new approach to frontline recovery, by allocating resources to citizens in their own context; from the moment, they walk in the door. The project has a very diversified target group with handicaps, psychiatric diagnoses and social problems - all citizens are essentially welcome. An intensive recovery oriented process is then started - based solely on citizens own dreams, goals and ambitions.

**The aim** is an improvement of overall recovery for new citizens in the social system.

Our project and success is based on a co-creation process, where citizens and frontline personnel was involved in the formulation of key concepts of the new approach. This is carried on as our primary method, where everything is based on citizens own wording of their difficulties.

FIT is used as a method that supports this approach.

**Preliminary results** show a significant improvement in the recovery of citizens:

Only 2 out of the 45 citizens that has currently finished their process have subsequently been registered in ordinary social-services. This despite that 28 out of the 45 was estimated to have been eligible to different forms of help prior to being helped in our project. Cost approx. 105000 -euro pr. Year. In our project, cost for those citizens was a onetime investment of approx. 8000 euro.

**Conclusions:** By making intake criteria's secondary to the immediate adaption of a recovery-based approach, most citizens are able to cope with their difficulties within the realm of their own context, enhancing their recovery.



## Oral presentation session 8.2

### Therapeutic relationship

#### Psychological Treatments for Early Psychosis can be Beneficial or Harmful, Depending on the Therapeutic Alliance: an Instrumental Variables Analysis.

Lucy Goldsmith

St George's, University London, London, United Kingdom

**Aim/Background:** The quality of the therapeutic alliance (TA) has been invoked to explain the equal effectiveness of different psychotherapies in psychosis, but prior research is correlational, and does not address the possibility that individuals who form good alliances may have good outcomes without therapy.

**Method:** We evaluated the causal effect of TA using instrumental variable (structural equation) modelling on data from a three-arm, randomized controlled trial of 308 people in an acute first or second episode of a non-affective psychosis. The trial compared CBT over 6 weeks plus routine care (RC) versus supportive counselling plus RC versus RC alone. We examined the effect of TA, as measured by the client-rated CALPAS, on the primary trial 18 month outcome of symptom severity, which was assessed blind to treatment allocation.

**Results:** Both adjunctive CBT and SC improved 18 month outcomes, compared to RC. We showed that, for both psychological treatments, improving TA improves symptomatic outcome. With a good TA, attending more sessions causes a significantly better outcome on the PANSS total (effect size -2.91, 95% confidence interval -0.90 to -4.91), With a poor TA, attending more sessions is detrimental (effect size +7.74, 95% confidence interval +1.03 to +14.45).

**Conclusion:** This is the first ever demonstration that therapeutic alliance has a *causal* effect on symptomatic outcome, and that poor therapeutic alliance is actively detrimental. This has implications for practice, training and quality assurance, and demonstrates the use of causal statistical methods for complex interventions (interventions comprised of inseparable elements).

#### Is patient-rated quality of life associated with continuity of care, therapeutic relation and unmet service needs? A study of outpatient mental health service users in Norway

Marian Ådnanes<sup>1</sup>, Jorun Rugkåsa<sup>2</sup>, Solveig Osborg Ose<sup>2</sup>, Jorid Kalseth<sup>2</sup>, Stephen Puntis<sup>2</sup>

<sup>1</sup>SINTEF, Trondheim, Norway

Both therapeutic relationship and continuity of care are key to mental health services' interaction with patients, but have not been systematically investigated in relation to patient-rated outcomes, including quality of life. Our study aims to study the association between QoL and the patient's therapeutic relationship with provider, continuity of care and unmet need for services.

A two stage cross sectional study was performed. Firstly, with a national mapping among patients receiving mental health outpatient treatment (n=23167), and at the same time a service user-generated Continuity of care-measure (n=15258). Secondly, a follow-up survey was performed ten months later (n=4338). In total, 1327 patients responded in the follow-up study. Regression analysis was performed to investigate factors associated with QoL (measured by MANSA).

Patient rated quality of life associated strongly with continuity of care and therapeutic relationship with closest provider. While unmet need for treatment was not significantly related to patient's QoL, patient's reported lack of activity center were strongly related, followed by unmet need for meeting places, social service and support contact. QoL were higher among the youngest age-group, persons with higher education, persons living together with spouse/partner compared to persons living alone. Also, having good contact with family and with friends were significantly associated with better QoL. Patients with SMI rated QoL higher than those with non-SMI-diagnosis. The findings show the importance of relatively simple actions of everyday life in terms of activity and social life that give people with mental illness a good opportunity to improved QoL.

#### Has personal continuity of care an effect on service use?

Delphine Bourmorck<sup>1</sup>, François Wyngaerden<sup>2</sup>, Pablo Nicaise<sup>1</sup>, Marie Molera Gui<sup>1</sup>, Pierre Smith<sup>3</sup>, Vincent Lorant<sup>1</sup>  
<sup>1</sup>Université Catholique de Louvain, Bruxelles, Belgium  
<sup>2</sup>Université catholique de Louvain, Belgium

**Aim:** Appropriate access to outpatient services after a psychiatric hospitalisation is a key element of care for Severe Mentally Ill (SMI) people. Access can be supported by Personal Continuity of Care (PCC), a coordination modality in which one same clinician attends the patient in in- and outpatient settings. PCC is supposed to decrease rehospitalisation rate. So far, little is known about PCC effect on service use. Hence, our objective is to assess if PCC decreases hospital use and increases outpatient visits compared to usual care.



**Method:** Within a European study (COFI), 670 patients were admitted in a Belgian psychiatric hospital in 2015 and followed up at one year after discharge. 315 patients were followed with PCC. Service use was assessed using the CSSRI-EU. PCC and usual care patients were controlled for psychiatric diagnoses, symptom severity, and sociodemographic characteristics.

**Results:** Patients followed up with PCC had more visits in day care hospitals (RR=1.4), at psychiatrists' (RR=1.2), and at psychotherapists' (RR=1.2) compared to usual care patients. 50% of psychiatrists' visits in PCC happened within hospital settings, compared to 25% in usual care. PCC had no effect on the resort to other service types, in particular inpatient and emergency settings. Sociodemographic characteristics did not affect the results, but severity of symptoms was significantly higher in PCC patients.

**Conclusion:** PCC increased hospital outpatient visits.

PCC is likely to foster services use in which the main clinician is involved. However, further research is needed to disentangle the relative effect of symptom severity and clinician influence.

and the subsequent implementation.

**Results:** The paired samples t-test indicated there was a significant improvement between pre- and post- training scores, for knowledge, confidence and motivation. Support from management to release staff for training was a key enabler.

**Conclusions:** The *Safewards* training effort and outcome is impressive, given the known barriers to training coverage and impact for large groups of shift-working nursing staff.

## Victorian Safewards Trial: Evaluation of Training Outcomes

Justine Fletcher<sup>1</sup>, Bridget Hamilton<sup>2</sup>

<sup>1</sup>University of Melbourne, Carlton, Australia

**Aim:** Internationally there is increasing focus on recovery oriented practice and reducing the use of restrictive practices in inpatient mental health services. *Safewards* is a model and a set of 10 interventions, designed to reduce restrictive practices and increase positive interactions in inpatient services. In 2015 the Victorian Government, in partnership with seven public mental health services, conducted a trial of *Safewards*. However, constraints on effective staff training are a common barrier to practice change in the inpatient context, due to lack of funding and availability of replacement staff. The study aimed to assess the implementation and impact of a staff training package in supporting the *Safewards* trial in inpatient mental health services across Victoria, Australia.

**Method:** The trial comprised of a training and preparation phase, a trial phase and a sustainability phase. Around 400 staff were trained across 18 inpatient wards. They completed pre and post training surveys related to their self-reported knowledge, confidence and motivation to implement *Safewards* in their work place. A leader in each ward also completed a training and implementation diary, focused on recording the barriers and facilitators to training



## Oral presentation session 8.3

### Care content & Vocational rehabilitation

#### Telecare: mapping, articulating and understanding practices. How technology changes the (professional) context.

Annemarie van Hout<sup>1</sup>, Ruud Janssen<sup>1</sup>, Marijke Spam<sup>2</sup>, Aranka Dol<sup>2</sup>

<sup>1</sup>Windesheim University of Applied Science, Zwolle, Netherlands

*Aim* Telecare comes with well-known features as flexible care-potential, seamlessly fitting patients' and professionals' circumstances. Still, equally well known telecare features as not sharing the room anymore might at the same time lead to loss of contextual information. We plea for research methods that support mapping and articulating the fluid practices in which technology changes care in order to understand these new care practices and how they influence good care. *Method* We used ethnographic research methods to understand nursing mental health telecare practices, as we observed and interviewed nurses in FACT-teams, using webcams to care at distance. *Results* We found different examples of frictions and dilemmas on good care, triggered by the use of the webcam. We saw how nurses acted differently in following up on missed calls or had different opinions on the virtue of small talk. Most of the dilemmas were dealt with in day-to-day operations, but not discussed or not even noticed, which leads to frictions in good care. *Conclusions* We saw how technology has brought on new opportunities for good care, but also how nurses do not discuss among themselves what defines these new practices and what consequences they have for their profession. The ethnographic techniques we used, helped us to articulate the changes in telecare practices. Our insights can help the nursing profession to bring forward the good in telecare, to debate and define that, by which good telecare can be established between patient and professional again.

#### Going where no other researchers go: Collecting information from primary and secondary care notes of people with severe mental illness in England: A multi-site cross-sectional observational study.

Catherine Mccabe

Plymouth University, Plymouth, United Kingdom

*Aims* We aimed to describe mental health service delivery and use for people with a severe mental illness (SMI) diagnosis. Such data has thus far been limited in scope and depth, and summative service use data from NHS records systems is unreliable. We developed a method for manually extracting care pathway and service use data from patient secondary mental health care and primary care electronic medical records (n= 297). *Method* A multi-site, retrospective, cross-sectional epidemiological review of primary and secondary care notes conducted in three locations in England. Data were collected from patient records of individuals with SMI from five community mental health teams and thirty-four practices for a two year period (2012-2014) and inputted into a proprietary database. *Results* By accessing secondary care notes, we were able to uncover the type, content and detail of secondary care contact that was vastly under-recorded in primary care and not visible in the previous 'sister' study (PARTNERS1). Of the 24,692 contacts recorded, 81.57% took place in secondary care. *Conclusions* We reflect how this labour-intensive method of data extraction from administrative databases can yield a wealth of pertinent results in the study of complex healthcare systems. Many of the findings in this study, including the variations in staffing structure and the relative burden of care between primary and secondary care would not have been accessible via other methods. This highlights the need for greater research access to patient records and the need for cross-boundary informational continuity between primary and secondary care settings.

#### Predictors of re-employment and mental health service use among unemployed people with mental health problems: a longitudinal study

Nicolas Rüsçh<sup>1</sup>, Tamara Waldmann<sup>2</sup>, Tobias Staiger<sup>3</sup>

<sup>1</sup>University of Ulm, Ulm, Germany

<sup>2</sup>Ulm University, Bezirkskrankenhaus Günzburg, Germany

*Aim:* Despite very low current unemployment rates in Southern Germany, many individuals with mental health problems remain unemployed for long periods of time and many do not seek available mental health care. This longitudinal study was designed to examine predictors of re-employment and of mental health service use after six months in this population.

*Method:* Altogether 301 unemployed individuals with mental health problems were included at baseline and 270 participated in the 6-month follow-up assessment. All participants screened positive in terms of psychological distress (Kessler's K6 Psychological Distress Screening



Scale) or substance use (CAGE-AID); and all participants had significant illness-related disability (WHO-Disability Assessment Schedule). Job search variables, perceived barriers to care seeking as well as perceptions of and reactions to mental illness stigma, including attitudes towards disclosing a mental health problem, were assessed by self-report and used as predictor variables in logistic regressions.

Results: Predictors of re-employment after six months will be presented. We will also report predictors of treatment adherence among those with mental health service use at baseline; and predictors of help-seeking among those without mental health care at baseline.

Conclusions: Implications for programmes to increase re-employment as well as service use will be discussed. At the time of the ENMESH conference our group will be in the field with a group program to support people with mental health problems which is informed by the findings outlined above.

promise of being clinically and cost effective in increasing self-management and community engagement, and reducing hospital admissions and community crisis service use.

### [Supporting community engaged post discharge from hospital to reduce readmission and crisis services use: a feasibility study of an innovative intervention](#)

[Mary Birken](#)<sup>1</sup>, Mary Morley<sup>2</sup>

<sup>1</sup>Plymouth University, Plymouth, United Kingdom

**Aim** To evaluate the effects of an intervention on self-management and community engagement, and on the number of hospital admissions, and Crisis and Home Treatment Team use. **Method** A pre-post post-test study design with four month follow-up assessment was used to evaluate the effects of the four month occupational therapy intervention with two diagnostic groups with high levels of admissions, readmissions and community crisis service use. People with a diagnosed mood or personality disorder were recruited to receive the intervention. Crisis use and hospital admission data were collected for four month periods, prior to the intervention, during the intervention and four months after. Social functioning and time-use were assessed at baseline, at the end of the intervention and four months later. **Results** The intervention was found to be acceptable to people with a diagnosed mood or personality disorder, who identified positive outcomes and an increase in active time-use in the community and social functioning at the end of the intervention and at follow-up. The participants used crisis services less and had less hospital admissions at the end of the intervention and at follow-up. **Costs** savings were made following use of the intervention. **Conclusions** This occupational therapy intervention shows



## Oral presentation session 8.4

### Young clients

#### Mental health care use during the transition from adolescence to early adulthood. Results from a prospective community-based cohort study.

Dennis Raven<sup>1</sup>, Frederike Jörg<sup>1</sup>, Robert Schoevers<sup>2</sup>, Tineke Oldehinkel<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim.** The transition to adulthood is a period during which youth are particularly vulnerable. While youth are experiencing demanding developments such as moving out of the parental home and starting to provide for themselves, the incidence of mental disorders peaks. The need for care is high, yet service use is low, resulting in a large treatment gap. Longitudinal research on service use during the transition to adulthood is limited, mostly based on US data, and hardly explores sex differences. The aim of this study is to describe and explain trends in mental health service use during the transition from adolescence to adulthood while differentiating between women and men.

**Method.** The study includes assessments of mental health problems and service use from age 15 to age 26 from the Dutch community-based cohort study TRacking Adolescents' Individual Lives Survey (TRAILS).

**Results.** Preliminary results showed opposite trends for women and men during the transition period; service use increased among women while it decreased among men. Analyses in which these opposite trends are explained, among others by the "big five" markers of adulthood (independent living, completed education, employed, stable relationship, parenthood), are currently ongoing, and will be presented at the conference.

**Conclusions.** This study shows that men in particular are vulnerable for unmet need during the transition to adulthood. Policy makers should therefore develop programs aimed specifically at men, educating them about mental health problems and lowering the barriers to care that men are especially sensitive to.

#### Headspace Israel: An integrative clinical model providing psychological services focusing on prevention and early intervention and preliminary findings

Dana Lassri<sup>1</sup>, Lior Bitton<sup>2</sup>, Gili Hoter-Ishay<sup>2</sup>, Paula Garber-Epstein<sup>2</sup>, Michal Mashiach-Eizenberg<sup>2</sup>, David Roe<sup>3</sup>

<sup>1</sup>Headspace, Bat Yam, Israel

<sup>3</sup>University of Haifa, Israel

In the last few years there has been a changing climate in Israel's mental health services given a reform done in its policy since 2015, creating a challenging reality in which only individuals that are reaching the threshold of a psychiatric diagnosis are eligible for psychological treatment. Thus, many young people dealing with various psychological difficulties no longer have access to psychological services. Moreover, the crucial need to focus on preventing the emergence of mental health diagnoses among young people has been almost fully marginalized from the clinical field. Subsequently, many young people's needs remain unattained.

Headspace, as a clinical center aiming at intervening in the early stages of psychological difficulties in order to prevent the emergence of severe psychopathological symptoms, is facing the challenges of ensuring a discourse as well as providing services focusing on prevention and early intervention.

We will discuss the implementation of the Australian model in Israel since 2014. First, we will exemplify the unique characteristics of the young clients and their families, as well as their levels of psychological distress, using data collected from all young people addressing the Israeli center between March 2016 and June 2017—a first insight to that population in Israel. Second, we will present a new clinical model, integrating both principals of staging in diagnosis (McGorry, 2013), and stepped-care models (Bower & Gilbody, 2005). This is an integrative stepped-care, modular, multi-componential model, based on evidence-based treatments, tailored to meet the specific needs of each individual and their family.

#### Lost in Transition? Perspectives from young people with mental health problems and staff during the process of transfer of care

Sabine Loos<sup>1</sup>, Naina Walia<sup>2</sup>, Bernd Puschner<sup>1</sup>

<sup>1</sup>Ulm University, Günzburg, Germany

**Aim:** Young people with mental health problems facing transition from adolescent to adult health care are less likely to utilize care after reaching the age of 18. The aims of the study were to investigate perceptions and evaluations of health care during the period of transition from the views of young patients and staff. A special emphasis was put on identifying health care needs, determinants of health behaviour, and what facilitates or hinders care utilisation.

**Method:** 29 young people aged 16 to 25 years and 24 professionals participated in qualitative focus groups and interviews. Data were transcribed verbatim and analysed



following a sequenced, reconstructive approach of the documentary method by Bohnsack.

**Results:** Lack of perceived humanity in care was the main theme reported by young people. Further predominant subthemes were being dependent on the health care system, being treated as an object rather than a human being, and a role conflict as a patient (ideal of care vs. reality). Participants expressed a number of needs in relation to care provision. Stigma and passive coping strategies were identified as hindering effective treatment. From staff perspective, lack of patient centeredness in care and lack of networking, not considering social maturity, and uncertainty in diagnostic issues when dealing with this age group in adult care impedes appropriate care provision.

**Conclusions:** Implications for clinical health care provision and interventions in this age group in conjunction with care providers' experiences are considered. Needs-oriented care and strengthening health literacy in this age group are possible approaches.

### Psychiatric Modeling Framework for ADHD based on Global Functioning

Roel Freriks<sup>1</sup>, Qi Cao<sup>2</sup>, Jurjen van der Schans<sup>2</sup>, Jochen Mierau<sup>2</sup>, Maarten Postma<sup>2</sup>, Erik Buskens<sup>2</sup>, Pieter Hoekstra<sup>2</sup>  
<sup>1</sup>University of Groningen, Groningen, Netherlands

*Introduction:* State-Transitions Models (STMs) in Attention-Deficit Hyperactivity Disorder (ADHD) that do exist are often discrete-time STMs following a standard Markov process. Consequently, transiting from one state to another can only take place at the begin or end of a predefined time interval and depends only on the present state (i.e. lack of history). In addition, the utility measures related to the states of existing models are often based on Health Related Quality of Life (HRQoL) measures such as the EuroQol five dimensions questionnaire (EQ5D). However, the validity to measure the well-being and functioning level of children and adolescents with ADHD with measures such as the EQ5D is called into question.

*Method:* Therefore, we propose a new approach on differentiating between the states by focusing on impairment, i.e. by using the Global Assessment of Functioning (GAF) - scores, directly obtained from real-world data, to model the (disease) progression of children and adolescents with ADHD. In addition, contrary to current studies, we choose to use continuous time semi-Markov modeling to deal with the limited assumptions of existing STMs in ADHD as stated above.

*Results:* The methods will be illustrated using an applied example in ADHD. The first question is whether the

proposed psychiatric modeling framework based on global functioning fits (better) to the observed real-world process. Subsequently, we want to determine the impact of potentially differences in goodness-of-fit on the long-term cost-effectiveness estimates comparing a Markov and semi-Markov approach in both discrete and continuous time.

*Conclusions:* Not applicable yet.



## Oral presentation session 8.5

### Social outcomes & Lifestyle

#### Social outcomes of Flexible ACT for clients with schizophrenia and other psychoses: A longitudinal study

Annika Lexén<sup>1</sup>, Lars Hansson<sup>1</sup>, Bengt Svensson<sup>2</sup>

<sup>1</sup>Lund University, Lund, Sweden

**Aim:** A major area of impairment for people with schizophrenia and other psychoses is the disruption of performing daily activities. To date, few studies have been conducted on how the implementation of Flexible Assertive Community Treatment (Flexible ACT) teams to better meet the needs of persons with severe mental illness impact client social outcomes and everyday functioning. The aim of this study was to investigate how Flexible ACT implementation impacts social outcomes and everyday functioning of clients with schizophrenia and other psychoses.

**Methods:** A naturalistic longitudinal observational study design was used to evaluate changes in social outcomes and everyday functioning over an 18-month period in ninety-three participants with psychosis who had contact with seven newly-started Flexible ACT teams. Data were collected using a socio-demographic questionnaire, the Social Outcomes Index Scale (SIX), and the Practical and Social Functioning Scale.

**Results:** There was a significant, positive change in everyday functioning and related to the SIX item "meeting with a friend the past week".

**Conclusions:** Clients with schizophrenia and other psychoses may benefit in everyday functioning and social inclusion from Flexible ACT.

#### Assessing and Measuring Social Inclusion in Mental Health Settings

Isobel Harrison<sup>1</sup>, Gillian Mezey<sup>1</sup>, Helen Killaspy<sup>2</sup>, Brynmor Lloyd-Evans<sup>2</sup>, Sarah Payne<sup>1</sup>, Sarah White<sup>3</sup>

<sup>1</sup>St George's University London, London, United Kingdom

<sup>2</sup>University College London, London, United Kingdom

**Objectives:** To establish the validity and reliability of a measure of social inclusion, the Social Inclusion Questionnaire – User Experience (SInQUE) in individuals with a range of mental health problems.

To investigate the degree of social inclusion in a large sample of individuals with mental health problems, using

the SInQUE, in order to identify those most at risk of social exclusion.

**Methods:** A total of 193 individuals were recruited from community mental health services in two NHS London Mental Health Trusts, 107 with a primary diagnosis of a psychotic disorder, 51 with a common mental disorder, and 35 with a personality disorder. Social inclusion was assessed using the SInQUE, as well as socio-demographic characteristics, clinical and risk history. The psychometric properties of the SInQUE were tested, to establish its concurrent, convergent and discriminant validity and test re-test and inter-rater reliability. A comparison group of unaffected siblings was also recruited in order to assess socio-economic and cultural factors which may impact on social inclusion but are unrelated to the person's mental health problem.

**Results:** The psychometric properties of the SInQUE will be reported. Regression modelling will establish whether current levels of social inclusion and the change in social inclusion since first contact with mental health services differ across diagnostic groups. Further modelling will be used to investigate factors associated with social inclusion including socio-demographic characteristics, health status and service provision.

**Discussion:** Findings will be discussed.

#### Balancing Everyday Life (BEL) for people with severe mental illness - effective for activity engagement and level of functioning in an RCT study

Mona Eklund<sup>1</sup>, Carina Tjörnstrand<sup>1</sup>, Mikael Sandlund<sup>2</sup>, Elisabeth Argentzell<sup>3</sup>

<sup>1</sup>Lund University, Lund, Sweden

<sup>3</sup>Lund university, Sweden

**Introduction:** Balancing Everyday Life (BEL) is a group- and activity-based 16-week lifestyle intervention for people with mental disorders. It focuses on strategies for how to accomplish a balanced everyday life with increased well-being. BEL has been implemented in specialized and community-based psychiatry and has been evaluated for outcomes in a study combining RCT and qualitative methodology.

**Aims:** To present findings from the RCT study based on data collected before and after the intervention and at a 6-month follow-up.

**Methods:** Twelve units were randomized to the BEL intervention and 13 to care as us usual (CAU), mostly occupational therapy. The BEL group consisted of 133 participants and the CAU group of 93. They responded





to questionnaires regarding various aspects of activity, participation level and well-being. A research assistant rated the participants' level of functioning.

**Results:** The BEL group improved more from baseline to 16 weeks on activity engagement, participation level, activity balance, level of functioning and symptom severity. No differences regarding the well-being outcomes were found. At the follow-up, the CAU group had approached the the BEL group's scores, but the BEL group had improved their quality of life more than the CAU group.

**Conclusions:** At 16 weeks, the BEL program was effective compared to CAU regarding doing and functioning. Their improvements were not greater concerning subjective perceptions, such as satisfaction with everyday activities and well-being, and the CAU group "caught up" at the follow-up. BEL seemed important in speeding up the participants' recovery process.

providing a fourth approach or view-point which, for many people, opens up a whole arena from which to make sense of and work with the experiences of mental distress and the discovery of self and meaning within this process.

### Addressing the religiosity gap: Spirituality as a key dimension of mental health and recovery

Katja Milner<sup>1</sup>, Paul Crawford<sup>2</sup>, Mike Slade<sup>3</sup>

<sup>1</sup>The University of Nottingham, Nottingham, United Kingdom

<sup>3</sup>University of Nottingham, United Kingdom

**Aim:** Spirituality in both religious and non-religious forms is being increasingly recognized as an important component of holistic health and mental health care. It can be seen as the fourth domain of understanding mental health alongside biological, psychological and social approaches. Although it is often highlighted as important by people with mental health difficulties, a 'religiosity gap' exists between professionals and service users in which there is often a lack of value, attention or understanding within professional contexts about the role of spirituality in mental health and recovery.

**Method:** A summary of findings of a literature review will be reported highlighting the role of spirituality in mental health and recovery which include empirical findings, key themes of lived experience of spirituality and mental health recovery and some broader literature.

**Results:** Spirituality is an important component of mental health recovery for many people. It is shown to be beneficial to health and mental health on a range of clinical outcomes, can help people to develop hope and meaning within challenging contexts and can address the stigma of mental health for some people by reframing the way it is understood.

**Conclusions:** Spirituality has the potential to contribute to the on-going development of mental health recovery by



## Oral presentation session 8.6

### Forensic issues

#### Are migrants from disadvantaged countries at a higher risk than others for involuntary treatment in a secure mental hospital?

Jan Bulla<sup>1</sup>, Jan Querengässer<sup>2</sup>, Klaus Hoffmann<sup>2</sup>, Thomas Ross<sup>2</sup>

<sup>1</sup>Zentrum für Psychiatrie Reichenau, Reichenau, Germany

**Aim:** Migrants with mental hospital orders according section 63 of the German penal code are overrepresented in relation to their numbers in the general population. Subgroups originating from certain world regions are diagnosed with schizophrenia at a much higher rate than others. In the present literature there is strong evidence for a substantial correlation between migration, social disadvantage, and the prevalence of schizophrenia. This study aimed to investigate the relationship between countries of origin, the risk of becoming a forensic patient, and the proportion of schizophrenia spectrum disorders.

**Method:** Data from an exhaustive evaluation tool of forensic inpatients in the German federal state of Baden-Württemberg (FoDoBa) were compared with population statistics and correlated with the Human Development (HDI) and Multidimensional Poverty Indices (MPI).

**Results:** For residents with migration background, the risk ratio to receive a mental hospital order is 1.3 in comparison to non-migrants. There is a highly significant correlation between the HDI of the country of origin and the risk ratio for detention in a forensic psychiatric hospital. The proportion of schizophrenia diagnoses also correlates significantly with the HDI. In contrast, the MPI did not correlate with schizophrenia diagnoses.

**Discussion:** Two lines of explanations are discussed: First, higher prevalence of schizophrenia in migrants originating from low income countries, and second, a specific bias in court rulings with regard to involuntary forensic treatment orders for these migrant groups.

#### Aggressive episodes in in-patient psychiatric care in the Veneto Region (Italy). Findings from the Italian sites of the COFI study.

Elisabetta Miglietta<sup>1</sup>, Antonio Lasalvia<sup>2</sup>, Sara Petterlini<sup>2</sup>, Carla Comacchio<sup>1</sup>, Chiara Bonetto<sup>2</sup>, Mirella Ruggeri<sup>1</sup>

<sup>1</sup>University of Verona, Verona, Italy

**Aim:** To assess aggressive and violent behavior in patients admitted to Italian psychiatric units, exploring differences

between specialisation (distinct clinicians for inpatient and outpatient care) and personal continuity (same primary clinician for a given patient within the two settings) models of care.

**Methods:** Study conducted in the context of the EU-funded COFI project. Patients admitted in 14 psychiatric units in the Veneto region (Italy) were recruited. Data on hospitalisation, diagnosis, severity of the illness (Clinical Global Impression Scale- CGI) and patients' appraisal of inpatient care (Client Assessment of Treatment Scale- CAT) were collected as part of the baseline evaluation. Moreover, all incidents of verbal and physical aggressive behavior exhibited by patients were routinely assessed from staff through the Modified Overt Aggression Scale (MOAs).

**Results:** 1118 patients with the full spectrum of psychiatric conditions were assessed. Most frequent diagnostic categories were mood (41.6%) and psychotic (38.3%) disorders. No difference in CGI score between the two systems were found. Patients in the continuity of care systems reported higher level of satisfaction with inpatient care and longer hospital stay ( $p < .00$ ). Data collection of MOAs is ongoing and will be necessary to address the main study's question.

**Discussion:** Integrating those preliminary findings with data on aggressive episodes will lead to better understanding of the importance of the system of care on the behavior of psychiatric patients, providing supportive evidence on how to best structure mental health services in order to meet patient's needs and to prevent violence in in-patient care

#### Introduction to and use of the DIARI: Decision-making In Abusive Relationships Interview

Ed Hilterman<sup>1</sup>, Diana Roeg<sup>2</sup>, Rahel Oerli<sup>3</sup>, Chijs van Nieuwenhuizen<sup>3</sup>

<sup>1</sup>GGzE Institute for Mental Health Care, Eindhoven, Netherlands

<sup>2</sup>GGzE, Netherlands

**Aim:** Provide an overview of the Decision-making In Abusive Relationships Interview (DIARI), a new structured professional judgment measure for IPV victims and an understanding of the value of the DIARI in daily clinical practice.

**Method:** The DIARI was developed to guide assessments of the needs of women who have been the victims of violence by their current or former heterosexual partners. The measure comprises 25 items covering five domains: (1) Characteristics of the Relationship, (2) Social Context of the victim, (3) Nature and Pattern of Abuse, (4)



Characteristics of the Victim and (5) Characteristics of the Abuser. A professional explains the use in practice.  
Results: The measure is expected to be helpful in safety and intervention planning in order to decrease the violence and increase the health and well being of victims of intimate partner violence. DIARI aims to contribute to the accurateness of the assessment of the needs of female victims of heterosexual intimate partner violence and the subsequent enhancement of the prevention of revictimization. One of the basic premises of the DIARI is to organize interventions together with the woman around her needs and in line with her preferences, and not to focus on stay or leave decisions. In reassessments, the safety and intervention planning can be adjusted according to the evolvement of the woman and/or the circumstances in which she lives.  
Conclusion: The structured need assessment through DIARI can give an overview of the most stressing needs and assist in directing the intervention towards the most relevant goals.

### Interviews with clinicians on their perception of need factors of IPV victims

Diana Roeg<sup>1</sup>, Bianca van Ligten<sup>2</sup>, Jackeline Voskuil<sup>3</sup>, Ed Hilterman<sup>4</sup>, Chijs van Nieuwenhuizen<sup>3</sup>

<sup>1</sup>GGzE, Eindhoven, Netherlands

<sup>2</sup>Tilburg University, Netherlands

<sup>4</sup>GGzE Institute for Mental Health Care, Netherlands

Aim: Provide knowledge on professionals' perception on victims' need factors.

Method: The project Looking at choices (*Kijken naar keuzes* in Dutch) is a cluster randomized trial (CRT) with crossover. The study is part of the NWO program 'Violence Against Psychiatric Patients'. Through the implementation of the structured need assessment, the DIARI, in daily clinical practice we aim to improve the identification of the needs of victims of intimate partner violence and consequently enhance the effect of the intervention. The effect of the implementation will be evaluated through quantitative research as well as qualitative research with victims of IPV and professionals who work with the IPV victims. To evaluate the effect of training professionals who assist the IPV victims, qualitative pre- and post implementation interviews are conducted. Questions in this part of the project are: (a) Do clinicians, after training in the DIARI, identify more diverse need factors compared to the situation prior to the implementation? (b) Has clinicians'

perception of the utility of structured need assessment for intervention with IPV victims increased after training in the DIARI?

Results: In this presentation we will explain how the qualitative interviews were conducted and present preliminary results of the pre-implementation interviews with the professionals of the participating organizations specialized in the assistance of victims of domestic violence and partner violence.

Conclusion: Although the study is still ongoing, there are indications that, compared to unstructured assessment, structured need assessment guides the professional towards a more complete overview of the most relevant intervention needs.



## Oral presentation session 8.7

### Activation

#### **Toward bridging the mental health gap in low-middle income countries: short-term effectiveness of internet-based behavioral activation for depression in Indonesia**

Retha Arjadi<sup>1</sup>, Maaike Nauta<sup>2</sup>, Willem Scholte<sup>2</sup>, Steven Hollon<sup>2</sup>, Angela Suryani<sup>2</sup>, Claudi Bockting<sup>2</sup>

<sup>1</sup>University of Groningen, Groningen, Netherlands

Internet-based interventions for various mental health problems have been reported to be effective in high-income countries (HICs). Online interventions may stand as a strategy to bridge the mental health gap in low-middle income countries (LMICs), especially because internet usage is increasing rapidly throughout the world. However, our systematic review found that internet-based interventions are highly understudied in LMICs (Arjadi et al., 2015). We are currently conducting a randomized controlled trial in Indonesia comparing an internet-based behavioral activation intervention with lay counselors support (Guided Act and Feel Indonesia/GAF-ID) versus an online-delivered psychoeducation without support (psychoeducation/PE). In total, 312 participants meeting DSM-5 criteria for depressive disorder will be recruited from Indonesia general population and randomly assigned to either GAF-ID or PE. The primary outcome is the reduction of depressive symptoms as measured by the Patient Health Questionnaire-9 (PHQ-9). At the conference, results will be presented on the short-term effectiveness of the interventions after 10-weeks. To our knowledge, this is the first large scale randomized controlled trial examining internet-based intervention for depressive disorder in LMICs. We hope this study can serve as a sufficient starting point toward bridging the mental health gap by utilizing internet-based intervention in LMICs.

#### **'Walk this Way' A pilot RCT of an intervention to support people to be more physically active**

Julie Williams

King's College London, London, United Kingdom

**Aim:** Walk this Way (WTW) is a pilot RCT of an intervention to support people using community mental health teams to be more physically active. Research shows that people with SMI have poorer physical health and die younger than the general population. There are complex reasons for this with one being that people with SMI tend to be more sedentary.

We designed an intervention to support people to sit less and move more.

**Method:** WTW is a 4 month intervention that involves fortnightly coaching sessions, a pedometer and access to a weekly walking group. The pilot recruited 40 participants (20 intervention and 20 control) who were diagnosed with an SMI and matched certain physical health inclusion criteria. Our primary outcome was level of physical activity measured using an accelerometer. We also assessed other physical health measurements and mental well-being.

We also tested feasibility of the intervention in terms of number of people who needed to be contacted to recruit 40 participants and retention of participants in the intervention. We also undertook qualitative interviews with intervention participants to gain more knowledge of their experience of the intervention.

**Results:** The presentation will present the results in terms of outcomes measured and the feasibility of the pilot. We will also present results of the qualitative interviews.

**Conclusions:** The results will be discussed in context of understanding the effectiveness of the intervention and lessons learnt to inform scaling up the intervention. Possible changes needed to the intervention will be discussed.

#### **Relationship between subdomains of negative symptoms and neurocognitive and social cognitive deficits and community functioning**

Edith Liemburg<sup>1</sup>, Stefanie Enriquez-Geppert<sup>2</sup>, Richard Bruggeman<sup>1</sup>, André Aleman<sup>2</sup>

<sup>1</sup>UMCG, Groningen, Netherlands

**Aim:** It has been proposed that negative symptoms of schizophrenia might mediate the association between cognition and community functioning, but findings are not unequivocal. Studies have shown that negative symptoms may consist of two subdomains, namely expressive deficits and social amotivation. This study investigated in two groups whether these two subdomains are related to neurocognitive and social cognitive functioning and whether the observed associations mediate the effect on functional outcome.

**Method:** Using linear regression and structural equation modeling the associations between 1. cognitive test performance, 2. negative symptom subdomains and 3. community functioning were investigated.

**Results:** Preliminary results show that expressive deficits were related to both neurocognitive and social cognitive performance, and to symptomatic functioning. Social amotivation did not show an association with cognition, but was related to social and occupational functioning.



Conclusions: Whereas expressive deficits were related to overall cognition and symptomatic functioning, social amotivation was most strongly related to community functioning.

### The role of dance/movement therapy in the treatment of negative syndrome and psychosocial functioning of patients with schizophrenia - preliminary results from a pilot study.

Karolina Bryl<sup>1</sup>, Andrzej Cechnicki<sup>2</sup>, Sharon Goodill<sup>2</sup>, Aneta Kalisz<sup>2</sup>, Lukasz Cichocki<sup>3</sup>, Piotr Bladzinski<sup>3</sup>

<sup>1</sup>Drexel University, Philadelphia, United States of America

<sup>3</sup>Jagiellonian University Collegium Medicum, United States of America

Optimizing psychosocial functioning and overall well-being by reducing the severity of negative symptoms are important outcomes for individuals with schizophrenia. Movement-based therapeutic approaches are uniquely capable of addressing the non-verbal nature of negative symptoms. Dance/Movement Therapy (DMT), a promising treatment for mental health conditions such as schizophrenia, has been found to reduce the occurrence and severity of negative symptoms and to have a positive impact on the psychosocial functioning. Although preliminary findings suggest DMT as a treatment intervention, limited research and inconclusive findings preclude generalizations and more research is needed.

**Aim:** This pilot study aims to examine the treatment effects of a 10-week group Dance/Movement Therapy treatment program on negative symptoms and psychosocial functioning of individuals diagnosed with schizophrenia.

**Method:** We employed a mixed methods intervention design with explanatory intent, in which a randomized controlled trial (N = 32, severely ill individuals diagnosed with schizophrenia from day care center in Cracow) is followed by semi-structured exit interviews. The RCT will use a two-arm parallel group design and the quantitative measures will be taken pre and post- intervention.

#### **Results:**

This study has started and complete analysis of quantitative results will be presented at the time of the presentation. Quantitative results will be supported by findings from the qualitative strain of investigation.

**Conclusions:** As this study is ongoing we cannot provide final conclusions, however, the achievement of the research aims will provide basic evidence of the efficacy of DMT in improving the severity of negative symptoms and psychosocial functioning in schizophrenia.

## Keynote lectures Theme Policy

### Societal challenges for community mental health

#### Mental Health as a Public Health Challenge: we need resilient, supportive communities to improve personal mental resilience

Delespaul, P (Philippe), Maastricht University, The Netherlands

**Challenge** – The burden of physical illness successfully decreased over the past decennium. Mental Health problems, however, cast an increasing impact on citizens and society. Improved professional practice and the proliferation of better assessment and targeted evidence-based technologies has raised standards for psychiatric care. However, the global burden remains.

**Ambition** – In the Dutch 'Crossing the bridge'-report clients, families and mental health professionals pledged to reduce suffering of people with severe mental illness by 1/3rd in ten years. It is impossible to realize this aim with a status-quo, new treatment technologies and resources or better dissemination. It requires a concerted action beyond the professional mental health field.

**Solution** – Recovery is an active, personal process. Mental health is a result of the interaction of personal vulnerability and environmental challenges. It cannot be alleviated by treatment technology alone. It also relates to participation roles and identity, lifestyle and context. Successful recovery trajectories do not emerge in the doctor's office. Loneliness, lack of purpose, stigma, or bullying are all contextualised challenges. We need resilient, supportive communities to improve the personal mental flexibility of those who suffer. It exceeds the scope of mental health professionals and becomes a responsibility of society as a whole: peers, families, neighbours, teachers and employers. Care organizations should supplement these resources and integrate radically in neighbourhood where collaboration becomes a natural process that help people to succeed in the daily adaptation functioning and reconnect with meaning.

**Beyond** – Because face-to-face relations (families and neighbourhoods) can be a source of stress, the community activation should extend to virtual networks that allow more choice options and safer heaven for experimentation. This is the agenda of the Dutch New Mental Health Movement.



## Policy initiatives to support mental health and recovery in the community

Kwame McKenzie

Centre for Addiction and Mental Health, TORONTO, Canada

The mental health service system needs to change. Spectacular fundamental service innovations such as the recovery approach and attempts to develop service nested in the community can make a difference to outcomes. Recovery approaches can improve people's lives and the work of Antenna in North London in the 1990s demonstrated what could be achieved when the National Health Service partners with local communities. Better outcomes can be achieved for some of the most marginalized groups - those of African and Caribbean origin with diagnoses of psychosis.

But even if our service response is brilliant the majority of our clients and families with serious mental health problems still have their futures blighted by the stigma of mental health and the increasingly divided social environments of many high income countries.

At times I have felt like one of the clinicians in the hit television show and film MASH. I patch people up and then send my clients back to a world where people with mental health problems die up to two decades earlier and they are less likely to thrive and be physically healthy.

To move towards true equity of opportunity for people with mental health problems we need to support service innovation with action on the social determinants of health. 60% of our health is determined by how we live and where we live.

This talk will present concrete policy developments we have supported that are being implemented internationally, such as the basic income, supportive housing reform and mental health impact assessment. They will improve mental health and recovery. You are invited to listen and steal them.

## Closing Keynote lecture

### Integrating generic and specialised community teams to promote a whole life approach

Mirella Ruggeri

University of Verona, VERONA, Italy

Evaluation of psychiatric services has provided evidence that different approaches can lead to different outcomes. The acquisition of new tools has enabled the professionals and the users themselves to state their expectations about the outcomes and to express a quality need not addressed to patients in general, but to the needs of the specific patient.

This attention, however, often did not take the simple form of specific interventions that were complemented by others more generalised interventions. This process was indeed more frequently developed through the creation of separate and differentiated paths, with dedicated staffs, which sometimes gave birth to specific places where knowledge deepening was implying a risk of fragmentation of an holistic model of health and wellbeing.

On the other hand, the attempt to build a capillary presence in the community, which could offer a broad and immediate response to the demand for mental health, has led to the development of a replication of generalist, basic structures constructed according to uniform minimum patterns.

So the *generalist model* (provide answers to all those seeking help) has become *generic* (provide the same interventions to all patients, disregarding their specificity).

The relatively recent issue of the transition from early intervention teams to generalist mental health services has provided an example of the challenge we need to cope with in these days.

Increasing our knowledge on how to provide whole life approaches to mental health care that go beyond both generic and fragmented care is one to the priorities of community mental health care today.



# ENMESH

THE CONTEXT OF MENTAL HEALTH CARE

## GRONINGEN 2017

The ENMESH2017 Groningen congress was organized by the Rob Giel Research Centre in collaboration with Phrenos.



Phrenos Center of Expertise for severe mental illness aims to promote personal, clinical and societal recovery for people with severe mental health problems. Phrenos Center of Expertise does this by developing, gathering, disseminating, sharing and implementing knowledge. Working closely with partners in this field, Phrenos Center of Expertise aims to raise awareness of personal and societal recovery (support) for people with severe mental problems by developing, gathering, disseminating, sharing and implementing the knowledge of treatment, rehabilitation, recovery (support), and acceptance in the community.

Phrenos uses this knowledge to influence the policy for the care of people with severe mental problems.

Phrenos Center of Expertise focuses on the following knowledge areas: Early signalling, diagnosis and treatment; Rehabilitation and community involvement; Recovery and recovery support

[www.kenniscentrumphrenos.nl](http://www.kenniscentrumphrenos.nl)

The Rob Giel Research center (RGOc) is a collaboration of the mental health organizations Lentis, GGZ Drenthe, GGZ Friesland, Dimence Group, Mediant and the University Center Psychiatry of the University Medical Center Groningen.

The research center was named after Rob Giel, professor of social psychiatry in Groningen. Giel stimulated the psychiatric-epidemiological research in the Netherlands from 1969 till 1995. His involvement and interest are the source of inspiration for the researchers of the Rob Giel Research center.

The RGOc aims to develop clinical research in three core directions; psychotic disorders, affective and anxiety disorders and geriatric psychiatry. Key research areas are eHealth and cost-effectiveness. All the research data is innovatively collected, stored and processed within the RGOc-datawarehouse.

[www.rgoc.nl](http://www.rgoc.nl)

