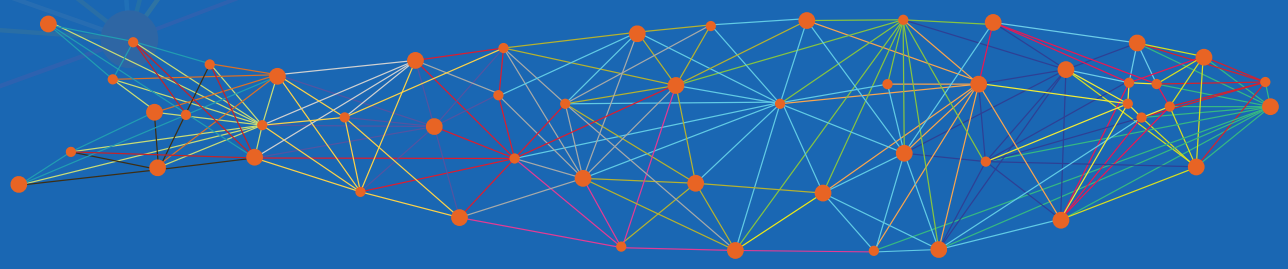

ENMESH

6-8 JUNE 2019
LISBON, PORTUGAL

Managing mental health system complexity

13th Conference of the European Network For Mental Health Service Evaluation (ENMESH)

ABSTRACT BOOK

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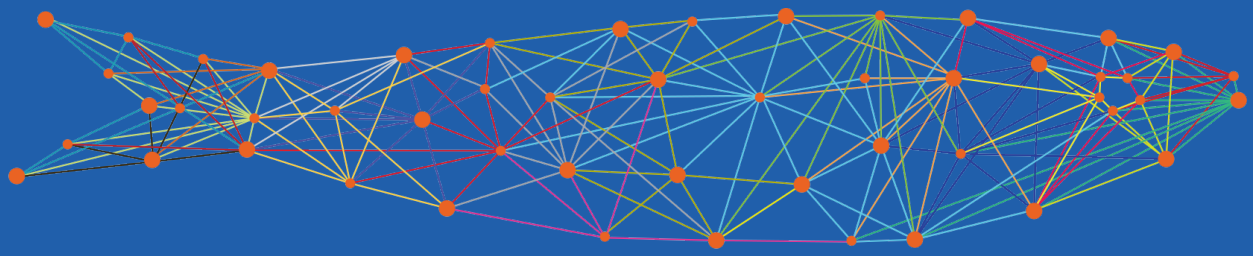

ENMESH

6-8 JUNE 2019
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Managing mental health system complexity

13th Conference of the European network for mental health service evaluation (ENMESH)

6 June 2019

09:30 - Opening Keynote Lecture
Auditorium

Keynote Speaker: Martin Knapp

Meeting complexity with complexity: reflections on mental health economics

Twenty-five years ago, I gave a plenary presentation at the first ENMESH conference ('The health economics dimension: possibilities for international comparative research'). I will now reflect on those intervening years: how mental health research (particularly but not exclusively economics) has developed in topic, emphasis, engagement, methods, reach and impact. Mental health systems have become more complex, and research must respond appropriately; in many respects it has. Among the themes that I will pick up (and illustrate with evidence) will be: multiple sectors, multiple morbidities, individualisation, prevention, wellbeing, inequalities, involvement, and mixed-methods research. I will finish with a summary of the enduring challenges with economic evidence and suggest what responses.

11:45 – Keynote Lecture I
Auditorium

Keynote Speaker: Pim Cuijpers

The digital society and the 'Dodo Bird': how can psychological treatment reduce the disease burden of depression?

According to the Dodo Bird Verdict all therapies are about equally effective in the treatment of mental health problems. But if that is the case, what do we need at least for a therapy to be effective? Can we minimise therapies without reducing the effects? Internet-based and mobile interventions offer new opportunities to minimise psychological interventions. In the past 20 years several dozens of randomized trials have shown that interventions that are delivered through the internet are effective in the treatment of mental disorders. But are they as effective as face-to-face therapies? Should they be based on cognitive behavioral techniques? Are internet and mobile interventions only for mild and moderate mental health problems or can also people with severe disorders benefit from them? Should they be guided by professional coaches or can they also be effective without professional support? Do we know who does and does not benefit from these interventions? And if they are delivered by coaches, what kind of training should they have? In this lecture an overview will be given of these and other questions, as well as the answers that can be given with the current state of knowledge. Although internet and mobile interventions offer many new possibilities to treat large numbers of people with mental health problems, including people who do not currently seek help, it is not an easy solution. There are several dangers and negative aspects of these interventions that should be taken into account, and research is needed on how and when these interventions can help with reducing the disease burden of mental disorders.

Keynote Speaker: Benedetto Saraceno

Barriers to and implementation of comprehensive mental health care

In spite of the remarkable efforts to raise mental health among the top public health global priorities: very little evidence exists to show substantial reduction in the treatment gap; when treatmeWWnt is sought, quality is poor; resources allocated to Mental Health remain very low; Human Rights violations in the psychiatric setting still represent a real global emergency.

Seven main barriers-to and implementation-of comprehensive mental health care are discussed; among them, the resources gap, the lack of investment in secondary care and the indifference to the moral case.

Seven main drivers for implementation of comprehensive mental health care are also presented; among them the need of reconfiguring care away from hospitals and into community settings, of a sustained commitment to involving users in planning and providing services and of integrating mental health into priority health service delivery platforms.

10:45 - Parallel Sessions I - Symposium 1 - Mental health care from theory to outcome
Auditorium

Theme(s): Mental health care from theory to outcome

SY-001

(10654) - METACOGNITIVE REFLECTION AND INSIGHT THERAPY FOR PERSONS WITH SERIOUS MENTAL ILLNESS: PROCESS, OUTCOME AND DIFFERENT MODES OF APPLICATION AND ASSESSMENT

Chair: Ilanit Hasson-Ohayon (Israel)[1]

Presenters: Ilanit Hasson-Ohayon (Israel)[1]; Steven De Jong (Netherlands)[2]; Libby Igra (Israel)[1]

1 - Bar-Ilan University, Department of Psychology;
2 - Groningen University

SYMPOSIUM PROPOSAL

Introduction to the subject:
Metacognitive reflection and insight therapy (MERIT) represents an integrative approach to addressing the processes which allow persons with serious mental illnesses to form more integrated and complex ideas about themselves and their psychiatric challenges and so find a way to manage their own recovery. MERIT is defined by eight core elements which promote persons' abilities to form complex ideas about themselves and the challenges presented in psychiatric conditions. The processes of MERIT further promote a sense of agency leading to self-direction and more effective self-management.

The main objectives of the symposium:
To present the MERIT as a theory based therapy and the findings from one completed trial and one ongoing trial. Different methods that assess both process and outcome in psychotherapy research will be discussed in relation to the findings.

The contributions and the take home scientific information of the symposium:
The proposed symposium will show that MERIT holds promise as a means for promoting recovery from serious mental illness through its ability to help address some of the most subjective forms of disturbance in serious mental illness and is consistent with call to empower persons with mental illness and reduce stigma.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Metacognitive Reflection and Insight Therapy: Results from a randomized controlled trial with persons with psychosis

Authors: Steven de Jong; van Donkersgoed, R.J.M.; Timmerman, M.E.; aan het Rot. M.; Wunderink, L.; Arends, J.; van der Gaag, M.; Aleman, A.; Lysaker, P.H.; Pijnenborg., G.H.M.

Background
One concept which has been receiving increased attention within research into psychotic disorders has been metacognition, or "thinking about thinking and feeling" (Buck & Lysaker, 2009; Hillis et al., 2015; Schweitzer, Greben, & Bargenquast, 2017). Accumulating evidence that deficits in metacognitive capacity are related to difficulties experienced by those diagnosed with a psychotic disorder has led to the development of various psychotherapies targeting metacognition (Hamm, Hasson-Ohayon, Kukla, & Lysaker, 2013). Over the past years, our research team has completed a multicenter randomized controlled trial investigating one such therapy: metacognitive reflection and insight therapy (MERIT; de Jong et al., 2018; Van Donkersgoed et al., 2014).

Methods
Over four years, 70 patients were recruited from seven mental healthcare institutes in the Netherlands. Half of the participants were randomized into an active condition in which they received 40 sessions of MERIT individual psychotherapy, while the other half received Treatment as Usual (TAU). Participants received a baseline, post-treatment and 6-month follow-up measurement of the primary outcome of metacognitive functioning, and secondary outcomes such as symptoms, quality of life and depression. Results were analyzed using multilevel analysis. Participants who received MERIT were also interviewed post-therapy to investigate their experience of the therapy.

Results
Results indicated that both groups (MERIT and TAU) had improved on metacognitive functioning, with no statistically significant differences in their gains. Six months later, however, at follow-up, metacognitive capacity had returned to baseline functioning in the TAU group, whereas the MERIT group had continued to improve, leading to significant differences between the groups. From the interviews it became apparent that patients who had finished therapy were positive about their experiences with it, although they found it mentally demanding. Further analysis of the data showed a significant moderator effect for clinical insight: persons with deficits in clinical insight did not appear to benefit much from the intervention, while those with relatively more intact clinical insight profited heavily.

Conclusions
Our findings support the notion that MERIT can be utilized for persons with a psychotic disorder, particularly those with relatively better clinical insight. Future studies will have to confirm our results, however. Particularly relevant are the questions whether MERIT is a useful pre-therapy for persons who do not benefit from CBT as a result of limited metacognitive capacity, whether the MERIT manual can be modified so persons with limited insight also benefit, and how MERIT results relate to other individual psychotherapies such as mentalization-based therapy.

2. Metacognition, Subjective Self Experience and Social Cognition: Preliminary Outcomes following RCT of Metacognitive Therapy for persons with schizophrenia

Authors: Libby Igra, Adi Lavi-Rotenberg, Paul Lysaker, Ilanit Hasson-Ohayon

Introduction
One of the major challenges for people with schizophrenia spectrum disorders is the ability to reflect upon their own and others' mental activities, and to think about specific psychological problems in their lives. Metacognitive Reflection and Insight Therapy (MERIT; Lysaker & Klion, 2017) is an integrative model of psychotherapy that seeks to promote holistic metacognitive capacity and consequently increase a positive sense of agency and meaning in life among clients with schizophrenia.

Objectives
The main objective of the research is to extend the current understanding of metacognition focused psychotherapy for persons diagnosed with schizophrenia spectrum disorders, and subsequently expend the implantation of advanced, evidence based therapies among rehabilitation centers, clinics and hospitals.

Methods
An integrated design of Randomized Controlled Trial (RCT) and Session by Session (SBS) assessment is applied in Bar-Ilan University's Community Clinic (N=50). In order to assess the outcomes of Metacognitive Reflection and Insight Therapy we compare a treatment group (N=25) with a delayed treatment control group (waiting list- N=25). The Treatment Group receives 24 sessions of MERIT immediately, and the delayed treatment control group will receive MERIT after a 24-week wait. The intervention is based on the MERIT protocol adapted for a time-limited psychotherapy. Our outcome measures include Metacognition, Social Cognition, Symptoms, Distress, Self-clarity, Self-stigma, Self-compassion, Meaning in life and Quality of life.

Results
Based on the first client that completed the intervention group: The Reliable Change Index (RCI) for MAS-A sub scales and the HQOL, were computed according to Jacobson and Truax (1991) using previous data sets to obtain the standard deviation and a coefficient for each measure. There was a significant increase on both self-reflectivity and mastery after the treatment. In addition there was a significant increase in the quality of life, while there was no reliable change in the quality of life for 3 patients in the control group.

By June 2019 we will have more clients in both groups and we will be able to compare the pre- post changes following the intervention.

Conclusions
Previous findings show metacognition and insight gains following MERIT (de Jong et al., 2018; Vohs et al., 2018). Our results will allow us to extend the current knowledge about metacognitive focused interventions regarding metacognition improvements as well as significant secondary outcomes.

3. Tracing the Therapeutic Exchange Session by Session: Unfolding the change mechanisms that underlie Metacognitive therapy for persons with schizophrenia

Authors: Ilanit Hasson-Ohayon, Adi Lavi-Rotenberg, Libby Igra, David Roe, Paul Lysaker

Introduction
Extensive research has shown that persons with schizophrenia struggle with the ability to reflect upon their own and others' mental activities, resulting in limited ability to think about coping with specific psychological problems in life. Metacognitive Reflection and Insight Therapy (MERIT; Lysaker et al., 2014) is an integrative model of psychotherapy that aim to address these deficits and challenges and increase a positive sense of agency and meaning in life among clients with schizophrenia.

Objectives
The present study assesses of the effectiveness and process of the MERIT intervention on a session-by-session basis among persons with schizophrenia. Monitoring psychotherapy on every session enables us to track in-depth the changes in metacognitive abilities, therapeutic alliance and symptoms throughout MERIT. Moreover, it enables exploration of the trajectories of each measure and the associations between these measures throughout psychotherapy.

Method
An integrated design of Randomized Controlled Trial (RCT) and Session by Session (SBS) assessment is applied (N=50). Participants are randomly assigned to either an intervention group or to a delayed intervention control group. In order to trace SBS changes and to explore therapeutic processes, every session we assess: locus of control, emotional experience, symptomatic distress and therapeutic alliance. We collect data from both client's and therapist's perspectives in order to explore the dyadic interchange. In addition, metacognition coding via the MAS-A will be conducted at 6-time points.

Results
By now (November 2018) there are 18 participants, 9 are receiving MERIT and 9 are in the delayed intervention group. By June 2018 we will present preliminary findings of the therapeutic processes.

Conclusions
Results will allow us to extend the current understanding regarding metacognition focused psychotherapy for persons diagnosed with schizophrenia spectrum disorders, and subsequently expend the implantation of advanced, evidence based therapies among rehabilitation centers, clinics and hospitals.

10:45 - Parallel Sessions I - Symposium 2 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome

SY-002

(10795) - SUPPORTED SELF-MANAGEMENT AS A PRIORITY FOR PEOPLE WITH LONG-TERM MENTAL HEALTH CONDITIONS

Chair: Sonia Johnson (United Kingdom)[1,2]

Presenters: Sonia Johnson (United Kingdom)[1,2]; Emma Molyneaux (United Kingdom)[4]; Thomas Steare (United Kingdom)[2]; Miriam Fornells-Ambrojo (United Kingdom)[1]

1 - University College London;
2 - Division of Psychiatry, University College London;
3 - Stanford University, California;
4 - Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, Kings College London

SYMPOSIUM PROPOSAL

Background
Self-management interventions, including planning self-defined recovery goals and formulating relapse plans, have a strong evidence-base in health. Following a systematic review of literature mainly on physical health interventions, Trish Greenhalgh has written that "Supporting self-management is inseparable from the high-quality care for Long Term Conditions. Commissioners and health-care providers should promote a culture of actively supporting self-management as a normal, expected, monitored and rewarded aspect of care." However, supported self-management interventions are not yet available as standard in services for people with long-term mental health conditions.

Objective of the symposium
To bring together some recent studies examining important outcomes from self-management interventions for people with severe mental health problems, and to discuss next steps in the wider implementation of such conditions.

Methods
We will present new results from studies including (a) Systematic literature reviews of studies on self-management for severe mental illness, and on advance planning as a tool for preventing compulsory admission; (b) outcomes of a randomised controlled trial of a peer-supported self-management intervention for people with severe mental health problems, and of a feasibility trial of a digital tool for this purpose.

Results
As in other long-term conditions, there is substantial evidence for the effectiveness of supported self-management interventions for people with severe mental health problems, including in preventing relapse following a mental health crisis.

Conclusions
Next steps should focus on implementation strategies for supported self-management of long-term mental health conditions and on further evaluation of impacts on important indicators such as compulsory admission.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Self-management interventions for people with severe mental illness: a systematic review and meta-analysis

Authors: Melanie Lean, Miriam Fornells-Ambrojo; Emma Molyneaux, Brynmor Lloyd-Evans, Sonia Johnson; Thomas Steare

Background
Supported self-management is advocates as a central component in care for people with long-term conditions, but a recent synthesis of its evidence base for people with severe mental health problems has not been available.

Objective
To evaluate the effectiveness of self-management interventions for adults with severe mental illness.

Method
A systematic review of randomised controlled trials was conducted. A meta-analysis of symptomatic, relapse, recovery, functioning and quality of life outcomes was completed using Revman.

Results
Thirty-seven trials were included with 5790 participants. From the meta-analysis, self-management interventions conferred benefits in terms of reducing symptoms and length of admission, and improving functioning and quality of life both at the end of treatment and at follow up. Overall the effect size was small to medium. The evidence for self-management interventions on readmissions was mixed. Regarding recovery-related outcomes, self-management had effects on hope and empowerment at follow up, and self-rated recovery and self-efficacy at both time points.

Conclusion
There is substantial evidence that the provision of self-management interventions alongside standard care improves outcomes for people with severe mental illness. Self-management interventions should form part of the standard package of care provided to people with severe mental illness and should be prioritised in guidelines: research on best methods of implementing such interventions in routine practice is needed.

2. Advance Planning Interventions for People with Psychotic Illness or Bipolar Disorder: A Systematic Review and Meta-Analyses

Authors: Emma Molyneaux; Amelia Turner, Sonia Johnson, Bridget Candy, Brynmor Lloyd-Evans

Introduction
Mental health services currently lack effective interventions to reduce compulsory admissions. Advance planning interventions, in which service users describe their preferences for future treatment during a mental health crisis, have been identified as being potentially beneficial.

Objectives
This review aimed to synthesise evidence from RCTs on the effectiveness of advance planning interventions in reducing rates of compulsory hospital admissions for people with psychotic illness or bipolar disorder, compared with usual care.

Methods
Systematic searches of six online databases were conducted in October 2018. The primary outcome was compulsory psychiatric admissions. Trials were assessed for bias using the Cochrane Collaboration Tool.

Results
The search identified 1,428 studies: five RCTs were included in the review. One study had high risk of bias due to incomplete primary outcome data. Random effects meta-analysis showed a substantial reduction in compulsory admissions among those receiving advance planning interventions compared with usual care.

Conclusions
Our meta-analysis suggests that advance planning interventions reduce the risk of compulsory admissions among individuals with psychotic illness or bipolar disorder. This will be discussed in context of other studies carried out by the NIHR Mental Health Policy Research Unit to inform the Mental Health Act Review; these yielded no substantial evidence

to support any other means of reducing compulsory admissions. The optimal model of advance planning interventions requires further investigation, as does the implementation of these interventions in routine clinical practice.

3. Peer-supported self-management for people discharged from a crisis team: a randomised controlled trial

Authors: Sonia Johnson, London.Louise Marston, Claire Henderson, Oliver Mason, Danielle Lamb, David Osborn, Alyssa Milton, Brynmor Lloyd-Evans

Background

High resource expenditure on acute care is a challenge for mental health services aiming to focus on supporting recovery, and relapse after an acute crisis episode is common. Some evidence supports self-management interventions to prevent such relapses, but their effect on readmissions to acute care following a crisis is untested. Objective We tested whether a self-management intervention facilitated by peer support workers could reduce rates of readmission to acute care for people discharged from crisis resolution teams, which provide intensive home treatment following a crisis.

Methods

We did a randomised controlled superiority trial recruiting participants from six crisis resolution teams in England. Participants were randomly. Participants in the intervention group were offered up to ten sessions with a peer support worker who supported them in completing a personal recovery workbook, including formulation of personal recovery goals and crisis plans. The control group received the personal recovery workbook by post. The primary outcome was readmission to acute care within 1 year.

Findings

64 (29%) of 218 participants in the intervention versus 83 (38%) of 216 in the control group were readmitted to acute care within 1 year (odds ratio 0·66, 95% CI 0·43–0·99; p=0·0438).

Interpretation

Our findings suggest that peer-delivered self-management reduces readmission to acute care, although admission rates were lower than anticipated and confidence intervals were relatively wide. Assessment is warranted of whether implementing this intervention in routine settings reduces acute care readmission.

4. Is a self-management Smartphone application acceptable in Early Intervention in Psychosis Services? Results from the ARIES feasibility trial

Authors: Thomas Steare, London. Brynmor Lloyd-Evans, David Osborn, Sonia Johnson

Introduction

Self-management interventions are recommended in the treatment of first-episode psychosis. Normally conducted with paper-and-pen tools, digital technology may be better suited to deliver them, but there are currently no Smartphone applications (apps) for Early Intervention in Psychosis (EIP) services with demonstrated effectiveness and cost-effectiveness. As a step towards address this, we have adapted existing paper-and-pen self-management intervention components to create a novel Smartphone app intended to increase the implementation of self-management and improve outcomes.

Objectives

The ARIES feasibility trial aims to investigate: i) the acceptability of My Journey 3 for adults with first-episode psychosis, ii) the feasibility of conducting a large randomised controlled trial of this intervention in EIP services.

Methods

40 participants were recruited from EIP services and were randomly allocated to receive My Journey 3 on their own Smartphone or to a control group where participants did not have access to My Journey 3. Data for potential outcomes for a large-scale trial was collected at baseline, 4-months and 12-months post-baseline. Qualitative interviews with participants and EIP service clinicians have been conducted and metrics collected to assess the acceptability of My Journey 3 and to identify any require modifications.

Results
Quantitative and qualitative results of the feasibility trial will be presented.

Conclusions
The acceptability of My Journey 3 will be discussed, and the feasibility of conducting a large-scale trial will be considered.

10:45 - Parallel Sessions I - Symposium 3 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

SY-003

(10664) - IMPROVING CONTINUITY OF CARE FOR PATIENTS WITH SEVERE MENTAL ILLNESS: ADDRESSING CHALLENGES AT THE SYSTEM, SERVICE, AND INDIVIDUAL LEVELS

Chair: Vincent Lorant (Belgium)[3]

Presenters: Pablo Nicaise (Belgium)[1]; Pierre Smith (Belgium)[1]; Inge Neyens (Belgium)[2]; Philip Mcnamee (United Kingdom)[4]

1 - Institute of Health and Society (IRSS), Université Catholique de Louvain;
2 - LUCAS, Katholieke Universiteit Leuven;
3 - Université catholique de Louvain;
4 - National Health Service

SYMPOSIUM PROPOSAL

Improving continuity of care for patients with severe mental illness: addressing challenges at the system, service, and individual levels

Continuity of care for patients with severe mental illness (SMI) has become a key issue in mental health care delivery. SMI patients face many hurdles when navigating fragmented care systems, resulting in poor quality of care, repeated crisis episodes, and organisational complexity. Many organisational and clinical interventions are developed to improve care continuity. However, evidence of effectiveness is still scarce and is often relying on local contexts. Therefore, the objective of this symposium is to discuss tools, interventions, and measures on continuity of care for SMI patients at the system, service, and individual levels.

Two presentations come from a research on care continuity in five European countries. The first presentation measures the performance of the five healthcare systems in continuing care delivery. The second addresses the effects of length of stay and repeated admissions in psychiatric hospitals on the social integration of patients. The third presentation addresses the barriers and enablers to care continuity perceived by stakeholders in Belgium (e.g. health care professionals, managers, and user and family representatives). Finally, the final presentation assesses continuity of care within community treatment for SMI, looking at the role of different professionals and approaches to improve outcomes, including quality of life. Hence, the symposium summarizes recent progress about how to improve continuity of care for SMI patients in complex healthcare systems.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Healthcare system performance in continuity of care for patients with severe mental illness: a comparison of five European countries

Authors: Pablo Nicaise

Introduction
Patients with severe mental illness require continuity of care. In Europe, healthcare systems have developed from two basic models: national health (NHS) and regulated-market systems (RMS). It is unclear which healthcare system model is more performant in the delivery of continuity of care

Objectives
To examine care provision, regulation, and financing features in two NHS – England and Veneto (Italy) – and three RMS countries – Germany, Belgium, and Poland –, and to assess empirically the system's performance in cross-sectional, longitudinal, and relational care continuity.

Methods
6,418 patients were recruited from psychiatric hospitals in the five countries and followed up one year after admission. Data were collected on their use of services and contact with professionals. Care continuity was assessed using several indicators such as: the time gap between hospital discharge and outpatient care, access to services, number of contacts with psychiatrists and other professions, satisfaction with care continuity, and helping alliance.

Results
Important differences were found between healthcare systems. NHS countries, particularly Veneto, had more effective longitudinal and cross-sectional care continuity than RMS countries. However, Germany had similar results to England, while Poland had lower performance measures, despite a mixed NHS and RMS model. Relational continuity seemed less affected by organisational mechanisms.

Conclusions
Organisational features have an impact on cross-sectional and longitudinal continuing care delivery. Although the relationship between healthcare provision, regulation, and financing mechanisms, and care continuity is complex to disentangle, stronger regulation of care provision and financing at a local policy level should be considered for care continuity.

2) Impact of psychiatric hospitalisations on the social integration of patients with severe mental illness: a study in five European countries

Authors: Pierre Smith

Introduction
DF During the last decades, a decrease in psychiatric hospital admissions and a reduction in length of stay (LoS) occurred in most high-income countries, with a view to promoting community care and the social integration of patients with severe mental illness (SMI). However, the impact of hospital admissions and LoS on patients' social integration remains unclear.

Objectives
The aim was to determine (1) whether readmissions and longer LoS in psychiatric wards affected the social integration of SMI patients, and (2) which dimensions of social integration were most affected.

Methods
Within a European prospective cohort study, data were collected on 2009 SMI patients hospitalised in 2015 in the UK, Italy, Germany, Poland, and Belgium. Social integration was measured using the SIX index at baseline and follow-up after one year. The SIX includes four dimensions: employment, housing, living situation, and friendship.

Results
Among patients, 17% had a decrease of friendship contacts, 13% of employment status, 9% of living situation, and 6% of housing status. After controlling for patients' clinical and sociodemographic variables, an increase of LoS was significantly associated with a decrease of employment, housing, and living situation status after one year. However, the number of admissions did not significantly affected social integration.

Conclusions
Lengthy LoS in psychiatric ward have a more negative impact on SMI patients' social integration than repeated admissions. Housing and employment are the dimensions most negatively affected by LoS. Therefore, special attention should be paid to help SMI patients finding and retaining housing and employment during psychiatric hospitalisations.

3) Stakeholders' views on mental health care reform in Flanders

Authors: Inge Neyens

Introduction
The Flemish secretary of Well-being, Public health and Family, Jo Vandeurzen, plans to reform mental health care (MHC) in Flanders within the legislative framework of the sixth state reform. The central elements of this MHC reform include (1) augmenting population-based actions regarding mental health literacy and destigmatisation, (2) improving the accessibility and acceptability of MHC, (3) increasing recovery-oriented, person-centered care that includes the involvement of the relatives of MHC users, and (4) facilitating integrated MHC that is delivered in the natural environment of the MHC user.

Objectives
Different groups of stakeholders are involved in MHC: caregivers, MHC users and their relatives, researchers and policymakers. This qualitative study investigates the reform actions on which the different groups of stakeholders agree that they are needed within MHC.

Methods
Seventy-four stakeholders participated in six expert panels that consisted of representatives of (1) disciplines working in MHC, (2) networks of (mental) health services, (3) users and their relatives, (4) adjoining sectors within and outside health care, (5) researchers, and (6) policy makers. They were asked to comment on the central elements of the planned MHC reform, which were explained in a vision note.

Results
All groups of stakeholders emphasized the importance of increasing the accessibility and continuity of mental health care, especially for different groups of vulnerable MHC users. Increasing collaboration between primary MHC, specialized MHC and other sectors within and outside health care was found crucial. Moreover, all stakeholders took the view that the reform has to take into account the different needs of all age groups.

Conclusions
The reform actions that have a broad base within MHC especially focus on collaboration between the different partners at the level of (1) direct care for MHC users, (2) MHC services and other sectors within and outside healthcare, and (3) the different policy domains.

4) Should psychiatrists work across hospital and community settings or not?

Authors: Philip McNamee

Introduction
Mental health systems include hospital and community services. In systems based on personal continuity of care, the same psychiatrist treats a given patient in hospital and in the community, whilst in services based on specialisation, there are different psychiatrists who specialise to work in either hospital or community settings. Mental health policies in Europe and across the world inconsistently support one of these two alternative models without a systematic evidence base.

Objectives
The COFI study is a natural experiment comparing outcomes, costs and experiences of care between personal continuity based and specialisation based systems of mental health care.

Methods
COFI is one of the largest studies in mental health care having recruited and followed up more than 7000 patients with severe mental disorders. This study was carried in five European countries (Belgium, Germany, Italy, Poland and United Kingdom), in which both systems of mental health care co-exist. Different research methods were applied, including analyses of medical records, quantitative and qualitative interviews with patients and staff as well as analyses of costs and service use.

Results
The final findings of the COFI study will be presented with regard to clinical effectiveness, preferences of patients and clinicians and costs associated with each system of mental health care.

Conclusions
We hope that the presentation will generate a lively discussion with early career psychiatrists from different countries in order to reflect on how findings in the included countries can be extended to other national mental health care systems within and beyond Europe.

10:45 - Parallel Sessions I - Symposium 4 - Mental health care from theory to outcome
Room 3

Theme(s): Mental health care from theory to outcome

SY-004

(10707) - SEVERE MENTAL ILLNESS IN HEALTH CARE SETTINGS IN SPAIN AND LATIN-AMERICAN COUNTRIES

Chair: Berta Moreno-Küstner (Spain)[1]

Presenters: Berta Moreno-Küstner (Spain)[1]; Mª Carmen Castillejos (Spain)[1]; José Guzmán Parra (Spain)[2]; Alejandra Caqueo (Chile)[3]

1 - University of Málaga;
2 - University Regional Hospital of Málaga;
3 - Universidad de Tarapacá

SYMPOSIUM PROPOSAL

Severe mental illness in health care settings in Spain and Latin-American countries

Introduction
Persons with severe mental disorders may be particularly to a number of determinants of service use, including those related with illness, socio-demographic characteristics and organizational factors in different clinical setting and countries.

Objectives
This symposium is focus in patients with severe mental illness, especially schizophrenia in contact with mental health services in different Ibero-American countries. The first objective is to present prevalence and related factors associated with severe mental illness in contact with community mental health services in Granada (Spain). Secondly, it has been identified the factors associated with visits to general practitioners in patient with schizophrenia in Málaga (Spain). Thirdly, it has been analysed the main areas of unmet needs and the risk factors of the group of patients with high unmet needs in a sample of individuals admitted to an inpatient unit in Malaga (Spain). Finally, to complete the overview of this group of patients in different contexts and setting, we present clinical differences between women and men with schizophrenia in Bolivia, Peru and Chile.

Expected contributions
In conclusion this symposium offer an overview of the clinical characteristics of patients with severe mental illness in different clinical setting in four different countries: Spain, Bolivia, Peru and Chile. These results allow us to identify the needs, level of severity and clinical characteristics of persons with severe mental disorders that may targeted for increased property strategies of interventions and mental health services planning.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Severe mental illness in health care settings in Spain and Latin-American countries

Authors: Berta Moreno Küstner, University of Málaga (Spain); Carlos Martín-Pérez

The term severe mental illness (SMI) has been used in psychiatry to refer to long-term mental health conditions that involve severe behavioural problems, disability, and social dysfunction.

To date, definitive and consensual criteria for SMI are lacking, although these criteria are essential to determine the prevalence of SMI. The aim of this study was to determine the prevalence of severe mental illness (SMI) in patients in contact with mental health services and to determine the factors associated with SMI. A total of 260 patients who met diagnostic criteria for SMI were assessed using GAF and HoNOS scales. The overall prevalence of SMI was 6.08 per thousand. According to the three different cutoff points with GAF, the prevalence of SMI ranged from 5.38 per thousand under the weak criterion (GAF < 70) to 1.01 per thousand under the strict criterion

(GAF < 50). In the regression model, the dependent variable (presence of SMI) was defined using a GAF < 60, and the variables independently associated with the dependent variable were years of disease duration since diagnoses, mental health service use, alcohol or other substance abuse, and depressive anxiety and other psychological symptoms.

2. Factors associated with visits to general practitioners in patients with schizophrenia in Málaga (Spain)

Authors: Mª Carmen Castillejos

Background
Patients with psychiatric disorders have more physical problems than other patients, so their follow-up by the general practitioner is particularly important for them.

Methods
We aimed to elaborate a multilevel explanatory model of general practitioner (GP) visits made by patients with schizophrenia and related disorders (SRD).An observational, cross-sectional study was conducted from January 1, 2008 to July 1, 2011, in the area of the Clinical Management Unit of Mental Health (CMU-MH) of the Regional Hospital of Malaga (Spain).The eligible population consisted of all patients with SRD in contact with a GP residing in the study area. Our dependent variable was total number GP visits. The independent variables were: 1) patient variables (sociodemographic and clinical variables); 2) primary care centre (PCC) variables. We performed descriptive analysis, bivariate analysis and multilevel regression.

Results
494 patients were included. Mean annual number of GP visits was 4.1. Female sex, living in a socioeconomically deprived area, a diagnosis of schizoaffective disorder and contact with a GP who had a more active approach to mental health issues were associated with a higher number of visits whilst being single and good communication between the PCC and mental health teams were associated with a lower number of GP visits.

Conclusions
Number of GP visits was not just associated with patient factors, but also with organisational and the involvement of health professionals, for example GPs with an active approach to mental health issues.

3. Needs for care in patients with severe mental disorder after inpatient episodes

Authors: José Guzmán Parra;

Introduction
In Spain, it hasn't been studied in depth the unmet needs of psychiatric inpatients. The objective of the study was to analyse the main areas of unmet needs and the risk factors of the group of patients with high unmet needs in a sample of individuals admitted to an inpatient unit in Malaga.

Method
It was a cross-sectional study in which patients were evaluated during hospitalization previously to the discharge from the unit. 150 patients consented to participate and met the inclusion criteria. The Camberwell Assessment of Needs, the Personal and Social Performance (PSP) and The Brief Psychiatric Rating Scale (BPRS) and other clinical and sociodemographic variables were used. A descriptive and multivariate logistic regression analysis was carried out to analyse the variables associated with the presence of unmet needs (> 2).

Results
The mean number of needs per patient was 7.93, (4.61 needs met and 3.32 unmet needs). The most frequent unmet needs were: intimate relationships (44.0%), company (40.7%) and daytime activities (38.7%). There was also a relationship between the presence of three or more unmet needs and the following variables: marital status ($p = 0.018$), job status ($p = 0.009$), character of the admission ($p = 0.032$), BPRS score ($p = 0.004$), and the PSP score ($p = 0.013$). The multivariate model explained 29.5% of the variance.

Conclusions
Hospitalized patients present frequent unmet needs mainly regarding interpersonal relationships and daytime activities. The presence of more unmet needs were associated with more psychopathological symptoms, worse functioning

and worse job integration. Treatments aimed at improving social relationships and daytime activities could be the best option for hospitalized patients with unmet needs.

4. Gender differences in Schizophrenia: A multicentric study from three Latin-America countries

Authors: Alejandra Caqueo; Guillaume Fond, Alfonso Urzúa & Laurent Boyer

Objective
This study was aimed to explore clinical differences between women and men with schizophrenia (SZ) in Latin-America.

Methods
The study was conducted in public mental health centers in Bolivia, Peru and Chile.

Results
Two hundred forty-seven SZ patients participated in the study, 83 (33.6%) were women and 115 (46.6%) were Aymara. Compared to men, SZ women had slightly lower negative symptoms (=-0.17, p=0.015), slightly less social cognitive impairments (=-0.14, p=0.049), lower Family Relationships scores (=-0.27, p<0.001) and higher Sentimental Life scores (=0.12, p=0.046), independently of marital status, illness duration, age at illness onset and type of mental health treatment. All these differences have been replicated in the Aymara subgroup except for Sentimental Life scores. Aymara SZ women were also found to be less adherent into treatment compared to Aymara men (=-0.3, p=0.003).

Conclusion
SZ women were found to have a better clinical profile and higher sentimental life scores than men. However, while SZ women reported more impaired Family Relationships compared to men, they were found to receive less psychotherapy in addition to pharmacological treatment. SZ Aymara women were also identified as a specific subgroup that may be targeted for increased observance strategies.

10:45 - Parallel Sessions I - Symposium 5 - Mental health care from theory to outcome
Room 4

Theme(s): Managing systemic complexity

SY-005

(10808) - NEW APPROACHES TO RESEARCH IN MENTAL HEALTH SUPPORTED ACCOMMODATION

Chair: Helen Killaspy (United Kingdom)[1]

Presenters: Carlos R. García-Alonso (Spain)[2]; Nerea Almeda (Spain)[2]; Christian Dalton-Locke (United Kingdom)[3]; Sarah Dowling (United Kingdom)[3]; Peter Mcpherson (United Kingdom)[3]

1 - UniversityCollege London;
2 - University Loyola;
3 - University College London

SYMPOSIUM PROPOSAL

New Approaches to Research in Mental Health Supported Accommodation

This symposium will include brief presentations to illustrate a range of approaches to overcome the methodological obstacles of researching in this field.

Introduction
Mental health supported accommodation services are a key component of community based care, with many hundreds of thousands of people use these services globally, at considerable cost to health and social care budgets. However, researching these services is very challenging and high quality studies evaluating their effectiveness are scarce. Furthermore, studies that have been published are difficult to interpret for many reasons, such as the heterogeneity of models implemented, the inadequate descriptions of these models, the lack of a universally adopted taxonomy, and failure to take account of relevant contextual factors, such as other components of the health and social care system. Traditional randomised controlled trials can address some of these issues, but are especially challenging to conduct since service users and clinicians may have strong preferences for particular accommodation and decline randomisation. A recent national programme of research into mental health supported accommodation services across England included a feasibility trial to compare different models but, despite screening over 1400 potential participants, recruited only 8! Other methods for evaluating these services are therefore required.

Objectives
This symposium will include brief presentations to illustrate a range of approaches to overcome the methodological obstacles of researching in this field.

Contributions
Examples will include cutting edge service mapping technology, automated case note interrogation techniques, modelling to identify the pathways to staff morale and burnout, and theory of change development to improve practice and service quality.

Take home message
Novel research methods and new technology are enabling research in areas unsuitable for traditional approaches

CONTRIBUTING SPEAKERS ABSTRACTS

1. An Approach to Developing an Index for Assessing a Balanced and Integrated Mental Health Care System: The Case of Supported Accommodation Services.

Authors: Carlos R. García-Alonso

Introduction
Currently, high-income countries worldwide try to deliver a balanced and integrated mental health care between community and hospitals. Nevertheless, there is still high gap of unmet population needs, prevalence and socioeconomics costs associated to mental disorders. Mental health supported accommodations are essential services for providing care in the community. Until now there is no index for assessing how balanced and integrated is the mental health care provision in catchment areas.

Objective
To develop and test the Integrated Mental Health Care Index (In-MHC index) for mental health supported accommodation services across England.

Methods
The In-MHC index has been designed and developed using a fuzzy inference engine. The number of fuzzy sets was stablished in 31 being all of them normal-triangular except the first and the last ones that were Z functions. The fuzzyficación process was standard and the defuzzyficacion one was based on the product-sum gravity method. All the indexes were developed in a [0, 100] range, representing 0 the lack of the corresponding service and 100 the best availability possible.

Results
The In-MHC index has been assessed (14 Local Authorities in England) as a composite indicator based on three dimensions: residential care services, supporting houses and floating outreach services. For example, in Bath residential care had a 36.4 index, the supporting houses index was 31.6 and the floating outreach index was 56.7.

Conclusions
The fuzzy inference engine is able to assess an In-MHC index if there is enough expert knowledge for designing the rules that relate the MHC dimensions.

2. Technical Efficiency Evaluation of Mental Health Supported Accommodation Services in England.

Authors: Nerea Almeda

Introduction
Since deinstitutionalization, rehabilitation services have a key role for providing care into the community. In the United Kingdom, there are three types of Mental Health (MH) supported accommodation services: residential care, supported housing and floating outreach. Decision Support Systems (DSS) are computer-based tools for improving decision-making related to management of MH systems. Recent findings have evidenced that Relative Technical Efficiency (RTE) is a robust indicator to be included in DSS. Through RTE evaluation, it is possible to determine service performance and better resource allocation.

Objective
To assess the RTE of MH supported accommodation services: residential care, supported housing and floating outreach.

Methods
Data were collected for the QuEST study (Quality and Effectiveness of Supported Tenancies for people with mental health problems) funded by the National Institute of Health Research. The sample includes 28 residential care services, 85 supported housing services and 35 floating outreach services in England. Inputs are availability, workforce and placement capacity and budget; outputs include average length of stay, utilization and number of service users that moved from the service to another with greater independence. A hybrid model, which encompasses lineal programming, simulation and artificial intelligence, is used for RTE assessment.

Results
The MH supported accommodation services in England perform in an efficient way and the RTE on average oscillates between 0.7 and 1.

Conclusions
This methodology is useful for determining service performance, designing evidence-informed policies and guiding priority setting by identifying the sequence of services where the resource allocation will produce a better system performance.

3. The use of anonymised electronic health records to evaluate the effectiveness of mental health supported accommodation services in England.

Authors: Christian Dalton-Locke

Introduction
Many healthcare providers use electronic case record systems. The Clinical Records Interactive Search (CRIS) tool de-identifies electronic records to enable use of data for research. To date, 14 mental health NHS Trusts in England have joined the CRIS Network, with over 2.5 million records de-identified.

Objectives
To assess the feasibility of using an inner London NHS Trust CRIS database to evaluate supported housing services.

Methods
Two approaches were used to identify mental health supported housing service users; iterative development of a free text search and structured fields indicating accommodation status.

Results
The free text search returned records pertaining to 1,105 individuals, of which over two-thirds (768/1,105, 69.5%) were also identified in the structured fields search. The structured fields search identified 2,152 individuals but 78,671 of 90,476 returns (87%) had a 'null' or 'unknown' value.

Conclusions
It is feasible and efficient to identify a large sample of individuals who have used a supported housing service using de-identified electronic health records. Further investigation to assess the utility of the method in addressing specific research questions is underway.

4. Associations between job demands and resources and staff morale in mental health supported housing in England.

Authors: Sarah Dowling

Introduction
The Job Demands-Resources (JD-R) Theory categorises job characteristics into job demands (those which require substantial effort) and job resources (those which help to achieve work goals or personal development). This framework has been used to examine the morale of staff working in English mental health supported housing services.

Objectives
While staff morale is an important aspect of providing effective mental health services, little is known about the experiences of staff working in mental health supported housing. The current study investigates associations between the job demands, job resources and levels of morale reported by staff working in supported housing services in England, and staff turnover in these services 12 months later.

Methods
Staff working in a nationally representative sample of supported housing services in 14 geographic areas in England were eligible to take part. At baseline, 214 staff from 72 supported housing services completed an online questionnaire which explored their job demands, resources and aspects of morale including burnout, engagement, job satisfaction and psychological ill-health. After 12 months, staff were contacted to determine whether they were still working in the service.

Results
Turnover data were collected on 203 staff. Analysis is in progress and will utilise structural equation modelling to evaluate a hypothesised model that includes job demands, job resources, morale and turnover.

Conclusions
Implications for practice will be discussed.

5. Characteristics and Effectiveness of Recovery Training for Mental Health Staff: Implications for Supported Accommodation Services

Authors: Peter McPherson

Introduction
The facilitation of personal recovery is a well-established priority for mental health services. Although the link between recovery-based practice and service user outcomes is clear, convincing evidence supporting the relationship between staff-focussed recovery training and service user outcomes remains elusive.

Objective
The current study aims to review the characteristics and effectiveness of recovery training interventions for mental health staff, and consider implications for supported accommodation services.

Methods
A systematic review of randomised trials, assessing the effect of staff-focussed recovery training programs, was conducted. Outcomes of interest included service user self-reported recovery, symptoms and service use, and staff recovery knowledge and practice. Effectiveness data, along with details of training content, structure and delivery methods, were synthesised.

Results
Training programs varied in terms of content, structure and delivery. Training interventions appear to influence the recovery knowledge of staff, but there is limited evidence of a consistent effect on service user outcomes.

Conclusion
The implications of these findings are considered in relation to supported accommodation services, with a particular focus on staff development, quality improvement, and service design. Options for future research are discussed.

10:45 - Parallel Sessions I - Symposium 6 - Managing systemic complexity
Room 5

Theme(s): Mental health care from theory to outcome

SY-006

(10725) - FINDINGS FROM A STATEWIDE EVALUATION OF RECOVERY-ORIENTED SUB-ACUTE RESIDENTIAL MENTAL HEALTH SERVICES IN VICTORIA, AUSTRALIA

Chair: Lisa Brophy (Australia)[1]

Presenters: Lisa Brophy (Australia)[1]; Carol Harvey (Australia)[2]; Shifra Waks (Australia)[3]; Helen Killaspy[4]

1 - School of Allied Health La Trobe Univeristy;
2 - The Psychosocial Research Centre, Department of Psychiatry, The University of Melbourne;
3 - The University of Melbourne
4 - University College London

SYMPOSIUM PROPOSAL

Findings from a statewide evaluation of recovery-oriented sub-acute residential mental health services in Victoria, Australia

This project's aims were to evaluate the appropriateness, effectiveness and efficiency of Victoria's Prevention and Recovery Care Services (PARCS). PARCS are sub-acute (maximum 28 day admission) residential services. They are an expanding service type across Australia but the evidence base is limited, and their impact on the service system and service users is not well understood. This 3-year partnership based project has been has a rigorous, multi-faceted research design that has been employed to answer key questions about how PARCS operate, who they serve, what outcomes they achieve in the short and longer term, and whether they provide good value for money.

The studies have drawn on several different data sources including surveys with staff members at 19 Victorian adult PARC services, routinely collected consumer mental health data, and surveys and interviews with consumers of PARC services, their families, carers, as well as service staff and other key stakeholders.

This symposium enables an opportunity to hear about a complex research project. Take home messages are that:

- Despite the implementation of PARCS according to well-defined operational guidelines, some significant differences between PARCs services exist
- PARC services may serve an overlapping but distinguishably different consumer group than inpatient psychiatric units, suggesting they may provide an additional community-based service option rather than a substitute for an inpatient admission
- Consumer, carer and staff experiences provide an important perspective on the impact of PARCS and opportunities for further service development.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Prevention and Recovery Care Services: does this sub-acute recovery-oriented service model differ across sites?

Authors: Carol Harvey; and Helen Killaspy

Introduction
Current research concerning community-based residential alternatives to inpatient admission is limited. Evidence for one such Australian alternative, Prevention and Recovery Care Services (PARCS), is required.

Objectives
Within a large state-wide evaluation of PARCS, this sub-study investigated their implementation and whether a typology of PARCS can be developed.

Methods
The Victorian PARC service mapping questionnaire and the Quality Indicator for Rehabilitative Care (QuIRC) were completed by a staff member from each of the 19 PARCS serving adults with mental ill-health. Expert stakeholders selected variables for a cluster analysis. Twenty-three items were entered into a hierarchical cluster analysis.

Results
Three clusters of equal dissimilarity were observed. At the 90% confidence level, 4 variables were significantly different between clusters: the year the PARC was opened; the QuIRC Living Environment domain score; the proportion of all admissions that were a step-down admission from an inpatient unit; and, involvement of families.

Conclusions
Despite the expectations of statewide guidelines, some significant differences between PARCS exist. Family inclusion has been a policy priority, but practice has lagged, so it may be viewed as a marker of a progressive model of care. The proportion of step-down usage was lowest for the cluster with the most recently opened PARCS, possibly reflecting increasing recognition of their value as an inpatient alternative and/or more gradual uptake of the step-down function. Facilities may also be benefiting over time from accumulated operational experience and more purposeful design.

2. Similarities and differences in people accessing Prevention and Recovery Care Services and inpatient units in Victoria, Australia

Authors: Lisa Brophy and Carol Harvey

Introduction
There is an emerging international literature demonstrating clinical and cost-effectiveness of sub-acute residential mental health services. To date, however, there is limited information on the profile of consumers accessing these models of care.

Objectives
We aimed to understand the profile of the population served by adult sub-acute residential mental health services in Victoria Australia (known as Prevention and Recovery Care; PARC) and to compare PARC service consumers with consumers admitted to psychiatric inpatient units within public hospitals.

Methods
Using five years (2012-2016) of a state-wide database of routinely collected individual level mental health service data, we describe the socio-demographic and clinical profile of PARC service consumers compared to consumers of inpatient units. We also compared their patterns of services usage.

Results
There were 98,230 admissions in the study period, representing 42,997 individuals. The profile of PARC service consumers differed from those admitted to inpatient units including for sex, age, diagnosis and illness severity. For example, being male or in the youngest age grouping (<20 years) significantly reduced the odds of admission to PARC services. A primary diagnosis of schizophrenia and related disorders all significantly increased the odds of admission to PARC services.

Conclusions
Our findings suggest PARC services may serve an overlapping but distinguishably different consumer group than inpatient psychiatric units. These consumer differences have implications for assessing the long-term effectiveness of this service option

3. The Lived Experience of Prevention and Recovery Care Services

Authors: Shifra Waks and Lisa Brophy

Introduction
Consumer, carer and staff experiences provide an important perspective on the impact of PARCS and opportunities

for further service development

Objectives

Quantitative and qualitative findings from the Prevention and Recovery Care (PARCS) project sub-study will be presented and discussed.

Methods

The PARCS project includes a state-wide longitudinal study that recruited 291 people from across 19 PARCS in Victoria. Data were collected at 4 time-points and this includes satisfaction and experience of the service data, collected via the Mind Australia Satisfaction Survey (MASS) and the INSPIRE. We also undertook interviews with consumer, staff and carer participants at each of the 19 PARCS.

Results

Findings suggest very high levels of satisfaction with PARCS and positive experiences of the service. Three themes have emerged from conducting a thematic analysis of open ended questions. Feeling connected, finding meaning and purpose and becoming empowered were all identified by participants as important in their recovery journeys and central to what they found most helpful about their experiences with the PARCS.

Conclusions

Valuing and seeking to understand consumer experiences needs to be part of ongoing mental health service evaluation to work towards delivering better recovery-oriented services. Exploring consumer experiences of sub-acute residential services helps us understand the effectiveness of these services and what impact they may have on personal recovery. The significant contrast between the experience of partnership based, sub-acute residential services and the experience of inpatient services is of particular interest.

10:45 -Parallel Sessions I - Symposium 7 - Mental health care from theory to outcome
Room 6

Theme(s): Managing systemic complexity

SY-007

(10787) - REFLECTIONS ON THE NEXT TEN YEARS OF RESEARCH, POLICY AND IMPLEMENTATION IN GLOBAL MENTAL HEALTH

Chair: Corrado Barbui (Italy)[1] and Emiliano Albanese (Switzerland)[4]

Presenters: Crick Lund (South Africa)[2]; José Miguel Caldas Almeida (Portugal)[3]; Benedetto Saraceno (Portugal)[3]

1 - University of Verona;
2 - Alan J Flisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town;
3 - Lisbon Institute of Global Mental Health;
4 - WHO Collaborating Centre, University of Geneva, and Università della Svizzera Italiana

SYMPOSIUM PROPOSAL

Introduction
to the subject At a global level considerable progress has been made over the past decades in terms of research, policy and implementation activities that are specifically relevant for resource-poor settings. In 2018, the Lancet Commission on global mental health and sustainable development provided an historical overview of this progress, reframed the concept of mental health by bringing together knowledge from diverse scientific perspectives and real-world experiences, and called for urgent action to translate current knowledge into concrete activities, aiming to promote mental health, prevent mental disorders, and scale up services to detect, treat, and support recovery of people with mental disorders. Against this background, this symposium aims to present a visionary reflection on research, policy and implementation priorities for the global mental health agenda of the next decade.

Objectives of the symposium
To identify key research priorities in global mental health
To identify key policy priorities in global mental health
To identify key implementation priorities in global mental health

The contributions and the take home scientific information of the symposium
Examples of topics that may be expected to be discussed by the three speakers include the following: (1) hospital versus community mental health care; (2) primary health care versus specialised mental health care; (3) population-level actions versus individual-level interventions; (4) legislations and human right issues; (5) digital technologies in global mental health; (6) task sharing and its implications for professionals; (7) implications of geopolitical risks (climate change, humanitarian emergencies, emergence of nationalist/populist political forces) for population mental health.

CONTRIBUTING SPEAKERS ABSTRACTS

Authors: Crick Lund; José Miguel Caldas de Almeida; Benedetto Saraceno

Crick Lund, José Miguel Caldas de Almeida and Benedetto Saraceno will present their personal viewpoint on research activities, policy action and implementation initiatives that should be given priority over the next ten years in the area of global mental health. The speakers will be asked to talk for 15-20 mins attempting to answer the following four questions:

1. What are the priorities for the next ten years of research in global mental health?
2. What are the priorities for the next ten years of policy activity in global mental health?
3. What are the priorities for the next ten years of implementation activities in global mental health?
4. Should research, policy and implementation be given similar relevance or, rather, should any of the three activities be given priority over the others?

13:00:00 - Lunch & Poster Session I - Poster Presentation I - Monitor 1

Theme(s): Mental health care from theory to outcome; Managing systemic complexity; Access inequities; Crosscultural learning in mental health

PO-001

(10870) - MENTAL HEALTH AND SOCIAL INCLUSION: VALIDATING SOCIAL AND COMMUNITY OPPORTUNITIES PROFILE SCALE FOR THE PORTUGUESE LANGUAGE SPOKEN IN BRAZIL

Jussara Santos (Brazil)[1]; Sônia Barros (Brazil)[1]; Peter Huxley (United Kingdom)[2]; Lara Floriano (Brazil)[1]

1 - School of Nursing - University of São Paulo;
2 - School of Healthcare Sciences - Bangor University

Introduction
In Brazil, we don´t have any scale that measures Social Inclusion in people with mental health issues. In this way, we validate the scale named Social and Community Opportunities Profile (SCOPE), English scale that measures the construct social inclusion.

Objectives
To validate the SCOPE scale for the Portuguese Language spoken in Brazil.

Methods
Methodologic research. The participants were 225 people with mental health issues those were users of 31 community mental health services of the city of São Paulo – Brazil. The scale has 17 items, divided into two subscales (Satisfaction with 12 items and Opportunities Perceived with 05 items). We did the analyses by IBM-SPSS software version 22.0 and AMOS-SPSS software version 21.0 that utilized the technical: Crosscultural adaptation, Confirmatory and Exploratory Factorial analyses and internal consistency.

Results
The SCOPE-B scale was adapted for the Portuguese language spoken in Brazil by experts committee and Content validation index CVI=0.97. Internal consistency for Satisfaction subscale was =0.756 and Opportunities Perceived subscale was =0.626. The exploratory factorial analysis pointed to the subscale Satisfaction as three-dimensional and the Opportunity Perceived subscale as one-dimensional. The Confirmatory Factorial analysis kept the result of the exploratory factorial analysis with good parameters. The responses of the participants showed low social inclusion (aggravated by racism) and good access community mental health services.

Conclusions
The SCOPE-B scale is valid for the Portuguese language spoken in Brazil and we need to advance in social inclusion and anti-racism policy, with emphasis on the axes: work, residence and social network of the psychosocial rehabilitation.

PO-002

(10871) - MENTAL HEALTH-RELATED STIGMA IN PATIENTS DIAGNOSED WITH A PSYCHIATRIC DISORDER IN A MENTAL HEALTH INSTITUTION IN LIMA, PERU

Paula Aljovín (Peru)[1]; Andrés Cueto (Peru)[1]; Adela Armas (Peru)[1]; Estrella Rodríguez (Peru)[1]

1 - Pontificia Universidad Católica del Perú

Introduction
In Peru, over 80% of people with a mental health disorder do not receive adequate treatment. One of the main deterrents to help-seeking and treatment adherence is mental health-related stigma, thus rendering the situation into a public health issue.

Objectives
The present research paper aims to investigate and understand the stigma undergone by psychiatric outpatients of a mental health institution in Lima, Peru.

Methods
Seven people with varying psychiatric diagnoses were interviewed using a semi-structured interview. The interviews were transcribed verbatim and analyzed using a thematic analysis approach, under a phenomenological methodological design.

Results
Stigma takes place in different spheres of participants' lives, affecting the individual globally. Experiences and perceptions of stigma were found in the interpersonal level, namely as lack of support, rejection and incomprehension from the patients' families and friends. Additionally, experiences of unfair treatment from mental health professionals were reported within the institutional level. In the structural level, participants perceive that society stigmatizes them for having a disorder and that the government gives little to no attention to the national mental health situation. Lastly, in the individual level, participants internalize the negative attitudes, derogative speech, and rejection they are subjected to and transform them into self-defining labels, based on which they build a new identity associated to their disorder. Consequently, participants report feelings of loneliness, sorrow, fear and shame.

Conclusions
Mental health related stigma affects the lives of diagnosed patients in various ways,, interferring with help-seeking behaviour and treatment whilst worsening their general wellbeing.

PO-004

(10805) - RECOVERY NARRATIVES OF MARGINALISED COMMUNITIES

Ada Hui (United Kingdom)[1]; Amy Ramsay (United Kingdom)[2]; Stefan Rennick-Eggleston (United Kingdom)[1]; Joy Llewellyn-Beardsley (United Kingdom)[1]; Rose Mcgranahan (United Kingdom)[3]; Kristian Pollock (United Kingdom)[1]; Graham Thornicroft (United Kingdom)[2]; Mike Slade (United Kingdom)[1]

1 - University of Nottingham;
2 - Kings College London;
3 - Queen Mary University London

Introduction
At least a quarter of individuals from Black, Asian and minority ethnic (BAME) communities experience mental distress in the United Kingdom, yet this population are nationally under-served. Individuals from BAME backgrounds are more likely to be diagnosed with a severe mental disorder, to be hospitalised and detained under the Mental Health Act However, little is known about the experiences of BAME individuals' recovery from mental distress.

Objectives
This study explores BAME individuals' experiences of mental distress and recovery using inductive analysis. The study specifically aims to bridge the interdisciplinary void between the health and social sciences through examining social influences upon individual experiences of recovery.

Methods
Twenty-one narrative interviews were conducted with individuals who self-identify as being of a BAME background. Interviews were analysed inductively to explore individual experiences of mental distress and recovery.

Results
Findings from this study highlight different models of understanding mental distress from individual, socio-cultural and institutional perspectives. These each influence how the individual and their experiences are perceived by others, how the individual views themselves and their experiences, as well as the processes through which individuals navigate their journeys of recovery.

Conclusions
The experiences and processes of recovery by individuals of BAME communities must be considered in developing culturally appropriate models of care, as well as in addressing health and social inequalities. Social models of mental distress encourage shared understandings between different groups.

PO-005

(10878) - BARRIERS TO CARE, STIGMA AND IMPACT AMONG FAMILIES OF PEOPLE WITH AUTISM IN SIX LATIN AMERICAN COUNTRIES

Cristiane Silvestre De Paula (Brazil)[1]; Alexia Rattazzi (Argentina)[2]; Sebastian Cukier (Argentina)[3]; Daniel Valdez (Argentina)[4]; Analia Murillo (Dominican Republic)[5]; Cecilia Montiel (Panama)[6]; Gabriela Garrido (Uruguay)[7]; Ricardo Garcia (Chile)[8]

1 - Universidade Presbiteriana Mackenzie;
2 - PANACCEA;
3 - PANAACEA;
4 - Universidad de Buenos Aires.;
5 - UNIVERSIDAD DE VALENCIA;
6 - Universidad Latina de Panamá;
7 - Universidad de la República Oriental del Uruguay;
8 - Universidad de Chile

Introduction
Among the population with special healthcare needs, people with autism spectrum disorders have the highest percentage of unmet health care needs, but data on impact in families and barriers to care are nearly non-existent in Latin America.

Objectives
to identify barriers to care among autism population leaving in Latin America;
to describe stigma and financial impact on families in the same sample.

Methods
Sample: caregivers of children with autism from six countries in Latin America (N=2,942).
Instrument: 'Caregiver Needs Survey' by Autism Speaks to assess: children with autism and their caregiver's characteristics; service encounters; caregiver needs/perceptions; barriers to care.

Results
main barriers to receive treatment were related to infrastructure: waiting list (half of sample), costs (1/3), lack of services (¼). More than 1/3 felt usually/always frustrated when seeking for treatment.

About stigma amongst caregivers, the most common was 'feeling helpless for having a child with autism' (38.8%). 1/3 quoted that others would discriminate them because they have a child with autism, and almost ¼ stated that having a child with autism imposes negative impact on them.

On financial impact: half of caregivers declared financial problem in at some level, and having a family member cutting down hours of work, while 1/3 had a family member that completely stopped working due to autism in the family.

More details on the Brazilian sample will be provided during the conference.

Conclusions
It is the first Latin American study describing barriers to care, as well as significant stigma and financial burden among caregivers of individuals with autism.

PO-006

(10900) - ANALYSIS OF INPATIENT CARE AND FOLLOW-UP TREATMENT AFTER HOSPITALISATION FOR MAJOR DEPRESSION IN GERMANY IN A LARGE ROUTINE DATASET

Hauke Felix Wiegand (Germany)[1]; Klaus Lieb (Germany)[1,2]; Lars Hoelzel (Germany)[1,3]

1 - Department of Psychiatry and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Germany;
2 - German Resilience Center (DRZ), Mainz, Germany;
3 - Parkklinik Schlangenbad, Schlangenbad, Germany

Introduction
The transition between inpatient and outpatient care pose important challenges in major depressive disorder (MDD) routine care.

Objectives
We aimed at characterising inpatient treatment and the following outpatient treatment in patients with MDD up to 365 days after discharge in a large German health insurance funds routine dataset.

Methods
Quantitative analysis of routine data from the German health insurance funds Barmer "Science-Data-Warehouse" dataset, covering approximately 9 million insurants. Index population were all patients aged 18 to 65 that were discharged in the year 2015 from a psychiatric or psychosomatic hospital with a main diagnosis of MDD (ICD-10 F32 or F33). Outpatient treatment was analysed for a period of 365 days following discharge.

Results
In our sample, 21236 patients were hospitalized in 2015 (only first hospitalisations). The median length of stay was 42 days. 67 % received hospital care only, 26 % day hospital care only and 7 % both hospital and day hospital care. Comorbidities were common, especially addiction, anxiety, somatoform and personality disorders. After discharge, only 30 % received continuous psychotherapy (>5 sessions), thereof < 2 % group therapy.

Analyses of inpatient treatment therapy densities, rehospitalisation rates, outpatient pharmacotherapy and times of incapacity to work are underway.

Conclusions
Preliminary results indicate that routine treatment of patients that were hospitalised for MDD was characterised by long hospital stays compared to other countries and that outpatient follow-up care was not in line with current guidelines. Options that make better use of resources, e.g. group therapy, were under-utilised.

PO-007

(10853) - A TOOLKIT TO IMPROVE COORDINATION BETWEEN GENERAL PRACTITIONERS AND OTHER PROFESSIONALS IN MENTAL HEALTHCARE

Amélie Prigent (France)[1,2,3]; Albert Ouazana (France)[4]; Jacques Glikman (France)[5]; Anne Depaigne-Loth (France)[1,6]; Marc Fumey (France)[1]; Marie-Hélène Rodde-Dunet (France)[1]; Marielle Lafont (France)[1]

1 - Department of care coordination, appropriateness and quality of care, HAS (French National Authority for Health), Saint-Denis La Plaine, France;
2 - URC Eco, AP-HP, Paris, France;
3 - ECEVE, UMR 1123, Université Paris Diderot, Sorbonne Paris Cité, INSERM, Paris, France;
4 - Département de Médecine Générale, UFR des sciences de la santé Simone Veil, Université de Versailles Saint Quentin, Versailles, France;
5 - EPS Maison Blanche, Paris, France; 6 - Mission études et veille, Agence Nationale du Développement Professionnel Continu (DPC), Le Kremlin-Bicêtre, France

Introduction
Coordination between general practitioners (GPs) and other professionals in mental healthcare remains insufficiently developed in France, which may have consequences for patients (e.g. delays in treatment, discontinuity of care).

Objectives
To identify tools to improve coordination practices between GPs and other professionals in mental healthcare, and therefore improve quality of care.

Methods
A literature review was conducted to describe modalities of coordination between GPs and other professionals in mental healthcare implemented in France and abroad. Then, an expert group associating care professionals (e.g. GPs, psychiatrists, psychologists, nurses, pharmacists), patients and carers met to select tools applicable in the French context.

Results
The tools identified were divided up into categories corresponding to three objectives defined by the expert group: tools to identify available professionals/facilities (e.g. directories, staff meetings); tools to ensure information continuity (e.g. standardized referral letters); tools to obtain advice on diagnosis/treatment and to facilitate referral (e.g. consultation liaison arrangements, co-located services, plans for the management of crises). Additionally, tools usable to address each of the objectives cited above were suggested: tools facilitating communication (e.g. shared medical records, telemedicine); intervention of a care coordinator (e.g. case/care management), development of networks at the appropriate territorial level (e.g. integrated care requiring organizational changes).

Conclusions
This work highlighted that there was not a unique organization to improve coordination between GPs and other professionals in mental healthcare but a set of tools in which professionals may select one or more tools to develop strengthen coordination depending on their local context (e.g. patient needs, medical demography).

PO-008

(10873) - PHARMACY IN THE MANAGEMENT OF CARDIOMETABOLIC RISK & METABOLIC SYNDROME IN SEVERE MENTAL ILLNESS: A MIXED-METHODS SYSTEMATIC REVIEW

Dolly Sud (United Kingdom)[1]; Ian Maidment (United Kingdom)[2]

1 - School of Life & Health Sciences, Aston University, Birmingham, UK;
2 - Aston University

Introduction
Individuals with severe mental illness (SMI) e.g. schizophrenia have a 20% shortened life expectancy compared to the general population. Cardiovascular disease (CVD), accounts for most of the excess mortality. Pharmacy plays an important role in the prevention of disease; as well as being an accessible & trusted member of the healthcare team they have a unique set of skills & knowledge.

Objectives
Aims: Synthesize the published literature that exists relating to pharmacy in the management of CVD and associated risk factors.

Objectives
1. Identify published literature that involved pharmacy in the management of CVD and associated risk factors;
2. Synthesize and summarise the data;
3. Undertake quality assessment;
4. Identify limitations and evidence gaps ;
5. Make recommendations for areas that require further research and investigation.

Methods
11 electronic databases were systematically searched from inception to January 2018; Medline, EMBASE, PsycINFO, British Nursing Index, AMED, Health Business Elite, Health management information consortium, The Cochrane Library,Health Technology Assessments, Scopus & Web of Science. Grey literature was also sought.

Results
34 studies that met inclusion criteria focusing mainly on interventions for screening with very few investigating health promotion/risk reduction activities or follow up.

Conclusions
Pharmacy involvement can significantly improve the rate of screening for CVD and associated risk factors in those with SMI. There are important gaps in published research including impact on clinical outcomes, follow up after clinical interventions have been implemented, self-care or behaviour change interventions, community pharmacy and views/perceptions/experiences of patients, carers or care professionals

PO-009

(10864) - A SYSTEMATIC REVIEW OF RISK AND PROTECTIVE FACTORS OF SCHOOL EXCLUSION: A WHOLE-SYSTEM PERSPECTIVE

Rosie Gordon (United Kingdom)[1]; Suna Eryigit-Madzwamuse (United Kingdom)[1]; Josh Cameron (United Kingdom)[1]; Angie Hart (United Kingdom)[1]

1 - University of Brighton

Introduction
Exclusion in secondary schools in England has become an epidemic. Permanent and fixed exclusions are on the rise, from 0.17 to 0.19% and 8.46 to 9.4%, respectively. Research has demonstrated that the significant negative impact of exclusion on attainment and mental health. If the current trajectory continues, there will be an increase in the number of children with poor mental health, with fewer educational opportunities. Current interventions are failing these children.

Objectives
This study aims to identity a) the range and magnitude of risk factors that lead to school exclusion, and b) protective factors that prevent school exclusion for those who are at risk.

Methods
This is a systematic review of research published between 01.2000&12.2018. The eligibility criteria were a) the outcome(s) of the study included school exclusion, b) participants were secondary school students (11 to 16 years old), c) the study had a quantitative or mixed-methods design, and d) published in English. Databases being used are PsychInfo and ERIC. Data collection is currently in progress.

Results
Results will identify risk and protective factors of exclusion from an ecological perspective at individual, family, school, community and policy levels. Results will fill the important information gap on understanding of the links between the risks and the interventions that are being implemented to mitigate the impact of these risks. Any disconnect in between will be highlighted.

Conclusions
The findings will outline the essential mechanisms for successful and sustainable interventions. The findings also will be important source of information for policy and regulation changes.

PO-010

(10854) - EXPLORATIVE STUDY OF THE SUITABILITY, FEASIBILITY AND ACCEPTABILITY OF THE INTERRAI COMMUNITY MENTAL HEALTH IN MENTAL HEALTH CARE IN FLANDERS

Kathleen De Cuyper (Belgium)[1]; Liza Van Eenoo (Belgium)[2]; Anja Declercq (Belgium)[1]; Chantal Van Audenhove (Belgium)[1]

1 - Center of Care Research and Consultancy, University of Leuven - KU Leuven;
2 - BelRAI Care

Introduction
The interRAI comprehensive assessment system is internationally validated, and evaluates care needs of vulnerable persons in health care and welfare services in a consistent way.

Objectives
The suitability, feasibility and acceptability of the interRAI Community Mental Health (CMH) was studied in Flanders, Belgium, in 13 mental health care (MHC) services.

Methods
After a one-day training, caregivers completed the interRAI CMH for 61 persons with a severe and enduring mental illness, including addiction. The suitability and feasibility of the instrument was evaluated during a focus group. Additionally, the caregivers who completed the instruments, but also care managers, patients and family advocates and policy makers completed a questionnaire assessing the acceptability of the interRAI comprehensive assessment system.

Results
The caregivers indicated that the instrument gives a broad overview of care needs. Some caregivers find this information important to enable care planning. Others experience part of the information as too privacy-sensitive, and too confronting for MHC users to be asked about. Most caregivers find completing the instrument very time consuming. The acceptability of the interRAI instrument is rather good to very good with respect to different features of the assessment system. However, most caregivers and care managers find it a major problem that interRAI does not fit with the recovery movement.

Conclusion
This explorative study showed that the four groups of stakeholders agree with several advantages of interRAI within MHC. How the points of critique can be met in practice, will be discussed with MHC services in Flanders.

PO-011

(11111) - MEETING FOR CHANGE IN THE ORGANISATION OF MENTAL HEALTH SYSTEMS THE CONTRIBUTION OF FOCUS GROUPS TO MENTAL HEALTH POLICY EVALUATION

Thunus Sophie (Belgium)[1]; Carole H. Walker (Belgium)[1]

1 - UCLouvain

Introduction
Mental health care reforms are complex processes involving multiple actors with different representations of what mental health means and how mental health care should be organised. Social representations have a significant impact on the implementation of mental health reforms. Qualitative and process approaches seem appropriate to address these issues. However, neither the importance of these issues nor the relevance of these methods have been sufficiently questioned in mental health services research.

Objectives
By drawing on empirical illustrations of focus group situations, this paper aims to reflect on their contribution to the evaluation and implementation of mental health reforms.

Methods
This paper draws on focus groups held for the purpose of a qualitative research designed to evaluate the implementation of a Belgian mental health care reform in the Brussels-Capital Region. Five focus groups brought together mental health professionals and service users with contrasting situations.

Results
This paper highlights three characteristics of focus groups, namely, their *disruptive nature, separateness from and connectedness to their environment.* It emphasises three sequences of communication which are defined as a time for expression, periods of exploration and moments of reflection. These sequences complement one another (1) to provide researchers with a comprehensive understanding of mental health reforms' implementation, and (2) to contribute to mental health systems' transformation, through allowing stakeholders to experiment with different representations of mental health.

Conclusions
To conclude, this paper discusses how focus groups held for evaluation purposes contribute to change in mental health systems – and reflects on the pivotal role of researchers during this process.

PO-012

(10806) - THE IMPACT OF DRUGS PURCHASING ON USER'S INCOME AND ITS CORRELATIONS WITH THE SEVERITY OF ALCOHOL, MARIJUANA AND COCAINE/CRACK USE

Paula Becker (Brazil)[1]; Denise Razzouk (Brazil)[1]

1 - Centre of Mental Health Economics, Department of Psychiatry - Universidade Federal de São Paulo

Introduction
Expenditures with drugs purchase (EDP) can lead drug dependents to impoverishment and can significantly impact society.

Objectives
To verify the correlations between income, EDP and current pattern of alcohol, marijuana and cocaine/crack use in a sample of drug dependents in treatment at a specialized community mental health service (CMHS).

Methods
This cross-sectional study involved 105 subjects with diagnosis of drug dependence selected from a CMHS in São Paulo state, Brazil. Data were assessed, retrospectively, for the 30-day period before the interview, and collected from March 1st to August 30th, 2017. The Client Socio-demographic and Service Receipt Inventory- CSSRI, a semi-structured questionnaire and The Alcohol, Smoking and Substance Involvement Screening Test- ASSIST were applied to assess health service use, EDP and current pattern of drug use.

Results
71.4% of subjects had at least one source of income, and EDP corresponded to 111% of their total monthly income. Results from Spearman test were: = 0,287 and p <0,005 between income and the EDP; = - 0,489 and p <0,001 between severity of alcohol use and cocaine/crack use; = 0,337 and p ≤0,001 between EDP and severity of cocaine/crack use. The expenditure with crack purchase hada stronger correlation to ASSIST' cocaine/crack (= 0,513; p <0,001) than expenditures with cocaine purchase (= 0,495; p <0,001).

Conclusions
Despite receiving specialized treatment, EDP were higher than users income. This finding is important for warning about the risk of impoverishment and debt as well as to consider these user´s costs in economic evaluation.

PO-013

(10831) - SELF-COMPASSION, SELF-STIGMA AND SELF-CONCEPT CLARITY AMONG PEOPLE WITH SCHIZOPHRENIA

Asaf Bercovich (Israel)[1]; Libby Igra (Israel)[1]; Adi Lavi-Rotenberg (Israel)[1]; Ilanit Hasson-Ohayon (Israel)[1]

1 - Department of Psychology, Bar-Ilan University

Introduction
People with schizophrenia often confront disturbances in the experience of the self, which can include the internalization of the stigma of mental illness, a lower sense of self-clarity and a lower tendency for self-compassion. One's ability to be self-compassionate, i.e. mindful, kind and forgiving towards oneself, might contribute to one's self-clarity by providing a mindful and non-judgmental attitude toward oneself.

Objectives
Our aim is to explore the contribution of self-compassion and self-stigma to self-concept clarity among people with schizophrenia. Specifically, the possible mediating role of self-stigma in the relationship between self-stigma and selfconcept clarity.

Methods
22 subjects diagnosed with schizophrenia-spectrum disorders enrolled for the MERIT (metacognition reflection and insight therapy) research program at Bar Ilan university's psychology clinic. During intake session subjects filled the Self-Compassion Scale (SCS), the Internalized Stigma of Mental Illness scale (ISMI-10) and the Self-Concept Clarity scale (SCCS). Correlates between these variables at baseline were then calculated.

Results
Analysis discovered significant positive correlations between self-compassion dimensions and self-concept clarity (pearson's R=.443, .439, sig=.039, .041, respectively). Significant negative correlation was found between self compassion self-judgment subscale and self-stigma (pearson's R=-.583, sig=.004). Regression analysis did not find a mediatingeffect of self-stigma but rather a main effect of self-compassion.

Conclusions
Self-compassion might play an important role in the pursue for a higher self-clarity and reduction of self-stigma among people with schizophrenia. Highlighting and enhancing this ability for a kind and forgiving self-regard during psychotherapy might contribute to the patient's ability to establish a clear and coherent self-concept, and strengthen his resilience to self-stigma.

PO-014

(10827) - THE WORKING ALLIANCE OF CLIENTS WITH SERIOUS MENTAL ILLNESSES AND THEIR THERAPISTS: A META-ANALYSIS AND SYSTEMATIC REVIEW

Libby Igra (Israel)[1]; Michal Lavidor (Israel)[1]; Dana Atzil-Slonim (Israel)[1]; Nitzan Arnon-Ribenfeld (Israel)[1]; Steven De-Jong (Netherlands)[2]; Ilanit Hasson-Ohayon (Israel)[1]

1 - Department of Psychology, Bar-Ilan University;
2 - Lentis Psychiatric Institute, Groningen, the Netherlands

Introduction
The current Meta-Analysis focuses on the difference between the estimations of clients and therapist regarding the working alliance, in psychotherapy with clients diagnosed with serious mental illness. Focusing on persons with serious mental illness (schizophrenia, personality disorders and substance misuse disorders) is due to potentially difficulties in developing and maintaining interpersonal relationships.

Objectives
We aim to clarify the pattern of discrepancies and similarities among clients with serious mental illnesses and their therapists. In addition, we aim to determine whether specific diagnosis and measure type act as moderators

Methods
We conducted a systematic literature search of studies examining the working alliance estimations from both clients` and therapists` perspectives among our sample of choice. We then analyzed the data using a random-effects meta analytic model with Cohen's d standardized mean effect size.

Results
Clients` diagnosis and the measure type moderated the mean differences with homogenous effects for schizophrenia spectrum disorder assessed with WAI ($Q = 9.81$, $I2 = 0\%$, $d = 0.413$) and for personality disorders and substance misuse disorders ($Q = 5.88$, $I2 = 0\%$, $d = 0.16$). Accordingly, clients with schizophrenia had larger client- therapist alliance` discrepancies than clients with personality disorders and substance misuse disorders.

Conclusions
Our results illustrated significant role for both the diagnosis and the measure type. It seems important for therapist to be sensitive to possible gaps in alliance estimation while working with persons with serious mental illness, especially with clients with schizophrenia who may pose special challenges in creating shared meanings and agreements.

PO-015

(10879) - A SYSTEMATIC REVIEW OF EPIDEMIOLOGY OF SUICIDE IN EUROPEAN GENERAL POPULATION

Berta Moreno Küstner (Spain)[1]; Paloma Huertas Maestre (Spain)[1]; Paloma Martín Guerrero (Spain)[1]

1 - Universitiy of Málaga

Introduction
Currently, the study of suicidal behavior has gained attention due to the increase in suicide deaths worldwide. There is variability in the prevalence of suicidal behaviors according to which behaviors are analyzed.

Objectives
The purpose of this study is to provide an updated systematic review to estimate the pooled prevalence of suicidal behaviors in the European general population.

Methods
Studies using original data on the prevalence of suicidal behaviors (2008–2017) were identified by searching electronic databases. In order to identify discrete prevalence rates, some filters were applied. Data on consummate suicides were not included in this review. Prevalence estimates were measured according to the period of time (point, 12-month, and lifetime) and type of suicidal behavior (death wishes, ideation, plan, and attempt).

Results
Nineteen primary studies were included providing a total of 69 estimates of prevalence rates of suicidal behavior. Across these studies, the pooled median point prevalence for death wishes was 1.88%, for suicidal ideation 3.20%, and for attempt 0.58%. The pooled median 12-month prevalence for death wishes was 8.14%, for suicidal ideation 4.06%, for plan 1.62%, and, lastly, for attempt 0.58%which was the same prevalence as that in the point period. Finally, the pooled median lifetime prevalence for death wishes was 22.36%, for ideation 9.68%, for plan 2.53%, and for attempt 3.40%.

Conclusions
This systematic review provides up-to-date information on the prevalence of different suicidal behaviors in the European framework, which may be useful for future epidemiological, preventive, and interventional studies of suicidal behavior.

13:00 - Lunch & Poster Session I - Poster Presentation I - Monitor 2

Theme(s): Mental health care from theory to outcome

PO-016

(10883) - SUPPORTED EMPLOYMENT AS A VEHICLE FOR HEALTH AND ENGAGING YOUNG ADULTS WITH MENTAL ILLNESS IN CARE

Skye Barbic (Canada)[1]; Adelena Leon (Canada)[1]

1 - University of British Columbia

Introduction
Mental illness affects approximately 1 in 4 Canadian youth aged 15 to 29 years. Finalizing education, and obtaining and securing employment are crucial steps to achieve success in making the transition to independent adulthood. The evidence base for effective interventions to support young adults with mental illness to gain employment or return to school is to date underdeveloped.

Objectives
To provide preliminary evidence to support the feasibility of a new 16-week intervention embedded in an integrated youth model of care. The intervention is a 16-week supported employment/education program tailored for youth with mental illness who are not in work or school.

Methods
A pre-post study design was employed. Ten cohorts of youth with a mental illness were recruited to participate in the 16-week intervention. Measures included employment/education, symptomology, recovery, and quality of life. We assessed participants at baseline, 5,16, and 32 weeks.

Results
A total of 108 youth started the intervention. Ninety-eight (91%) completed the intervention. Employment/ education outcomes improved for 87/108 youth, with 80 (75%) maintaining the outcome at 16-weeks and 72 (67%) at six months post intervention. In addition, we observed significant within-participant improvement in symptomology, personal recovery, and quality of life at 32-weeks compared to baseline ($p<0.05$).

Conclusions
This study provides preliminary evidence to support a community-based intervention that can optimize employment/ education, health, recovery, and quality of life outcomes for youth with mental illness. The results contribute early evidence towards the potential of a youth-centered intervention that can support the employment, education and health objectives of Canadian youth with mental illness.

PO-017

(10709) - MEANINGFUL ACTIVITIES AND RECOVERY (MA&R) – DEVELOPING A NOVEL INTERVENTION AND PARTNERSHIP.

Siv-Therese Bogevik Bjørkedal (Denmark)[1]; Tom Møller (Denmark)[2]; Sofe Bratberg (Denmark)[3]; Ulrika Bejerholm(Sweden)[4]; Lene Falgaard Eplov (Denmark)[1]

1 - Copenhagen University Hospital, Mental Health Centre Copenhagen, Denmark.;
2 - The University Hospitals Centrefor Health Research, UCSF, University Hospital of Copenhagen, Rigshospitalet, Copenhagen, Denmark;
3 - The Social Enterprise Residential Skovvænget;
4 - Mental Health, Activity and Participation (MAP) Department of Health Sciences Lund University

Introduction
Engagement in meaningful activities is fundamental to health and well-being. Interventions that enable participation in daily activities that are personal and social meaningful to the individual can be a valuable contribution to psychiatric rehabilitation and support the recovery process through providing routine and structure, connectedness, purpose, identity and empowerment. While psychosocial services have made significant advances when it comes to supporting education and employment, there is a lack of interventions that tap into broader aspects of everyday life.

Objectives
To develop a recovery-oriented intervention that enables participation in meaningful activities.

Methods
MA&R was developed with inspiration from "Lifestyle redesign ®", a program for elderly people, which provide the participants opportunities to explore relationships between meaningful activities and well-being and to make changes in daily life. MA&R was pilot-tested in community mental health centers and found acceptable and feasible. However, changes in the participants` daily life was hard to identify. A qualitative study mapping transfer processes from rehabilitation services to daily life was conducted. Results from the study were integrated in an iterative process with experienced occupational therapists and peer-workers developing the program into its current format, where peersupport and individualized support are key ingredients.

Results
MA&R is an eight months manualized rehabilitation intervention, that aim to enable participation in meaningful activities. It consists of eleven group sessions, eleven one- on one sessions and individualized support. MA&R is facilitated by an occupational therapist and a peer-worker in an equal collaboration

Conclusions
MA&R is currently tested in a randomized trial, to assess its clinical effectiveness.

PO-018

(8963) - A NEW MEASURE OF PARTICIPATION AND SOCIAL INCLUSION FOR USE IN PEOPLE WITH A CHRONIC MENTAL DISORDER

Matthias Schützwohl (Germany)[1]

1 - TU Dresden, Department of Psychiatry and Psychotherapy

Introduction
Not least against the background of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD), social inclusion has become a major focus for mental health services over recent years. However, its measurement is complicated by varying definitions and concepts, and there still is no generally accepted or validated measure.

Objectives
To develop and test the psychometric properties of a new, theory-based measure of participation and social inclusion for individuals with a chronic mental disorder.

Methods
Within a cross-sectional design, mental health patients from different institutional settings (n=106) and adults from the general population (n=19) completed the questionnaire. To estimate the reliability of two sum-scores on social inclusion and participation, Cronbach's was computed. To appraise the validity, mean scale scores were compared across different study groups.

Results
For both scales, reliability was qualified as substantial (> .70). Study groups showed expected differences in mean scores.

Conclusions
Preliminary findings suggest that the new measure may be a useful tool for the assessment of social inclusion and social participation in individuals with a chronic mental disorder. However, further testing of the psychometric properties on a larger population is needed.

PO-019

(10826) - PSYCHOLOGICAL FACTORS SUPPORTING TAKING UP AND MAINTAINING EMPLOYMENT AMONG PEOPLE DIAGNOSED WITH PSYCHOTIC DISORDERS

Dagmara Mętel (Poland)[1]; Krystiana Roloff (Poland)[2]; Andrzej Cechnicki (Poland)[1]

1 - Department of Community Psychiatry, Jagiellonian University Medical College;
2 - Association for the Development of Community Psychiatry and Care

Introduction
People diagnosed with psychotic disorders have serious difficulties in finding their way into the labour market. The reasons for this phenomenon lie both in external factors, such as shortage of suitable job offers, but mainly in internal factors understood as cognitive and personality changes resulting from the illness. The latter may be a subject of psychosocial interventions aimed at improving self-esteem, self-efficacy, psychological resilience and stress coping strategies that, indirectly, may increase the chances of a long-term employment - a central concept for recovery.

Objectives
To check and to rank which of the examined psychological factors are important in the context of employment of people diagnosed with psychotic disorders, that will be helpful in designing future interventions' guidelines.

Methods
A group consisted of 100 adult participants of the employment stimulation project financed from the European Social Fund. The following self-report methods were applied: Rosenberg Self-Esteem Scale (SES), Brief COPE, General Self-Efficacy Scale (GSE), Connor Davidson Resilience Scale (CD-RISC-10). The measurements were made at the beginning and at the end of participation in the project.

Results
The project is still in progress, so at the moment we do not have all the data. However, preliminary analyses indicate that higher self-esteem, prevalence of problem-oriented coping strategies, higher resilience and self-efficacy may be predictors of employment maintenance.

Conclusions
Interventions aimed at strengthening self-esteem, self-efficacy and psychological resilience may prove useful in increasing the chances of employment that is central to the concept of recovery in severe mental illness.

PO-020

(10906) - THE PROCESS OF CARING FOR CHILDREN'S MENTAL HEALTH / BLACK ADOLESCENT IN CHILDREN'S CAPS

Sônia Barros (Brazil)[1,2]; Luís Eduardo Batista (Brazil)[3]; Luciane Régio (Brazil)[1]; Laís Mariana Fonseca (Brazil)[1]; Lara Floriano (Brazil)[1]; Anaísa Cristina Pinto (Brazil)[1]; Jussara Santos (Brazil)[1]

1 - Nursing School of the University of São Paulo;
2 - Department Of Maternal-Childhood And Psychiatric Nursing;
3 - São Paulo Health Institute

Introduction
The black population in Brazil is majority and lives racism, social exclusion and discrimination, and these processes generate physical and mental illness. The psychosocial effects of racism impact on health and children/adolescents are the main victims.

Objectives
To characterize social, demographic and clinical/epidemiological profile of children/adolescents and caregivers, according to race/color and gender. SPECIFIC: Stage I - Characterize black children/adolescents: Identify/characterize with race/color question; Know the process of care, identifying actions related to race/color; Characterize the socio-familial profile; To know clinical course, with race/color; Elaborate admission/follow up form, including race/color. Step II - Characterize the women/caregivers of black users of the CAPSi Know the women's trajectory, in relation to the Health Care Network; Provide spaces for reflection and promote the relationship between family-children adolescents-services; Analyze claims; Contribute with propositions to the attention of the specific needs of the study population. Step III - Proposition of Reformulations in Mental Health Policy, with racial themes.

Methods
2 Steps – 1st) Quanti / qualitative, and 2nd) Qualitative. The scenario: CAPSi II, north zone of the city of São Paulo-SP. Step I - Collection of information in the users' medical records; semi-structured interviews with relatives/caregivers and reference technicians. Step II - Target Audience: All the women/caregivers of black children of the CAPSi. Used "220" Step I forms and semi-structured interviews.

Results
It's a umbrella project with two steps. The first step is divided into 4 subprojects, which results are being concluded. Second Step is now starting.

Conclusions
Aims at: Data reconciliation for new data sheet and meeting of research constructive returns.

PO-021

(10811) - THE PATIENT EXPERIENCE WITH INTEGRATED COMMUNITY TREATMENT PROVIDED IN THEIR DIRECT NEIGHBORHOOD: A QUALITATIVE STUDY.

Danine Van Rijswijk (Netherlands)[1]; Anneke Kuipers (Netherlands)[1]; Wilma Swildens (Netherlands)[1]

1 - Altrecht Institute of Mental Health Care

Introduction
In 2016 a new form of integrated community treatment for patients with serious mental illnesses was implemented in two neighborhoods in the city of Utrecht (335000 inhabitants) in the Netherlands. Treatment is characterized by close collaboration of psychiatric care, somatic care (i.e. general practitioner, nurse practitioner), supported housing and other facilities, i.e. the police officer, and is provided in the direct neighborhood of the patients. This 'neighborhood based integrated mental health care' should not contribute solely to clinical recovery, but also specifically to social and personal recovery.

Objectives
The aim of this research was to investigate the experience of patients with serious mental illnesses themselves receiving this new form of neighborhood-based integrated mental health care. More specific the question is studied if and how neighborhood-based integrated mental health care supports personal and social recovery.

Methods
To asses the experience of patients in depth qualitative semi-structured interviews were conducted with 20 patients. Patients were asked to participate in interviews directly by the researchers, by their case managers and by experts by experience. Interview topics included personal and social recovery, resilience and selfefficacy related to the collective effort of caregivers. Qualitative data was analyzed by three independent researches with the qualitative computer program Tarzan. Strategies to enhance quality of data analysis (respondent validation) and validity (attention to negative cases) were used.

Results
The study will be finished in January 2019.

Conclusions
The results, a brief description of the collaborative care methodology offered and experiences of patients, and conclusions will be presented at the ENMESH conference.

PO-022

(10884) - STRENGTHENING SCALE DEVELOPMENT FOR MENTAL HEALTH PRACTICE: RECOMMENDATIONS FOR THE NEXT DECADE

Skye Barbic (Canada)[1]; Steve Mathias (Canada)[2]; Jeremy Hobart (United Kingdom)[3]

1 - University of British Columbia, Foundry;
2 - Foundry;
3 - Plymouth Univsersity

Introduction
The science of health measurement has changed substantially in the last decade. The implications for clinical practice are significant.

Objectives
To demonstrate the application of the new approaches to measurement for advancing clinical care in mental health.

Methods
Stakeholders from seven youth mental health centres (n=12,000 patients/year) shared barriers and facilitators to developing and implementing patient reported outcome measures (PROMs) in mental health clinical practice. Shared learning was consolidated and preliminary set of recommendations for PROM development, testing, and implementation in clinical settings was proposed.

Results
The preliminary recommendations include: (1) basic measurement and research engagement training for stakeholders (e.g., patients and clinicians); (2) in-depth 1:1 qualitative work to identify the needs and priorities of patients; 3) focus groups to develop conceptual and measurement models underpinning these needs; 4) identification of instruments via systematic review of the literature; 5) *a priori* hypothesis-driven psychometric testing of these instruments in clinical settings; 6) consultation with stakeholders to interpret psychometric findings; 7) development and testing of new items if needed); 8) collection of a minimal data set for item and instrument calibration in a real world patient sample; 9) implementation of measurement operating procedures for monitoring patients and clinical care; and 10)policies to ensure ongoing quality assurance for assessing PROM reliability, validity, and clinical utility.

Conclusions
Embedding instrument development and testing in clinical settings has the potential to build capacity for clinicians and patients to understand measurement, align services with patient needs, improve communication between stakeholders, and optimize patient outcomes and experiences.

PO-023

(10877) - CARDIOMETABOLIC HEALTH AND PHARMACISTS IN SEVERE MENTAL ILLNESS: A QUALITATIVE RESEARCH STUDY

Dolly Sud (United Kingdom)[1]; Ian Maidment (United Kingdom)[2]

1 - School of Life & Health Sciences, Aston University, Birmingham, UK.;
2 - Aston University

Introduction
Individuals with severe mental illness (SMI) e.g. schizophrenia have a 20% shortened life expectancy. Cardiovascular disease (CVD) due to higher rates of cardiometabolic risk (CMR) and metabolic syndrome (MetS), accounts for most of the excess mortality. Pharmacy plays an important role in the prevention of disease; as well as being an accessible & trusted member of the healthcare team they have a unique set of skills & knowledge. A systematic literature review identified paucity of research in the experiences of patients, carers and care professionals about the role of pharmacy.

Objectives
Objectives: to examine, understand and explore the views and experiences of patients, caregiving dyads and care professionals about the care received from pharmacy for CMR/MetS.

Methods
An exploratory qualitative study design that will follow Consolidated Criteria for Reporting Qualitative studies (COREQ) guideline will be employed. This will be undertaken using semi-structured interviews where participants provide a detailed account of their views guided by an interview schedule. The setting will be in both primary and secondary care in the UK. The target population are individuals aged 18 and over with SMI, informal carers of those with SMI and care professionals.

Results
We report here the initial findings of the qualitative interviews and synthesis of data using framework analysis approach.

Conclusions
The views and perspectives of patients with SMI, their carers and care professionals are crucial in understanding the current and potential roles that pharmacy could play in the management of CMR/MetS and related disorders. This will inform future policies/guidelines

PO-024

(10773) - EFFECT OF SEX AND AGE ON HOSPITALISATION PATTERNS IN SCHIZOPHRENIA

Benjamin Vyssoki (Austria)[1]; Barbara Hinterbuchinger (Austria)[1]; Matthäus Fellinger (Austria)[1];
Nathalie Pruckner (Austria)[1]; Josef Baumgartner (Austria)[1]; Daniel König (Austria)1; Andrea Gmeiner (Austria)[1];
Sandra Vyssoki (Austria)[2]; Thomas Waldhör (Austria)[3]

1 - Medical University of Vienna, Department of Psychiatry and Psychotherapy, Clinical Division of Social Psychiatry;
2 -Fh St.Pölten, University of Applied Sciences;
3 - Medical University of Vienna, Department of Epidemiology, Center for Public Health

Introduction
Sex and age effects have been shown to profoundly influence the clinical course in schizophrenia. However only few, non-recent studies with small sample sizes have investigated a possible sex and age influence on hospitalization patterns in schizophrenia

Objectives
Analyze the effect of sex and age on inpatient treatment episodes for schizophrenia in a large national data-set.

Methods
Discharge data of individuals diagnosed with schizophrenia (F20.0 – F20.6) were analyzed between 2003 and 2016 of all hospitals in Austria, in total 110,735 hospital admissions. Data was analyzed according to sex, age, schizophrenia subtypes , week of discharge and length of hospital inpatient stay in days

Results
59.6% (n = 65,955) of all admissions were male. Further, male patients were overrepresented in all subtypes ($p < 0.0001$). Regarding age, higher hospital admission rates were found in male patients at a younger age followed by a continuous decline in male individuals and a switch to higher admission rates in female patients in the second half of life. Mean length of hospital stay was slightly shorter for women compared to men ($p < 0.0001$).

Conclusions
Sex as well as age were found to influence hospitalizations profoundly in this patient group. Further research aimed at understanding sex differences in inpatient treatment patterns and symptom presentation in individuals with schizophrenia and their relationship to the course of illness may provide more answers to the nature of schizophrenia and sex differences in treatment response.

PO-025

(10934) - PSYCHOLOGICAL FACTORS SUPPORTING TAKING UP AND MAINTAINING EMPLOYMENT AMONG PEOPLE SUFFERING FROM MENTAL ILLNESS

Dagmara Mętel (Poland)[1]; Krystiana Roloff (Poland)[2]; Andrzej Cechnicki (Poland)[1]

1 - Community Psychiatry Department, Jagiellonian University Medical College;
2 - Association for the Development of Community Psychiatry and Care

Introduction
People diagnosed with psychotic disorders have serious difficulties in finding their way into the labour market. The reasons for this lie both in external factors, such as shortage of suitable job offers, but mainly in internal factors understood as cognitive and personality changes resulting from the illness. The latter may be a subject of psychosocial interventions aimed at improving selfesteem, self-efficacy, psychological resilience and stress coping strategies that, indirectly, may increase the chances of a long-term employment - a central concept for recovery.

Objectives
To check and to rank which of the examined psychological factors are important in the context of employment of people diagnosed with psychotic disorders, that will be helpful in designing future interventions' guidelines.

Methods
A group consisted of 100 adult participants of the employment stimulation project financed from the European Social Fund. The following self-report methods were applied: Rosenberg Self-Esteem Scale (SES), Brief COPE, General Self-Efficacy Scale (GSE), Connor Davidson Resilience Scale (CD-RISC-10). The measurements were made at the beginning and at the end of participation in the project.

Results
The project is still in progress, so at the moment we do not have all the data. However, preliminary analyses indicate that higher self-esteem, prevalence of problem-oriented coping strategies, higher resilience and self-efficacy may be predictors of employment maintenance.

Conclusions
Interventions aimed at strengthening self-esteem, self-efficacy and mental resilience may prove useful in increasing the chances of employment that is central to the concept of recovery in severe mental illness.

PO-026

(10812) - SUPPORTIVE COMUNITY

Ayelet Bassis Bar Nir (Israel)[1]

1 - Ben Gurion Univesity

Introduction
As part of the development of the Israeli mental health rehabilitation-services, steps have been taken in recent years to reduce the use of the hostel model (group-home) of rehabilitative-housing in favor of a supportive-community model.

Objectives
The supportive-community model is provides independent living in apartments that surround a central building in the vicinity of 1 kilometer. The central building has multidisciplinary mental health staff and provides intensive supportive care if need be.

Methods
Method: Participants included contract managers of supported community services, professional directors, social workers and rehabilitation instructors. The services chosen for the study involved organizations that transferred from hostels to supportive-community services between 2014-2017. Four organizations from different geographical localities in Israel participated in the study and their staff members were either interviewed or participated in focus groups (N=28).

Results
Analysis and Results: The research-method was qualitative guided by the Grounded Theory framework (Charmaz, 1995). Qualitative content-analysis (Ref) led to the conceptualization of three main categories: 1(Approaching change – barriers, challenges, and coping strategies; 2(Changes in the organizational structure and in staff-activity characteristics; 3) Enhancement of residents' rehabilitation processes and staff's recoveryorientation

Conclusions
Conclusion: Overall, the findings illuminate that shifting to a supportive-community model increases residents' participation in normative community life, contributes to residents' rehabilitation processes and to the quality and quantity of their connections with others. However, to ensure a successful shift to this model, staff needs to be guided and trained professionally while preparing to move from a hostel to a supportive-community

PO-027

(10876) - THE RELATIONSHIP BETWEEN GENERATIVE VOCATIONS WITH FLOW AT WORK, MEANING IN LIFE, AND EMOTIONAL EMPATHY IN INDIVIDUALS WITH PSYCHIATRIC DISORDERS

May Bujanover (Israel)[1]; Galia Moran (Israel)[1]

1 - Ben-Gurion University

Introduction
Erikson's term of Generativity expresses the concern and commitment to the well-being of future generations in the productive sense -aiding others. Generativity is positively linked to parameters of well-being including positive emotions, contentment from life and work enjoyment and therefore contributes to a happy, content and meaningful life. Having a generative vocation/work place among people with psychiatric disorders can be assumed to support positive parameters.

Objectives
to explore positive indicators across generative and non-generative vocations/occupations of individuals with psychiatric disorders.

Methods
A sample of 144 individuals with psychiatric disorders working in generative work-roles (n=69) and non-aid work-roles (n=45). Participants filled five questionnaires: demographic, work experience (flow) - (The WOrk-reLated Flow inventory, meaning in life, Emotional Empathic Tendency Scale and Recovery-Oriented Peer-Provider.

Results
Emotional orientation was significantly higher in individuals with generative jobs than in those not engaged in such occupations. In addition, among those who work in generative jobs we found a direct relationship between their recovery-orientation as peer providers and their workflow experience and meaning in life.

Conclusions
Individuals with psychiatric disorders can experience "flow" in their work-place and enjoy it irrespective of the type of work they have (generative vs. nongenerative), just as found in the general population. Our study sheds light on the nature and role of generative jobs on mental health and employment-rehabilitation. The results support the notion that engaging in a generative job serves as a meaningful step in the rehabilitation and recovery process.

PO-028

(10917) - NURSING CASE MANAGER - PORTUGUESE EXPERIENCE IN A SUBSTANCE ABUSE TREATMENT UNIT

Joaquim Manuel Oliveira Lopes (Portugal)[1]

1 - Lisbon School of Nursing

Introduction
Substance addition is increasing in Europe and Portugal. International theories and guidelines point the need for care organization based on improved access and integrated responses able to address contemporary more complex and chronic health needs of patients with psychoactive substance addiction. In a Portuguese Substance Abuse Treatment Unit, Nursing Case Management was developed under supervision and team counselling. For the nursing team, case management was objectively evaluated as a more effective way of responding to patient chronic and complex health and social needs. But how was it for the patients? What is the lived experience of being cared by a case manager nurse?

Objectives
To understand the lived experience of psychoactive substance addicted patients of being care by a case manager nurse

Methods
Interpretative phenomenological orientation research. Phenomenological interviews were conducted with fourteen patients. Qualitative data were treated according to Gadamer's Hermeneutics proposal. Ethical issues were taken in account.

Results
Eight common themes were found: "Bonding with the nurse"; "Feeling represented"; "Feeling invested"; "Situating himself/herself on his/her addiction story"; "Changing the relational pattern with the substance"; "Valuing changes"; "Bonding with others" and "Seeing himself/herself in the future". The experience is mostly relational and lived around a connecting / disconnecting dialectics. It enlightens the nurse-client relationship as an essential element on the case management with these patients.

Conclusions
Patient lived experience relates both to the nurse's direct intervention and to the perception of his/her indirect intervention regarding the defence of patient interests and resolution of his/her needs. Patient satisfaction and gains in health has increased.

PO-029

(10887) - CAN WE IMPROVE EARLIER ACCESS TO SUPPORT FOR MENTAL HEALTH PROBLEMS FOR YOUNG PEOPLE THROUGH A MOBILE APP

Sara Evans-Lacko (United Kingdom)[1]; Madeleine Stevens (United Kingdom)[1];
Pedro Mateus (Portugal)[1,2]

1 - London School of Economics and Political Science;
2 - NOVA Medical School, Lisbon

Introduction
Intervening effectively with young people who present with mental health difficulties could help prevent adult psychiatric disorders. However young people transitioning to adulthood are the least likely of any age to receive care.Many young people report that they don't know where to go for help.

Objectives
We set out to develop a mobile app which facilitates access to mental health care and support for young people (aged 16-25 years); and assess its feasibility, acceptability and potential impact on help-seeking.

Methods
An app prototype was developed in conjunction with a young person advisory group and refined through discussions and testing with young people. Following refinement, we evaluated the app using a pre/post design, recruiting participants from an ongoing prospective community cohort enriched for psychiatric problems. Evaluation covered: app satisfaction and acceptability, and changes in help-seeking for mental health issues and perceived barriers to care or support over three months.

Results
The app (Afloat) provides information about how and where young people can get support, including physical services and online resources. The app incorporates personal stories and videos of young people describing their experience of accessing services or support and information about mental health issues. Findings around changes in help-seeking and potential mediators will be presented.

Conclusions
The Afloat app could improve access to effective intervention and support for mental health problems during adolescence and young adulthood, a key period of vulnerability. Further testing will investigate longer term impacts and mechanisms for prevention of mental health problems.

PO-030

(10915) - A PILOT STUDY OF SHARED DECISION MAKING IN PSYCHIATRIC COMPULSORY CARE

Tove Janarv (Sweden)[1]; Maria Bendtsen Kronkvist (Sweden)[2]; Patrik Dahlqvist Jönsson (Sweden)[4]; Manne Sjöstrand (Sweden)[3]; Lena Flyckt (Sweden)[3]; Mikael Sandlund (Sweden)[1]

1 - Dept of Clinical Sciences, Umeå University;
2 - Dept of Clinical Sciences, Umeå University;
3 - Karolinska Institutet;
4 - Halmstad University

Introduction
Shared Decision Making (SDM) in psychiatric inpatient care is asked for by patients, by decision makers and in clinical guidelines. There is not robust evidence for SDM in several relevant clinical outcomes today.

Objectives
A pilot study was conducted to investigate the feasibility of SDM in clinical practice including compulsory care and to measure patient experienced participation of this intervention.

Methods
This prospective cohort study in four wards in Stockholm during 2017-2018 started collecting measurements with control patients with treatment as usual and followed by a period of patients participating in SDM intervention. The decisions studied was the planning of discharge.

Results
Of 150 study persons 52 control patients and 22 patients participating in SDM intervention completed all questionnaires. The questionnaire Dyadic Option measuring patient participation shows a preliminary result of mean change of 6 points in a total score of 48 in favor of SDM. Only 2 persons in the study were drop-outs of choice, the remaining 74 persons were drop-outs due to logistical problems in the psychiatric care. Approximately 80% of the study persons were admitted to psychiatric care involuntary.

Conclusions
It is possible to conduct a SDM study in wards with a high rate of compulsory care with informed consent to join the study.The challenge is the massive drop out due to the organization of psychiatric care, which calls on a closer look of the structure of care. The preliminary data of patient experienced participation could be promising but the study is not randomized.

14:15 - Parallel Session II - Symposium 8 - Mental health care from theory to outcome
Auditorium

Theme(s): Mental health care from theory to outcome

SY-008

(10714) - NEON: NARRATIVE EXPERIENCES ONLINE

Chair: Mike Slade (United Kingdom)[1]

Presenters: Joy Llewellyn-Beardsley (United Kingdom)[1]; Fiona Ng (United Kingdom)[1]; Caroline Yeo (United Kingdom)[1]; Roger Smith (United Kingdom)[2]

Mike Slade (United Kingdom)[1]; Stefan Rennick-Egglestone (United Kingdom)[1]; Susie Booth (United Kingdom)[2]; Joy Llewellyn-Beardsley (United Kingdom)[1]; Rose Mcgranahan (United Kingdom)[3]; Kate Morgan (United Kingdom)[1]; Fiona Ng (United Kingdom)[1]; Kristian Pollock (United Kingdom)[1]; Amy Ramsay (United Kingdom)[4]; Dan Robotham (United Kingdom)[5]; Roger Smith (United Kingdom)[2]; Caroline Yeo (United Kingdom)[1]

1 - School of Health Sciences, Institute of Mental Health, University of Nottingham;
2 - NEON Lived Experience Advisory Panel;
3 - Unit of Social and Community Psychiatry, Blizard Institute, Barts and the London School of Medicine and Dentistry, Queen Mary University of London;
4 - Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London;
5 - McPin Foundation

SYMPOSIUM PROPOSAL

Introduction
Mental health recovery narratives are first-person accounts of recovery from mental health problems, given live (in real-world or online relationships) or recorded (presented in invariant text, audio or video). They are an active ingredient of peer support work and anti-stigma campaigns, and can enable people living with mental health problems to build solidarity and find hope.

Objectives
To present research enabling an understanding of what recovery narratives are, how they make an impact on recipients, and some important ethical and practical considerations around their creation and use.

Contributions
Talk 1 presents a conceptual framework defining characteristics of recovery narratives, based on a systematic review of narrative studies (PROSPERO CRD42018090188) (11,030 screened, 45 included) and validated through semi-structured interviews (n=77).

Talk 2 characterises the mechanisms of positive and negative impact of recovery narratives on recipients, integrating knowledge from a systematic review (PROSPERO CRD42018090923) (11,846 screened, 5 included) and an analysis of semi-structured interviews (n=77).

Talk 3 describes ethical considerations around the use of recorded recovery narratives, drawing on an expert consultation, which builds on a preliminary conceptual framework derived through a mixed-methods review (PROSPERO CRD42018086997) (8,401 screened, 1 publication and 22 additional documents included).

Talk 4 is led by the NEON study Lived Experience Advisory Panel, and identifies practical considerations for those wishing to share their mental health recovery narrative, derived from four deliberative workshops.

Take home message
Mental health recovery narratives are readily available and can function as a recovery-promoting tool.

CONTRIBUTING SPEAKERS ABSTRACTS

1. What is a mental health recovery narrative?

Authors: Joy Llewellyn-Beardsley; Stefan Rennick-Egglestone, Ada Hui, Kristian Pollock, Amy Ramsay, Rose McGranahan, Roger Smith, Mike Slade

Introduction
Mental health recovery narratives have played a central role in establishing the recovery paradigm within international mental health policy and practice. As use of recovery narratives increases within services, it is critical to understand how they have been characterised, and what may be missing from their characterisation thus far.

Objective
To develop a conceptual framework characterising mental health recovery narratives and to validate the fit of this framework with under-researched groups.

Methods
A systematic review was conducted on the characteristics of mental health recovery narratives. Narrative synthesis organised characteristics into themes and subthemes to produce a conceptual framework. Validation was conducted through: (1) Lived Experience Advisory Panel analysis; (2) deductive analysis of 77 interviews with under-researched groups.

Results
45 studies analysing 629 recovery narratives were included in the review. The conceptual framework comprised nine themes (genre; positioning; emotional tone; relationship with recovery; trajectory; use of turning points; narrative sequence; protagonists; use of metaphors) and 32 subthemes. LEAP and interview analysis mostly validated the conceptual framework, with all nine themes fitting most recovery narratives. Four case studies of outlying recovery narratives were identified and analysed.

Conclusions
Recovery narratives are diverse and multidimensional. They may be non-linear and reject coherence. The NEON conceptual framework provides a robust theoretical basis for the use of text/speech-based recovery narratives in research and practice, while the four cases studies show that recovery narratives will not always fit into existing frameworks, and highlight a need for future research.

2. How do mental health recovery narratives impact on others?

Authors: Fiona Ng; Stefan Rennick-Egglestone, Amy Ramsay, Kate Morgan, Joy Llewellyn-Beardsley, Rose McGranahan, Ada Hui, Susie Booth, Mike Slade

Introduction
Mental health recovery narratives are known to be an "active ingredient" of peer support and anti-stigma campaigns. Internet technologies provide access to an almost unlimited number of recovery narratives. Despite their widespread availability, little is known about how they impact on recipients.

Objective
To develop a conceptual framework characterising the impact of mental health recovery narratives on recipients.

Methods
A conceptual framework was developed through two research activities (1) a systematic review and narrative synthesis of the existing empirical evidence on the impact of mental health recovery narratives on recipients (2) the qualitative analysis of interviews with 77 participants.

Results
The impact of recovery narratives on recipients can be both positive and negative. Positive impacts include a perception of connectedness (to the narrator and to the others), enhanced comprehension (of how to navigate services or how to care for the self or others) and empowerment (a renewed desire to bring about change). Negative impacts include feelings of inadequacy (if a recipient perceives that a narrator has overcome adversity more effectively than themselves),

and the triggering of damaging behaviours. Underlying processes include a recipient making a comparison to the narrator and a recipient feeling empathy for the narrator, which can generate a broad range of affective responses.

Conclusions
Mental health recovery narratives should be considered a recovery-promoting tool, due to the potential for positive impact, but clinicians and intervention developers should consider how to ameliorate negative impacts.

3. Ethical concerns in the curation of mental health recovery narratives

Authors: Caroline Yeo; Rose McGranahan, Stefan Rennick-Egglestone, Ada Hui, Amy Ramsay, Joy Llewellyn-Beardsley, Mike Slade

Introduction
Mental health recovery narratives are regularly disseminated in printed books and health service pamphlets, through on-line collections, and through digital media hosting servicing such as YouTube. Sharing a narrative can impact on both narrators and recipients, and hence raises ethical concerns, especially since retraction of a narrative is effectively impossible once in the public domain.

Objective
To develop a conceptual framework providing insights into ethical concerns around mental health recovery narratives and how they might be managed.

Methods
A conceptual framework was developed through three research activities (1) a mixed review of documentary evidence providing insights into how existing collections of recovery narratives are curated (2) consultation with expert curators of recovery narratives (3) consultation with a Lived Experience Advisory panel incorporating experienced narrators.

Results
The conceptual framework highlights issues of ethical importance, and strategies to address them. These include features of narratives that require specific attention (descriptions of harmful behaviour, discriminatory language, presentation of profound distress), approaches to updating narratives (e.g. if a narrator feels that their life has moved on) and to the identity of a narrator. Broader issues identified include the purpose of collections and their relationship to the political context.

Conclusions
A range of practices with a relationship to ethics and safety have already been established by curators of mental health recovery narratives. Organisations interested in publishing new collections might seek to reflect on and integrate these practices into their work.

4. Practical considerations for mental health recovery narrators

Authors: Roger Smith; Dan Robotham, Stefan Rennick-Egglestone, Mike Slade

Introduction
There are a range of opportunities for narrators to share their stories of recovery. Narratives can be published directly, through digital services such as YouTube, or through books or pamphlets. They can be shared live, e.g. in research conferences or as part of anti-stigma campaigns. The process of sharing a narratives may provide benefits to the narrator. It may also carry risks, including exposure to stigmatic views or misuse of the narrative by others.

Objective
To provide practical guidance to potential narrators.

Methods
This talk synthesises the knowledge and experience of the NEON study Lived Experience Advisory Panel (n=10 members). Issues relating to recovery narratives have been discussed at panels since 2017. Three members have formally published their own recovery narratives, and engaged in public discussion of their work.

Results

People interested in sharing a narrative might reflect on (1) why they want to share their narrative (2) how to select elements of their recovery to include or exclude (3) where and how to share it, and who their audience might be (4) when to share it, and (5) who might be needed to support them. Specific issues to consider include whether to be identifiable or anonymous in the narrative, and the reality that a narrator's life story will continue to develop beyond the creation and sharing of a recorded narrative, whilst the narrative itself remains fixed.

Conclusions

Sharing a recovery narrative can be transformative for the narrator, and specific guidance might support a narrator in deriving meaning from this activity.

14:15 - Parallel Session II - Symposium 9 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome

SY-009

(10729) - CREATIVE AND INNOVATIVE APPROACHES TO IMPROVE RECOVERY OF PERSONAL IDENTITY AND SOCIAL INTEGRATION IN PEOPLE WITH COMPLEX MENTAL HEALTH NEEDS

Chair: Stynke Castelein (Netherlands)[1]

Presenters: Steven De Jong (Netherlands)[1,2]; Geeske Van Der Weerd (Netherlands)[1]; Leonie Bais (Netherlands)[1,2]; Tessa Jonker (Netherlands)[1,2]

1 - Lentis Psychiatric Institute;
2 - University of Groningen

SYMPOSIUM PROPOSAL

Introduction to the subject
In the majority of people with complex mental health needs, the most prominent (psychotic) symptoms can be reduced with medication and/or psychological treatment. However, in a large number of service users, upon the reduction of these symptoms people are left with functional impairments, low self-esteem and have often lost contact with the community. In this symposium, we will discuss a number of creative and innovative approaches that may be used to support service users in their recovery of identity and regain contact with the community. We will commence by outlining the importance of the therapeutic relationship and discussing factors that can either improve or preclude a good therapeutic relationship. Subsequently, we will present the effects of two models for improving social integration: 1) the effects of the clubhouse model on social integration, empowerment and recovery and 2) the effects of an assisted living model on social integration, where service users and university students reside in the same apartment complex. Finally, we will present an innovative intervention that was developed to support recovery of personal identity.

Main objectives
1. Introducing a variety of creative approaches to improve personal recovery and community participation
2. Discussing the therapeutic relationship in recovery of service users.
3. Discussing recovery of personal identity from different perspectives.
4. Discussing the effects of "bringing the community to the service user if the service user cannot go to the community".
5. Discussing experiences with the clubhouse model.

Symposium contributions
1. Perspectives on the therapeutic alliance: from systematic review to focus groups.
2. Is a good neighbor worth more than a distant friend? Experiences of an assisted living model.
3. The clubhouse model: a boost for self-esteem and social integration? Experiences of Dutch clubhouse members.
4. Exploring your personal identity: development of a new intervention for service users with people with complex mental health needs.

Take home message
Besides reducing the most prominent symptoms in people with complex mental health problems, there should be explicit attention and focus upon supporting people in their recovery of identity and social integration. This symposium highlights the most important factors that help and hinder the therapeutic relationship, presents two possible social (living) models that may support recovery and introduces a new, mostly nonverbal, instrument to take on the journey towards the personal identity of the service user.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Perspectives on the therapeutic alliance: from systematic review to focus groups

Authors: S. de Jong

Introduction
The therapeutic alliance has consistently been demonstrated an important factor in outcome. However, studies in psychosis are demonstrating that this relationship is bi-directional, with negative alliance related to negative outcome as well (Goldsmith, Lewis, Dunn, & Bentall, 2015). Less is known, however, about which specific factors contribute positively and negatively to the alliance in psychosis, where unique obstacles exist (Hasson-Ohayon, Kravetz, & Lysaker, 2017). With care in psychosis having shifted to an organization into teams of professionals, it is unknown to what degree research to date is applicable to modern day care.

Objectives
We investigated to what extent research efforts to date offer insights, which may guide current care with regards to the therapeutic alliance?

Methods
Systematic review in PubMED and Web of Science, including all studies into alliance in psychosis. Additionally, we conducted focus groups with clients in care for a psychotic disorder, care professionals and peer support workers.

Results
Over 1400 articles screened, over 90 included. Approximately 20 factors identified which may be related to alliance. Demographic variables rarely show influence, factors impacting social performance (insight, symptoms) are more frequent. Qualitative studies indicate that the needs of persons may be more social-oriented than symptom-oriented. Focus group results expected in March 2019.

Conclusions
There may be a need to adjust the conceptualization of the therapeutic alliance and measurement instruments of the construct to be a more accurate representation of current care systems and client needs.

2. Is a good neighbour worth more than a distant friend? Experiences of an assisted living model.

Authors: G. Van der Weerd

Introduction
About 7% of the people with SMI require some form of supported living as a consequence of their illness. They often experience problems on a variety of domains, such as persistent complaints due to medication resistance, cognitive disturbances, physical health and self-care problems, and psychosocial dysfunctioning.

Objectives
The current project aims to improve social and community functioning in this group of service users.

Methods
'Noaber Goud' is an innovative project, which means 'good neighbours are worth gold'. In Groningen (The Netherlands), the project has been set up in the form of an assisted living group. 35 people with psychiatric conditions live there, together with four students, who joined the project in August 2018. These students can live in 'cheaper than normal' accommodation, in return for four hours a week of their time helping the residents to join in with society.

Results
All sorts of activities are organised in the neighbourhood, such as a neighbour-day, a guided tour of the factory down the street and a repair café. The assisted living residents have an active role in the project group, and also in the selection of the students that will come to live with them. The students are enthusiastic and see it as a small village, and the residents are also enthusiastic.

Conclusions
We conclude from this pilot project that integrated assisted living is feasible and acceptable to service users as well as students and people in the community close to the residence. More research is needed.

3. The Clubhouse model: a boost for self-esteem and social integration? Experiences of Dutch Clubhouse members

Authors: L. Bais

Introduction
Fountain house clubhouses are supported community centers for people with a severe mental illness who are in their process of personal and social recovery. According to the clubhouse values, membership may positively influence self-esteem, empowerment, and sense of community belonging. In 2016, a clubhouse has been opened in the northern part of the Netherlands. Clubhouse (staff) members of this Dutch clubhouse report to be enthusiastic about the method. However, the experienced benefits have not yet been investigated empirically.

Objectives
In this study, it will be investigated if sense of community belonging is associated with self-esteem, empowerment, and personal and social recovery.

Methods
Clubhouse members will complete a set of self-report questionnaires covering demographic characteristics, self-esteem, personal and social recovery, community belonging within the clubhouse, community belonging within the larger community, positive health, and subjective experience of the clubhouse environment.

Results
The study is currently being conducted. By the time of the conference, the analyses will be performed, so a complete overview of the results can be given.

Conclusions
As this is the first measurement, it is only possible to demonstrate associations between the various outcome measures. In specific, we expect that increased sense of community belonging within the clubhouse and within the larger community are associated with increased self-esteem, empowerment and personal and social recovery. In the following years, we will repeat the measurements, so that possible effects of clubhouse membership duration can also be investigated.

4. Exploring your personal identity: development of a new intervention for service users with people with complex mental health needs.

Authors: T. Jonker

Introduction
As a human being we give meaning to our stories, in relation to the social and physical context. When you have been dependent on (intensive) psychiatric support for a long time, it is possible that talents and qualities disappear because this part of your identity has been buried under a long psychiatric history. This can result in people's identity becoming limited to 'patient'.

Objectives
For this specific group, few interventions that are aimed at personal recovery are available that match their cognitive and communicative skills. In this project, we aim to develop a new psychosocial intervention to stimulate self-reflection and personal recovery.

Methods
The development of the intervention took place in an iterative process with service users, significant others, mental health professionals, peer support workers, artists and researchers. In the iterative process focus group meetings and brainstorm sessions were organized with all stakeholders and individual meetings with service users.

Results

A new psychosocial intervention entitled "This Is Me" was developed into a journey of discovery through the life of a service user at both verbal and non-verbal levels. The journey of discovery consists of jointly engaging in experiences and reflecting on these experiences. All this to (re) discover roles, talents and characteristics to broaden the identity from only 'patient' to 'human'.

Conclusions

We will share the process of developing this intervention. In addition, we will present the first results of a pilot study in which we assess the feasibility and effectiveness of the intervention.

14:15 - Parallel Session II - Symposium 10 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

SY-010

(10735) - MINDING THE BODY: TOWARDS MORE EFFECTIVE APPROACHES IN SUPPORTING PEOPLE WITH SMI IN ADAPTING A MORE ACTIVE AND HEALTHIER LIFESTYLE

Chair: Jooske Van Busschbach (Netherlands)[5]

Presenters: Wiepke Cahn (Netherlands)[1]; Jeroen Deenik (Netherlands)[2]; Javier Bueno-Antequera (Spain)[3]; Frederike Jörg (Netherlands)[4]

1 - University Medical Center Utrecht, Altrecht GGZ , Utrecht, The Netherlands;
2 - GGZ Centraal, Amersfoort, The Netherlands;
3 - Department of Sports and Computer Science, Section of Physical Education and Sports, Faculty of Sports Sciences, Universidad Pablo de Olavide, Seville, Spain;
4 - University of Groningen, UMCG , Groningen, GGZ Friesland, Leeuwarden, The Netherlands;
5 - University of Groningen, UMCG, Groningen, Windesheim University of Applied Sciences, Zwolle, the Netherlands

SYMPOSIUM PROPOSAL

Minding the body:
towards more effective approaches in supporting people with SMI in adapting a more active and healthier lifestyle

Introduction
In mental health care an emphasis lies on managing psychiatric symptoms and restoring psychological wellbeing. Apart from pharmacological interventions, the perspective is cognitive and behavioral. Because especially in people suffering from severe mental illness the metabolic risk are high, an increased attention to somatic problems is called for. Also, professionals and researchers acknowledge that there lies an important challenge in supporting people with SMI towards less sedentary lives and healthier lifestyles. This has proven not to be easy and innovative methods need to be developed matching both preferences and needs of those involved.

Main objectives
With this symposium we want to both raise awareness of the importance of the somatic needs of people with mental illness and to sketch the state of the art where life style interventions are concerned. The results of random controlled studies on the effects of interventions that stimulate both healthier food intake and or specific physical activities are presented. Also, insight is given of what can be learned from participants both patients and workers where barrières to adequate implementation are concerned.

Take home message
With this symposium we want to address a multidisciplinary audience and show that, where there is consensus on the need for a more active lifestyle for people with SMI, professionals within the organisation should work together to develop and implement effective interventions to support people to start changing and to hold on as this not only affects the body but can be an important step towards further recovery.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Somatic comorbidity in psychiatry

Authors: Wiepke Cahn; Jeroen Deenik; Javier Bueno-Antequera; Frederike Jörg,; Sanne Kox; Femke Coenen; Karin Hagoort.

Introduction
Psychiatric patients are known to have a higher prevalence of somatic co-morbidity than the general population.

Objectives
In this study, prevalence of somatic co-morbidity was studied in an academic psychiatric patient population.

Methods
Patients under treatment at the department of psychiatry at the University Medical Center, Utrecht, between 2007 and 2018. Four datasets were used to collect information on these individual patients. Analyses were based on primary psychiatric diagnosis, prescribed medication, and reports written both by mental health care professionals and patients. Analyses were descriptive and consisted of analyses on the percentage of somatic co-morbidity, in the examined population as well as per psychiatric diagnosis.

Results
The prevalence of somatic co-morbidity in the psychiatric patient population of the UMC Utrecht was shown to be 69.5% and was highest in patients with a depressive disorder. Somatic co-morbidity mainly existed of gastro-intestinal problems, followed by cardiovascular and immunological-allergic problems. Furthermore, somatic co-morbidity was under-reported (using DSMIV classification) in almost 15% of the cases.

Discussion
This study found that somatic problems in psychiatry are rather the rule than the exception. It further underlines the importance of gaining more knowledge about the interaction between mental and physical illnesses.

2. Physical exercise as a complementary tool in the promotion of health of people diagnosed with severe mental illness: A RCT in prison inmates with psychiatric disorders from the PsychiActive project

Authors: Javier Bueno-Antequera

Objectives
To evaluate the feasibility and effects of a 12-week intervention combining aerobic and strength exercises in prison inmates with psychiatric disorders.

Methods
Forty-one men prison inmates with psychiatric disorders (primarily personality disorder, n=27) were randomly allocated to intervention group consisted in exercise intervention plus usual care during 12 weeks (n = 21) or control group who received usual care (n = 20). Fitness and anthropometric measures were assessed using field-based tests (6-Minute-Walk, Incremental Shuttle Walk, Arm-Curl, and Chair-Stand), handgrip-dynamometry, bioelectrical-impedance, and waist and hip circumferences.

Results
There were no adverse events and 10 intervention participants withdrew. The remaining 11 participants attended the 77% of the sessions, of which 9 attended ≥70% and met the compliance demands. Between-group change differences substantially favoured the compliance intervention group for the 6-Minute-Walk (+21.2%; effect size [ES] ± 90% confidence limit = 1.23 ± 0.77), Incremental Shuttle Walk (+33.9%; ES = 1.35 ± 0.65), Arm-Curl (+13.8%; ES = 0.76 ± 0.65), waist (-3.5%; ES = -0.70 ± 0.63), waist/height0.5 (-1.7%; ES = -0.58 ± 0.63), waist/hip (-3.4%; ES = -0.85 ± 0.64), and A Body Shape Index (-3.3%; ES = -0.95 ± 0.71). Additional analysis showed beneficial effects of exercise participation in the handgrip and Chair-stand tests.

Conclusions
The intervention was safe, had a high dropout rate, and seemed to be effective for improving fitness and anthropometric measures in men prison inmates with psychiatric disorders.

3. Implementation facilitators and barriers of an integrated multidisciplinary lifestyle enhancing treatment for inpatients with severe mental illness

Authors: Jeroen Deenik, Diederik Tenback, Erwin Tak, Simon Rosenbaum, Ingrid J. M. Hendriksen, Peter N. van Harten

Introduction
Addressing the modifiable lifestyle factors that contribute to the substantially reduced life expectancy of patients with severe mental illness (SMI) can be described as a failure of implementation with strong evidence for the effectiveness of interventions. Nonetheless, routine implementation remains ad-hoc.

Objectives
Therefore, the current study aimed to evaluate the implementation of a multidisciplinary lifestyle enhancing treatment for inpatients with SMI (MULTI) that showed significant health improvements on the longer term.

Methods
Responses of HCPs and patients at inpatient facilities that delivered the MULTI intervention were assessed using the Measurement Instrument for Determinants of Innovations. The instrument assessed determinants (29 items) to implementing MULTI related to the intervention, the HCPs/patients and the organizational context by using a 5-point scale and open-ended questions. Determinants to which ≥20% of the participants responded negative ("totally disagree/disagree") were considered barriers and to which ≥80% of participants responded positive ("agree/totally agree") facilitators. Responses to open-ended questions were included if the topic was mentioned by ≥2 participants. After excluding participants with limited experience or understanding of MULTI (e.g. due to night shifts or illness severity), 50 HCPs (online questionnaire) and 46 patients (semi-structured interview) were invited.

Results
Of eligible participants, 42 HCPs and 33 patients responded. Participating in MULTI turned out to be complex for the majority (60%) of patients, which could partly be related to organizational factors (e.g. lack of time for nurses to improve tailoring). Organizational factors were only reviewed as barriers by HCPs (e.g. organizational changes and financial resources). The implementation was facilitated by positive attitudes of both HCPs and patients towards MULTI and their role in it. Responses showed strong commitment and collaboration.

Conclusions
Findings support the feasibility of MULTI, which was facilitated by positive attitudes of both HCPs and patients towards such an integrated, multidisciplinary and structured approach. Organizational strategies are needed to further improve and maintain MULTI, which showed to improve a variety of health-related outcomes in inpatients with SMI.

4. Introducing lifestyle interventions in the treatment of severe mentally ill patients: lessons learned from two pragmatic randomized trials

Authors: Frederike Jörg, A. Looijmans, E. Corpeleijn, R.A. Schoevers

Introduction
Lifestyle interventions are effective in improving physical health parameters in severe mentally ill (SMI) patients. However, an evidence-to-treatment gap prevents most patients to benefit. We conducted two large pragmatic trials in which we targeted the obesogenic environment of residential SMI patients (ELIPS, N=818), and the intrinsic motivation of outpatients (LION, N=281), respectively. ELIPS significantly reduced waist circumference, but LION failed to show significant improvements in health, although motivation to improve dietary habits increased. Overall, effects were small and heterogeneous. The pragmatic character of both trials enabled us to study site variation and learn lessons regarding implementation of lifestyle interventions.

Objectives
To give an overview of the lessons learned while implementing two pragmatic lifestyle interventions studies.

Methods
We used Wierenga's process evaluation model to structure the implementation lessons learned, whereby we present our lessons on five levels: patients, lifestyle program, nurses carrying out the intervention, mental health care organization and socio-political context.

Results
We present nine lessons, ranging from nurses' expectations of patients' possibilities and motivation to change, allocation of sufficient time to carry out lifestyle activities, attitudes on the work floor regarding healthy living, being a role model and task responsibilities, to needing to bridge the gap between somatic and mental health care.

Conclusions
Lifestyle interventions can contribute to better health in SMI patients but (long-term) implementation in clinical practice is a challenge. The lessons learned may be of value to mental health professionals interested in implementing lifestyle interventions in their own teams.

14:15 - Parallel Session II - Symposium 11 - Mental health care from theory to outcome
Room 3

Theme(s): Mental health care from theory to outcome

SY-011

(12140) - MENTAL HEALTH CARE IN AFRICAN PORTUGUESE SPEAKING COUNTRIES: LESSONS IN THE DEVELOPMENT OF MENTAL HEALTH SERVICES IN COUNTRIES WITH LIMITED RESOURCES

Chair: José Miguel Caldas Almeida (Portugal)[1]

Presenters: Francisco Pavão (Portugal)[2]; Palmira Fortunato Dos Santos (Mozambique)[3]; Daniel Silves Ferreira (Cape Verde)[4]; Margarida Albuquerque (Portugal)[5]

1 - Lisbon Institute of Global Mental Health / CEDOC/NOVA MEDICAL SCHOOL;
2 - Institute of Health Sciences – Portuguese Catholic University;
3 - Center for Applied Psychology and Psychometric Tests, Mental Health Department, Ministry of Health, Mozambique;
4 - Serviço de Psiquiatria, Extensão Trindade do Hospital Agostinho Neto, Cidade da Praia;
5 - MD, Psychiatry Resident, Hospital de Cascais

SYMPOSIUM PROPOSAL

With some 250 million total speakers, the Portuguese language unites people all over the world. It is the official language of 5 African countries (Angola, Cape Vert, Guinea-Bissau, Mozambique, São Tomé and Principe), which have found, since they became independent in the 70´s, similar challenges in their efforts to improve mental health services. Thanks to these efforts, and to projects of international cooperation, advances of varying importance have occurred in all of them - in some cases, mainly in training of professionals, in others in the organization of services, while in others it has been possible to implement national mental health plans and to develop services research capacity.

We aim to present an analysis of mental health services development in these countries, identify lessons learned, and discuss ways to overcome the challenges these countries face.

We expect to increase the understanding of the mental health situation in these countries and to elaborate recommendations for the future.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Mental health services in African Portuguese speaking countries: an overview

Authors: Francisco Pavão

Introduction
In a large and diverse continent as Africa we can find many differences concerning the prevalence of problems such as communicable diseases and malnutrition, low life expectancy and poorly staffed services. The same happens with mental health, that usually comes in the bottom of the list priorities for policy makers and public health strategies, so access to mental health services is a neglected problem. Objectives: To describe the actual situation of mental health policies, programs or action plan and to discuss the challenges for a system implementation in 5 African portuguese speaking countries.

Methods
Descriptive analysis of the countries' Mental Health Systems/Services based on material collected from literature available on online scientific databases and information given by National Medical Associations. Results: Despite some modest achievements in some countries, in others mental health programmes are unsatisfactory. Conclusions: We can draw some lessons from the processes developed in the countries to date. Hopefully, and considering the complexity of mental health systems, it seems to be possible to create a network to collect and disseminate relevant information on the formulation of policies and strategic plans. 2. The mental health system in Mozambique. Overcoming human resources scarcity

Authors: Palmira Fortunato

Introduction
Mozambique has gradually changed its action on mental health (MH) from an asylum-centric care with long-term hospitalization to an innovative approach to community and primary care.

Objective
Collect essential information on Mozambique´s MH system for decision making, improve quality of services delivered, update MH Strategy and Action Plan.

Method
The study used the WHO-AIMS to assess MH systems including policy and legislation, organization of services, MH in primary care, human resources, public education and link with other sectors, monitoring and research. A comparative analysis was conducted to present the evolution of relevant data from 2010 to 2014.

Results
There are two psychiatric hospitals in the country and beds in general hospitals. In the period, the number of beds in general hospitals remained stable (203), and the beds in psychiatric hospitals increased from 173 to 298. Mental health outpatient facilities have increased from 83 to 152. The number of psychiatrists (9 in 2010, and 10 in 2014) remained very low, with a significant increase in the number of psychologists (56 to 109) and occupational therapists (2 to 23). The number of Psychiatric Technicians has increased from 66 in 2010, to 241 in 2014. This increase allowed the mental health network to expand from 60 to 135 Districts, meaning an increase of coverage from 44% to 100% of the country districts.

Conclusion
The task-shifting strategy focused on services delivered in primary care by psychiatric technicians, mid-level professionals, allowed the expansion of mental health services for all the country districts and the reduction of treatment gap in Mozambique.

3. Needs assessment, quality of life and satisfaction with services in patients with schizophrenia in Cape Vert

Authors: Daniel Ferreira

Introduction
In the last decades, there was a significant improvement in the main health indicators in Cape Vert. Although mental health has never been prioritized, significant progress has been made in establishing psychiatric units in two central hospitals, and in integrating mental health care into primary care.

Objectives
In this presentation we discuss the results of an evaluation of the needs, quality of life and service satisfaction of patients with schizophrenia living near the capital of Cape Vert.

Methods
The evaluation was carried out in a sample of 122 patients followed at the out-patient clinic of the Psychiatry Unit of Agostinho Neto Hospital, Cidade da Praia. The instruments used included the CAN, WHODAS II, WHOQOL-BREF and VSSS.

Results
Patients were predominantly males, unmarried and unemployed. Most had a history of previous hospitalization. The most frequent unmet needs were related to access to information, social contacts and psychological distress. Most individuals had a reasonably good score in the psychological and physical domains of quality of life. There was a moderate satisfaction with services and "professional competence", a relative dissatisfaction with family involvement and access to services, and a very negative assessment on the information domain.

Conclusions
While overall the results are encouraging, they show that much remains to be done in some components of mental health care in Cidade da Praia, and in the improvement of access to care in other areas of the country.

4. The particular case of Guinea-Bissau

Authors: Margarida Albuquerque

Introduction
In some low and middle income countries, political leaders and international development agencies overlook the importance of a strategy for mental health care. Guinea-Bissau is one extreme example of this. Years of political instability and war resulted in a lack of planning for the health system in general and for the mental health system in particular. As a result, the mental health care is scarce and have subsisted mainly based on private initiatives – usually NGO´s.

Objectives
To describe and to map the actual situation of mental health care in Guinea-Bissau (education, infrastructures, human resources, plans) and to discuss the challenges of the implementation of a mental health plan in the context.

Methods
Description of the situation based on the data collected in the field and presentation of a pilot project implemented with the collaboration of a Portuguese NGO-Mundo a Sorrir.

Results
Many gaps were identified. One striking example is that there is only one infrastructure in the country destined to assist patients with mental disorders - The Mental Health Center of Bissau. All the professionals that work there lack formation and experience in psychiatry, claiming mainly for help in training.

Conclusions
The challenge of facing the barriers to the implementation and development of a Mental Health Plan is huge but discussion and intervention are imperative.

14:15 - Parallel Session II - Symposium 12 - Managing systemic complexity
Room 4

Theme(s): Managing systemic complexity

SY-012
(10788) - MANAGING MENTAL HEALTH SYSTEM COMPLEXITY IN CHILE

Chair: Alberto Minoletti (Chile)[1]

Presenter: Alberto Minoletti (Chile)[1]; Ruben Alvarado (Chile)[1]; Rafael Sepulveda (Chile)[1]; Olga Toro (Chile)[1]

1 - School of Public Health, University of Chile

SYMPOSIUM PROPOSAL

Managing mental health system complexity in Chile

In the past 30 years, Chile has undergone a transition from a care system centred in large psychiatric hospitals to networks of mental health services integrated into the public health system and decentralized into 29 health districts. All primary care facilities have integrated a mental health program delivered mainly by general physicians and psychologists, and new facilities have been implemented, including community mental health centres, day hospitals, group homes and inpatient units in general hospitals. Collaborative work with other sectors (e.g. education, social services, child protection, justice, etc.) has been a fundamental aspect at the national policies, each health district and in every mental health facility.

Considering the increasing level of complexity that mental health systems have reached in the 29 health districts, it seems interesting to analyze how these systems are being managed and what factors influence this process.

Objectives:
· Analyze the development of complex local mental health networks

· Describe the role of research in the operation of complex mental health systems

· Describe capacity building to manage mental health systems

· Analyze mental health financing

Contributions
· Information on managing mental health systems of increasing complexity in a middle-income country.

· Learnings from the application of WHO-AIMS instrument at two points in time in Chile.

· Experience with a Chilean instrument to evaluate mental health networks, identifying gaps and inequities and monitoring mental health policies, and the process of developing a new version to be used in other Latin American countries.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Managing a national system of mental health services of increasing complexity

Authors: Alberto Minoletti

Introduction
Chile has increased the capacity to respond to the demands of the population for mental health care. The rate of persons with mental disorders cared on an outpatient basis increased from 2,572 to 5,573 per 100,000 between 2004 and 2014. In the same period, the rate of psychiatric admissions to general hospitals increased from 55 to 86 per 100,000 while in mental hospitals decreased from 48 to 36.

Objectives
Identify strategies that have contributed to the development of mental health response capacity in the public health system in Chile and analyze some lessons learned from this process

Methods
Review and analysis of public policy documents and information system data used by mental health managers.

Results
The main strategies that contributed to increase the response capacity were: a) the implementation of three national mental health plans with the same strategic vision over the course of three decades; b) the increase of public mental health expenditures allocated to general hospitals, outpatient facilities, primary care and community services; c) the positioning of mental health in integrated health service delivery networks; d) the development of a mental health program for primary care delivered by general physicians and psychologists; e) the information system that provides knowledge on access rates, treatment gaps, and geographical inequities.

Conclusions
The Chilean experience confirms the importance of implementing a set of strategies and mechanisms to promote the development and operation of complex mental health systems.

2. The role of research in complex mental health systems: an experience in Chile.

Authors: Ruben Alvarado

Introduction
Most countries in the world are carrying out mental health reforms, expanding services in the community. However, there is very little evaluation in Low- and Middle-Income Countries on community services functioning and results. One of the causes is the lack of instruments to describe the characteristics and functioning of these community services, and the networks where they are operating.

Objective
Describe and characterize the functioning of community mental health services in Chile.

Methods
We used an instrument constructed and adapted to the context of the health system of Chile (EvaRedCom). This instrument incorporates the International Classification of Mental Health Care (ICMHC) from WHO.

Results
The most important results are: a) differences and inequities in resources (accessibility, human resources, etc.), between the different regions of the country, and this instrument allows to make better decisions about the installation of community centers and increase of human resources; b) lack of psychosocial and community interventions, and a training program for community teams is necessary; c) the reform has greatly improved the accessibility to services, but the greatest weakness is in the community approach to the care provided there; and, d) the areas that achieve greater advances in the community approach of their service networks also show better indicators in the provision of services.

Conclusion
This instrument is a good tool to describe services and the progress of reform, being useful for planning and making decisions.

3. Capacity building for mental health systems management in Chile:

Authors: Rafael Sepulveda

Introduction
The progressive implementation of a community mental health model in the Chilean public health system required competent professionals in management of mental health care systems and clinical practice in different community facilities.

Objectives
Two joint initiatives between the Ministry of Health and Universities are described, explicitly aligned with the implementation of the community mental health model.

Methods
1.- The School of Public Health, University of Chile, started a joint committee with the Ministry to develop a Post-Degree Diploma course to train clinical professional skills according to the community model.
2.- A health district with high implementation of the new mental health services developed a partnership with another University to train psychiatrists according with the community model.

Results
1.- The Diploma course has trained around 100 health professionals annually for the past 17 years. Subsequently, the School of Public Health has developed a second annual Diploma course on mental health services management. The experience with these courses has allowed to formulate a master in mental health and community psychiatry to start in 2019.
2.-The training program for psychiatrist has contributed to develop similar programs with other universities in five different health districts. This strategy will continue to increase the proportion of psychiatrists trained in the community mental health model.

Conclusions
The strategy of training health and mental health professionals in the mental health community model has been crucial in building up the system of mental health services in Chile.

4. Analysis of mental health financing in Chile

Authors: Olga Toro

Introduction
The objective of the financial function of the health system is to provide funds and establish incentives for health service providers, in order to ensure access of all individuals to health care with certain standards. Structure of fundraising, type of insurance, and mechanisms of allocation to services are relevant aspects to be considered.

Objectives
Identify how the financial function of the health system in Chile is aligned with the development of mental health services for the population.

Methods
Analysis of public policy documents on financing of public mental health services used by decision makers.

Results
There is little analysis of the financing function and its impact on the development of mental health services. Decision makers focus on providers annual budget planning. Emphasis is placed in the payment mechanisms providers, given the incentives to continuity of care, in a scenario of funding allocation mechanisms to services different for primary health care, specialized outpatient care and hospital care.

Conclusion
To the extent that coverage gaps persists, the concern to improve the budgets allocated to mental health services is maintained. As low impacts are observed in social inclusion, prevention and promotion of mental health, an interest emerges in the analysis of incentives to allocate resources to treatment. Financing structural analyzes are necessary to promote social inclusion of persons with mental disorders.

14:15 - Parallel Session II - Symposium 13 - Managing systemic complexity
Room 5

Theme(s): Access inequities

SY-013

(10791) - UPDATE ON ACCESS TO PSYCHOTHERAPY FOR COMMON MENTAL DISORDERS IN FRANCE, QUEBEC AND CANADA

Chair: Alain Lesage (Canada)[1]

Presenters: Helen-Maria Vasiliadis (Canada)[4]; Viviane Kovess (France)[2]; Michel Rodrigue (Canada)[3]

1 - University of Montereal;
2 - EHESP - Paris descartes University;
3 - Mental Health Commission of Canada;
4 - University of Sherbrooke

SYMPOSIUM PROPOSAL

Further influencing mental health policies: an update on access to psychotherapy for common mental disorders in France, Quebec and Canada inspired by the UK and Australia models

Contrary to the United Kingdom and Australia, France and Canada have yet to publicly finance psychotherapy in the primary care context for common mental disorders such as for anxiety and depression. The speakers from France, Quebec and Canada have been researching, animating and advocating in their country towards access to psychotherapy and will expose the implementation catalyst studies and strategies at the system level they have been championing or observing.

Among the strategies pursued as in the United Kingdom: i) cost-benefits economic modelisation; ii) demonstration projects in catchment areas; iii) consensus conferences; iv) declarations by family foundations-led consortium for access to psychotherapy. Among the turning point observations during ministerial announcements are the presence of family members with lived experience with mental disorders and suicide as in Australia.

Following introduction by Lesage, Vasiliadis will describe the impact of her economic modelisation of cost-benefits in the Canadian context for Quebec's decision. Kovess will describe the next step towards France being close to publicly funded psychotherapy, following the results of the demonstration projects. Rodrigue as senior officer to the Mental Health Commission of Canada will describe policy papers and 2 consecutive national consensus conferences on the organisation, insurability and mode of financing access to evidence-based psychotherapy in the primary care context for anxio-depressive disorders.

Researchers can effectively advocate in collaboration for funding major mental health programs. Canadian and French researchers and policy analyst will look forward comments and suggestions from their ENMESH colleagues for accelerating the public financing of psychotherapy for common mental disorders in the primary care context.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Influencing mental health policies - the role of economic modelling of access to psychotherapy for common mental disorders in Canada inspired by UK and France papers.

Authors: Helen-Maria Vasiliadis

Introduction
In the United Kingdom, the public financing of access to psychotherapy was supported inter alia, by its champion Lord Richard Layard's cost-benefit analysis. Similarly, France's researchers conducted an economic evaluation before a current demonstration project by the National Health Insurance.

Aims
To describe the economic modelling conducted in the Canadian context and its influence since it has been published in a peer-reviewed services research journal, but also used by the Mental Health Commission of Canada and a Coalition for access to psychotherapy.

Methods
Using discrete event simulation, the model predicted health service use, clinical events (relapse, recovery, hospitalizations, suicide attempts, suicide) and associated QALY, over a 40 year period in a Canadian population, aged 20-84 years, with incident depression. Costs were measured from the health system perspective. Other societal costs considered were paid incapacity benefits for sick leave and lost productivity (absenteeism-presenteeism).

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 The Canadian researchers estimates were comparable to those observed in the UK and France. The influence of the paper will be discussed in view of the state of the implementation of publicly funded psychotherapy in the various provinces of Canada.

Vasiliadis, H. M., Dezetter, A., Latimer, E., Drapeau, M., Lesage, A. D. Assessing the Costs and Benefits of Insuring Psychological Services as Part of Medicare for Depression in Canada. Psychiatric Services. 2017; Sep 1;68(9):899-906. PubMed PMID: 28502247.

2. Demonstration project of public financing of access to psychotherapy in 3 French catchment areas

Authors: Viviane Kovess

Introduction
In the United Kingdom, the public financing of access to psychotherapy was supported inter alia, by 2 demonstration projects in Doncaster and Newham. They confirmed the feasibility of offering low and high intensity effective therapy in the primary care context for common mental disorders.

Aims
The French National health insurance intends to introduce public financing of psychotherapy for anxio-depressive disorders in the primary care context. It has commissioned in 2017 researchers to conduct an experimentation on the pricing of psychotherapies in the coordinated management of mild to moderate mental health disorders.

Methods
Patients must be currently registered as salaried worker with a family physician reimbursed by the Caisse Maladie. Patients aged 18-60 are eligible, diagnosed with anxio-depressive disorders. Patients may already be treated with anti-depressants, but could benefit from psychotherapy. Physicians remain at the center of care, in contact with psychotherapists and with access to psychiatrists for complex or critical cases. Individual patient measurements such as PHQ-9 and GAD-7, as well as services utilisation data for economic assessment are collected.

Results
The experiment is currently conducted in 3 territories (Bouches-du-Rhône, Haute-Garonne, Morbihan). In 2017, guidelines inspired by UK NICE guidelines were developed for the French context, one for each of family physicians, psychotherapists and patients. Following referral by family physicians to psychotherapist for evaluation, the patient may be offered low intensity therapy, or moved to structured therapy. We will report on the number of patients entered in the experiment, obstacles encountered and preliminary results on effectiveness that can be publicly released.

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

3. The role of a federal mental health advisory agency in presenting policy options for expanded access to public financing of psychotherapy

Authors: Michel Rodrigue

Introduction
The Mental Health Commission of Canada (MHCC) was created in 2007. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the development of sound public policy.

Aims
To describe the MHCC's economic evidence document and 2 catalyst/consensus roundtables supporting the development of publicly funded structured psychotherapy for common mental disorders in the primary care context.

Methods
A rapid scan of Canadian evidence was commissioned for a MHCC document 'Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations.' The first catalyst/consensus roundtable was preceded by a MHCC background paper. The second catalyst roundtable was preceded by the rapid economic scan and MHCC subsequently developed a discussion paper exploring implementation in other countries.

Results
Strengthening the case does more than reiterate the importance of directing funds to mental health. It provides economic rationale for investing in best practices that can improve mental health outcomes. The 2 roundtables held in 2017 and 2018 with the presence of 50 national and provincial stakeholders including professionals, consumers and relatives, researchers, decision-makers, public and private insurers resulted in 2 discussion papers by the MHCC. First, 'Options for improving access to counselling, psychotherapy and psychological services for mental health problems and illnesses', and secondly 'Expanding Access to Psychotherapy: Mapping Lessons Learned from Australia and the United Kingdom to the Canadian Context'.

Conclusion
The lessons learned from the experiences of the United Kingdom and Australia in expanding access to publicly-funded psychotherapy can offer important guidance for Canadian policy makers. The key findings from the discussion paper will be discussed.

14:15 - Parallel Session II - Symposium 14 - Managing systemic complexity
Room 6

Theme(s): Managing systemic complexity

SY-014

(10663) - THE ORGANISATION OF MENTAL HEALTH CARE: A STAKEHOLDERS' PERSPECTIVE

Chair: Vincent Lorant (Belgium)[4]

Presenters: Martin Knapp (United Kingdom)[2]; Pierre Smith (Belgium)[1]; Hélène Garin (Belgium)[1]; David Mcdaid (United Kingdom)[3];

1 - Institute of Health and Society (IRSS), Université Catholique de Louvain;
2 - Department of Health Policy, London School of Economics;
3 - Personal Social Services Research Unit (PSSRU), London School of Economics;
4 - Université catholique de Louvain

SYMPOSIUM PROPOSAL

The organisation of mental health care: a stakeholders' perspective

For several decades, mental-health care reforms and evidence-based interventions have been implemented in order to improve the social integration of people with mental health needs in the community. However, evidence-based policy sometimes fail to be implemented, are not scaled up in routine practice, and do not result in the expected improvement of patients' outcomes. Among possible barriers, stakeholders may thwarted the adoption or implementation of new interventions or new policy. No policy or intervention is likely to be adopted and implemented if not endorsed by stakeholders, such as health professionals, policy-makers, and patient's advocacy associations. The objective of this symposium is to shed light on stakeholders' role in policy or intervention implementation in routine practice.

One presentation is addressing how to build the evidence base for better dementia policy and responses in seven middle-income countries. Two presentations investigate the ongoing mental-health care delivery reform in Belgium: one addresses the values around which stakeholders tend to cluster and form coalitions despite coming from different backgrounds in a highly fragmented care system, the other examines stakeholder influence network and its effect on policy. Finally, the fourth presentation addresses institutional challenges for complex health topics such as the promotion of physical health of SMI patients in low- and high-income countries.

Based on these multiple experiences, the symposium will provide key recommendations to strengthen capacity for evidence-based policy implementation and effectiveness in routine practice.

CONTRIBUTING SPEAKERS ABSTRACTS

1) Scaling up evidence-based interventions for people with dementia and their carers: costs, outcomes, challenges

Authors: Martin Knapp

Introduction
As populations age, the number of people living with dementia grows rapidly. This poses a number of challenges. Continuing for the next few decades with the arrangements we have today for treatment, care and support of people with dementia and their carers is considered by some people to be unsuitable (in that outcomes are poor), unsustainable (in that staff and other necessary resources will not be available) and unaffordable (in that the costs could not be covered from existing funding mechanisms).

Objectives
To explore the costs, outcomes and challenges of scaling-up evidence-based interventions for people with dementia and their family and other unpaid carers over the period from now until 2040. The focus will be on England.

Methods
The MODEM project (MOdelling outcome and cost impacts of interventions for DEMentia) is a multi-faceted study, pooling expertise and inputs from lived experience, evidence reviews/synthesis, simulation modelling, social gerontology, economics, clinical evaluation, qualitative methods and knowledge exchange. In this presentation I will concentrate on how future dementia costs and outcomes might change if known evidence-based interventions were more widely utilised. This required searches to find interventions that had been shown to be effective, projections of numbers of people living with dementia over the period to 2040 (from the PACSim microsimulation model), calculations of costs, quality of life and other outcomes from today's care and support arrangements (within a macrosimulation model), and then comparison with scaled-up evidence-based interventions (taking into account that not everyone with dementia is eligible for each such intervention, and even if eligible, might not agree to receive it).

Results
Results will be presented for four interventions: cognitive stimulation therapy; anti-dementia medications when taken in combination; carer support (specifically the START approach); and a person-centred approach to support people with dementia living in care homes. I will show what happens to costs and outcomes when these are scaled-up over the period to 2040.

Conclusions
I will discuss what the findings mean for people with dementia, carers, health and social care providers and funders, and national policy strategy. The operational challenges of scaling-up will also be discussed.

2) Stakeholder coalitions on the organisation of mental health care: a cluster analysis

Authors: Pierre Smith

Introduction
During the last decades, reforms in the organisation of mental health care (MHC) have been implemented in many countries. However, reforms are often partially implemented because of the resistance of stakeholders, especially in bottom-up and fragmented societies. So far, coalitions of stakeholders in the organisation of MHC has never been described.

Objectives
The objective was to identify coalitions of stakeholders in relation to dimensions of the organisation of MHC.

Methods
Using a national online survey in Belgium, data were collected on 469 stakeholders (policymakers, clinicians, managers, professional associations, user representatives). Seven dimensions of the MHC organisation were proposed to stakeholders: target group, geographical organisation of care, type of service provided, type of coordination, formalization of practice, provider payment mechanisms, and resource-pooling level. Classification was performed on stakeholders' organisational choices with a non-metric cluster analysis.

Results
Organisational choices of stakeholders in five clusters accounted for 50% of the variance. Coalitions have emerged around the following dimensions: geographical organisation of care, type of service provided, resource-pooling level and formalization of practices. Clusters composed of clinicians and professional associations favoured the autonomy of individual, specialised services while those composed of policymakers favoured generic services, the formalization of practice and integration at the network level in terms of provision, coordination, and funding of services.

Conclusions
Coalitions that are composed of stakeholders with different backgrounds differ on organisational dimensions that underlie issues of autonomy and identity of services. The definition of MHC policies and interventions should consider the impact of stakeholder coalitions.

3) Mental health stakeholders' influence network in Belgium

Authors: Hélène Garin

Introduction
Since 2011, Belgium has been implementing a nation-wide reform of mental health care to organise care in the community. However, reform objectives are not widely achieved. One possible explanation might be that stakeholders do not coalesce around these objectives.

Objectives
The aim of this study is to identify and describe the mental health stakeholders' influence network, in relation to community care.

Methods
Data were collected using a national online survey. The reform's objectives were proposed to elite stakeholders (policymakers, clinicians, managers, professional associations and user representatives, n = 469, response rate = 40%). Each respondent was asked to rate the reform objectives, as treatment in community, short hospitalizations and continuity of care. They also were asked to nominate individuals they perceived as important and influential. We used network separation and autocorrelation indices (Moran's I and Yule's Q).

Results
There was no coalition of stakeholders around the reform objectives. The network of influence was strongly separated along language (French and Dutch) and regional affiliation. Policymakers were not more likely to be nominated ($p = 0.29$) compare to non-policymakers.

Conclusions
Stakeholders do not perceive policymakers as influential. In addition, there is no coalition to support community care.

4) Promoting the physical health of people with mental disorders. Addressing different institutional and contextual challenges for low and high-income countries.

Authors: David McDaid

Introduction
Increased risks of physical comorbidities and premature death in people with mental health problems are well-documented, yet promotion and protection of physical health has not been well integrated into mental health care pathways in many countries.

Objectives
To identify and contrast institutional and contextual challenges in development of policies and services to protect/promote the physical health of individuals with a primary mental disorder diagnosis in three high-income European countries, England, Ireland and Finland, with developments seen in three low-income countries, Bangladesh, India and Pakistan.

Methods
Content analysis of policy documentation and literature covering the last decade. Questionnaires were also completed by policymakers and topic experts in all six countries to identify further policy and legislative documentation and obtain insights on the extent to which physical care is covered in mental health care pathways.

Results
Key challenges in all six countries include fragmented funding and organisational structures, as well as limited incentives for better co-ordination with primary care services. Surveillance data were influential in increasing recent priority for physical health in care pathways in Europe. In South Asia while policymakers have committed to greater investment in mental health, physical health is almost invisible in planned reforms, although some integrated care services are being implemented despite limited capacity.

Conclusions
Despite differences in infrastructure and resources there is scope for mutual policy learning between high and low resource settings.

15:15 - Parallel Session III - Symposium 15 - Cross-cultural learning in mental health
Auditorium

Theme(s): Cross-cultural learning in mental health

SY-015

(10662) - TESTING AND IMPLEMENTING PSYCHOSOCIAL INTERVENTIONS IN REFUGEE POPULATIONS RESETTLED IN HIGH AND MIDDLE-INCOME COUNTRIES

Chair: Johannes Wancata and Michela Nosè[1]

Presenters: Pim Cuijpers (Netherlands)[2]; Marianna Purgato (Italy)[3]; Ceren Acarturk (Turkey)[4]; Giulia Turrini (Italy)[5]

1 - Azienda Ospedaliera Universitaria Integrata Verona, UOC Psichiatria WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation University of Verona.;
2 - Department of Clinical, Neuro and Developmental Psychology, Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam;
3 - WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona;
4 - Department of Psychology, Istanbul Sehir University, Orhantepe Mahallesi, Turgut Özal Bulvarı, Kartal/İstanbul;
5 - WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation Department of Neuroscience, Biomedicine and Movement Sciences,Section of Psychiatry, University of Verona, Verona

SYMPOSIUM PROPOSAL

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 implementation of effective preventive strategies represents a crucial step towards optimising the responsiveness of health systems to humanitarian emergencies, and in the long run for promoting accessibility of evidence-based psychosocial interventions for vulnerable population groups. RE-DEFINE (Refugee Emergency: DEFining and Implementing Novel Evidence-based psychosocial interventions) is an EU funded project, which aims to implement effective psychosocial interventions for preventing the onset of common mental disorders in refugees and asylum seekers with psychological distress resettled in middle-income and high-income countries. RE-DEFINE is particularly relevant for the refugee crisis in Europe and in bordering countries (i.e., Turkey), as the progressive increase in refugees seeking asylum poses a significant challenge to the health systems' capacity to adequately respond to the health needs of this population. RE-DEFINE is expected to generate a strong evidence-base for the low-intensity indicated preventive psychosocial intervention SH+, and to create a scientific framework to adapt and equip health care systems in countries inside and outside Europe with such low intensity intervention to provide sustainable and cost-effective preventive interventions to refugees and asylum seekers.

The main objectives of the symposium are:
- to discuss the implementation of psychosocial interventions for refugees

-to introduce the REDEFINE Project

-to discuss the current status of the REDEFINE project in Turkey and in Italy

CONTRIBUTING SPEAKERS ABSTRACTS

1 - Implementing psychosocial interventions in refugee populations: methodological challenges.

Authors: Pim Cuijpers

Refugees and asylum seekers often endure great physical and mental challenges either before and during displacement and suffer continuing hardships after arrival in hosted country. Refugees and asylum seekers are exposed to a constellation of stressors causing them to be up to ten times more vulnerable than the general population to some severe mental health conditions. Interventions to treat mental health problems exist, and there is a growing body of

research proving effectiveness of such interventions. European mental health care systems usually offer specialised mental health services to this population, delivered by highly trained psychotherapists or psychiatrists. However, even though effective, these approaches are:
1) often expensive, complex, and require training and supervision;
2) often developed according to the needs of Western populations, and are not always culturally adapted to the specific characteristics of refugees and asylum seekers;
3) aimed at treating formally diagnosed mental disorders but are not focused on preventing mental health conditions in this population exposed to a constellation of stressors.

On the basis of this premise, different and urgent transformations of health systems are required to adequately scale-up evidence-based preventive psychosocial interventions in ways that are feasible, practical and sustainable. This transformation has the potential of improving individual quality of life and health, enhancing protective underlying mechanism, and decreasing suffering. Simultaneously, it would be beneficial for the community as a whole, by reducing health costs and preventing an unprecedent social drift associated with mental health conditions.

2 - Overview of the RE-DEFINE project.

Authors: Marianna Purgato

RE-DEFINE (Refugee Emergency: DEFining and Implementing Novel Evidence-based psychosocial interventions) is an EU funded project, which aims to implement effective psychosocial interventions for preventing the onset of common mental disorders in refugees and asylum seekers with psychological distress resettled in middle-income and high-income countries. The project focuses on adaptation, testing, and implementation of a novel transdiagnostic self-help preventive psychosocial intervention specifically developed by the World Health Organization (WHO) to respond to humanitarian crises. The intervention can be delivered by non-specialists to groups of up to 30 people at a time, which is particularly relevant for the refugee crisis in Europe and in bordering countries (i.e., Turkey), since the sudden increase in refugees seeking asylum poses a significant challenge to health systems' capacity to adequately respond to the health needs of this population. REDEFINE is expected to generate a strong evidence-base for the low-intensity indicated preventive psychosocial intervention SH+, and to create a scientific framework to adapt and equip health care systems in countries inside and outside Europe with such low intensity intervention to provide sustainable and cost-effective preventive interventions to refugees and asylum seekers.

3 - Conducting clinical trials in refugees in middle income countries: the RE-DEFINE project in Turkey.

Authors: Ceren Acarturk

A large, pragmatic RCTs wase carried out to evaluate cost-effectiveness and acceptability of Self Help Plus (SH+) programme in Turkey, an upper-middle income country. The pragmatic trials test the capacity of the SH+ low intensity programme to be implemented within mental health systems in terms of reduction of psychological distress, disability and health costs. Beneficiaries wee refugees and asylum seekers currently living in Turkey, who showed increased psychological distress (General Health Questionnaire – GHQ - > 3) and negative to the Mini Neuropsychiatric Interview (MINI) (40). The recruitment strategy was pragmatic and involved local organizations that implement reception projects for asylum seekers. During the study period, all asylum seekers and refugees consecutively seeking legal support from these local organizations were invited to participate. Only refugges with psychological distress, but without a mental disorder, were included in the trial and randomly allocated in a 1:1 ratio to the experimental and control condition. The low -intensity SH+ programme was delivered by trained non-specialist facilitators. SH+ trainers were local mental health care professionals that were affiliated to primary health care centers, community centers, or refugee mental health care. Non-specialist SH+ providers were selected from the refugee population based on prior experience with health care (as a nurse, community health worker, etc.). Assessments will take place before SH+, post-SH+, and at six and 12 month follow-up.

4 - Conducting clinical trials in high income countries: the RE-DEFINE project in Europe.

Authors: Michela Nosè; Giulia Turrini

The low–resource intensity Self Help Plus (SH+) programme has been delivered by trained non-specialist facilitators in five European high income-countries (Italy, Germany, Austria, Finland, and the UK). Non-specialist SH+ facilitators (refugees or community members with a refugee or migrant background or with the same/similar culture) have been

trained by SH+ trainers who have received a specific training and supervision on the SH+ intervention from WHO before starting the recruitment period. SH+ has been translated and locally adapted into Farsi and Urdu according to the WHO Department of Mental health and Substance Prior to the start of the RCT, translation and adaptation into Dari and Urdu has been completed by WHO. This was followed a process used by WHO in Uganda and Syria for previous versions of SH+. The book and a draft audio version were then reviewed by native speakers of the language. WHO and the translation teams then made further adaptations where necessary. Finally the intervention was professionally audio recorded with a final review before use.

A large, pragmatic, multicenter RCT was carried out to evaluate cost-effectiveness and acceptability of SH+ programme in refugee populations resettled in Europe.

In all the participating countries, beneficiaries were adult refugees who showed increased psychological distress (General Health Questionnaire – GHQ - > 3) and negative to the Mini Neuropsychiatric Interview (MINI) (40). Assessments in beneficiaries were taken place before SH+ programme, post-SH+ programme, and at 3 months follow-up.

15:15 - Parallel Session III - Symposium 16 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome

SY-016

(10789) - DEVELOPING INTERVENTIONS FOR LONELINESS IN MENTAL HEALTH

Chair: Sonia Johnson (United Kingdom)[1]

Presenters: Brynmor Lloyd-Evans (United Kingdom)[1]; Ruimin Ma (United Kingdom)[1];
Theodora Stefanidou (United Kingdom)[1]; Khulood Alasmawi (United Kingdom)[1]; Vanessa Pinfold (United Kingdom)[2]

1 - Division of Psychiatry, University College London;
2 - The McPin Foundation

SYMPOSIUM PROPOSAL

Introduction
Loneliness is common among people with mental health problems, and is associated with a range of poor physical and mental health outcomes. The most effective interventions for loneliness have yet to be established, including for people with mental health problems.

Objectives
This symposium will address the Enmesh theme of "Mental Health Care from theory to outcome". It will discuss existing knowledge about how to intervene to prevent or reduce loneliness in mental health, and the development and evaluation of new interventions.

Contributions
The symposium will include presentations on:

i) The epidemiology of loneliness and its association with mental health outcomes, including findings from two cohort studies of English secondary mental health service users.

ii) A systematic review of the effectiveness of interventions to reduce subjective and objective social isolation in mental health settings

iii) Results from a feasibility trial of an asset-based, "community navigator" intervention to reduce loneliness for people with severe depression or anxiety in secondary mental health.

iv) Findings and implications for practice from the involvement of a peer-research organisation, the McPin Foundation, in developing a suite of interventions co-produced with service users to improve social connections for people with mental health problems

Prof. Sonia Johnson will chair the session and introduce a new, English national cross-disciplinary Mental Health Loneliness Research Network

Messages
The importance of loneliness as a factor influencing recovery in mental health; the need for innovative interventions to address loneliness and directions for research and practice

CONTRIBUTING SPEAKERS ABSTRACTS

1. Loneliness in people with mental health problems: epidemiology and relationship to health outcomes

Authors: Brynmor Lloyd-Evans; Jingyi Wang, Khulood Alasmawi; Sonia Johnson

Background
Loneliness is common in people with mental health problems and is associated with increased risk of a range of health outcomes, including poorer recovery from depression.

Aims
To explore the characteristics associated with loneliness, and its relationship to health outcomes, in two cohorts of people using secondary mental health services.

Methods
Two studies conducted by our research group at University College London will be presented. In study 1, a sample of n=399 people were recruited from mental health crisis home treatment services in England and followed up for four months. Data regarding demographic characteristics, social circumstances, loneliness, social network, and clinical outcome measures of symptoms, personal recovery and health-related quality of life were collected at both time points. Loneliness at baseline, and clinical and personal recovery at follow-up were modelled using linear regression. The relationship of loneliness to recovery outcomes was explored. In study 2, a sample of n=192 people using community mental health services were recruited. Data were collected regarding: socio-demographic characteristics, diagnosis loneliness, objective social isolation, symptoms and perceived stigma. Differences in loneliness between diagnostic groups and factors associated with loneliness were explored using regression modelling.

Results
Findings from both studies will be presented.

Conclusion
Study findings will be considered in the context of the wider literature on loneliness in mental health. Implications for research and practice will be discussed.

2. The effectiveness of interventions to reduce subjective or objective social isolation in people with mental health problems: a systematic review

Authors: Ruimin Ma; Brynmor Lloyd-Evans; Sonia Johnson

Introduction
Subjective and objective social isolation are well-established factors contributing to both physical and mental health problems, such as increased all-cause mortality rate, obesity cognitive decline and depression. Being socially isolated, either in a subjective or an objective way, predicts the onset of, and poorer clinical and personal recovery from, mental health problems, and lower quality of life.

Objectives
A systematic review was conducted to evaluate the current evidence for the effectiveness of interventions to improve subjective and objective social isolation for people with mental health problems. Primary outcomes of interest included improvements in loneliness, perceived social support, and objective social isolation.

Methods
Medline, PsycINFO and Web of Science databases were searched for relevant randomised controlled trials (RCTs). Studies were included if they evaluated interventions in which the main aim was to reduce objective and/or subjective social isolation for people with mental health problems.

Results
In total, thirty RCTs met the inclusion criteria, fourteen of which focused on subjective social isolation and twelve on objective social isolation. The remaining four assessed both outcomes. Although there was considerable variability

between trials, interventions were identified with preliminary evidence of effectiveness for subjective and/or objective social isolation in people with mental health problems.

Conclusion
The implications of the review regarding promising intervention models and approaches will be discussed. More thorough, theory-driven development of interventions more, well-designed trials are needed in this field.

3. A feasibility study of an intervention to reduce loneliness for people with complex anxiety or depression: The Community Navigator Study

Authors: Theodora Stefanidou; Vanessa Pinfold; Glyn Lewis, Jo Billings, Johanna Frerichs, Jess Bone, Kate Fullarton, Brynmor Lloyd-Evans; Sonia Johnson

Introduction
Loneliness predicts poorer mental health recovery, but effective interventions for loneliness in severely mentally ill people have not been established.

Objectives
The Community Navigator study therefore co-produced and tested the feasibility of an intervention to reduce loneliness for people with complex anxiety or depression using secondary mental health services.

Methods
A social intervention involving individual and group support from a non-clinical "navigator" was evaluated in a feasibility randomised controlled trial, with quantitative data collection at study entry and at six month's end-of-treatment. Treatment group participants (n=30) received up to 10 individual sessions with a community navigator and up to three group sessions over a 6 month period. Control group participants (n=10) received standard care and written information about local community resources. Qualitative interviews with participants, staff and other stakeholders explored experiences of the navigator support.

Results
Forty participants were recruited within four months, out of 65 whom we approached. All participants were retained in the trial and 80% of treatment group participants remained engaged with the intervention. Follow-up data were collected from 88% of participants. Process data indicated the intervention was delivered as intended. Qualitative interviews were conducted with 32 stakeholders, which perceived the intervention as helpful and acceptable.

Conclusions
As a feasibility trial, our study was not intended to and does not provide quantitative evidence of the effectiveness of the intervention. However, the feasibility of the trial recruitment procedures and the acceptability of the community navigator support, make a strong case for a full trial to test effectiveness.

4. Co-producing an intervention to address loneliness for people with depression and anxiety: reflections and recommendations

Authors: Vanessa Pinfold; Johanna Frerichs, Brynmor Lloyd-Evans

Introduction
Loneliness is a significant concern across societies in Europe affecting people across the life course, and impacting on health outcomes including mental health.

Objectives
We describe a coproduction approach to building an evidence base of 'what works' to address loneliness for people using secondary mental health services. We explore the role and benefits of using co-production in research.

Methods
Our study involved development, then a feasibility trial of an intervention to reduce loneliness. It was supported by co-production working group with members drawing upon expertise from clinical practice, research and academic training and life experiences as mental health service users.

Results

The coproduction working group were critical to all project decisions. This included debating and agreeing on a form and structure for a group based element in the programme, designing practical tools to use for mapping networks and goal planning objectives on how each participant would set about addressing loneliness as well as finalising our theory of change. The recruitment of a staff team to deliver our intervention was supported by two panels assessing key skills required for the role from a clinical and lived experience perspective. This co-design was also taken into co-training of staff. We also took the co-production approach into the analysis of qualitative data in the study, and project dissemination.

Conclusions

Learning about how to support effective co-production in research and the role and impact of coproduction in mental health research will be discussed.

15:15 - Parallel Session III - Symposium 17 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

SY-017

(10665) - INTERNATIONAL STUDY OF DISCRIMINATION AND STIGMA OUTCOMES (INDIGO) PARTNERSHIP RESEARCH PROGRAMME

Chair: Petra Gronholm (United Kingdom)[1]

Presenters: Petra Gronholm (United Kingdom)[1]; Sara Evans-Lacko (United Kingdom)[2]; Claire Henderson (United Kingdom)[3]; Maria Milenova (United Kingdom)[4]

1 - Institute of Psychiatry, Psychology & Neuroscience (IoPPN) King's College London;
2 - Personal Social Service Research Unit, London School of Economics and Political Science, London;
3 - Centre for Global Mental Health, Health Service & Population Research Department, King's College London, Institute of Psychiatry, Psychology & Neuroscience, London
4 - King's College London

SYMPOSIUM PROPOSAL

Introduction
The INDIGO partnership is a research collaboration developing effective, contextually adapted stigma-reduction interventions with a focus on low- and middle-income countries (LMICs), and carrying out activities to strengthen the scientific understanding of mechanisms of action of stigma processes against people with mental illness.

The INDIGO Partnership research is conducted within the context of the 'mental health treatment gap'; the difference between true and treated prevalence of mental disorders. This gap is particularly pronounced in LMICs, where over 80% of people with severe mental disorders receive no treatment, and only 4% of people with depression access minimally adequate treatment. The consequences of this include symptom persistence and deterioration, social exclusion, and long-term disability of people who could be economically and socially productive.

Low treatment rates in LMICs are related both to limited supply and demand. Regarding demand-side issues, low rates of help-seeking can be partially attributed to negative attitudes among the population. In earlier INDIGO work, conducted in over 25 countries, over 80% of people with schizophrenia or depression reported discrimination. Research shows that stigma and discrimination can be reduced and help-seeking increased, but this evidence comes primarily from high-income settings. The INDIGO Partnership research addresses this issue.

Objective
This symposium provides an overview of the ongoing and future research within the INDIGO Partnership.

Contributions/take-home message
This symposium illustrates how the aims of the INDIGO Partnership can be achieved through a coordinated research effort building on international collaboration, local leadership and capacity development, and contextually adapted research instruments and interventions.

CONTRIBUTING SPEAKERS ABSTRACTS

1. INDIGO-Metrics toolkit to assess knowledge, implicit attitudes, explicit attitudes and behaviours in six low- and middle-income settings

Authors: Sara Evans-Lacko

Introduction
Few robust evaluations of anti-stigma interventions exist, particularly in low- and middle-income countries. An easy to use toolkit which harmonises existing measures and includes versions which have been adapted and translated to a range of cultures and contexts could facilitate evaluation of anti-stigma programmes.

Objectives
(i) To translate and culturally adapt nine stigma related measures to assess four domains: knowledge, implicit attitudes, explicit attitudes and behaviours. The measures will be adapted for use in the 6 Indigo partner sites and tested among healthcare workers, mental health service users and the general public; (ii) To incorporate the adapted measures into an online toolkit; (iii) To pilot the evaluation toolkit at each site for validation purposes and to assess toolkit satisfaction and feasibility.

Method
All instruments will undergo transcultural translation and adaptation following a standardised qualitative approach. Focus groups and interviews will be performed with each of the target groups to establish content, semantic, technical, criterion, and conceptual equivalence. The adapted measures will then be included in an online toolkit and will be piloted among 120 participants in each of the Indigo partner sites. These pilot data will then be analysed to assess the psychometric properties for all stigma measures in each site.

Results
Preliminary results of the development of the Indigo metrics toolkit will be presented.

Conclusions
The Indigo metrics toolkit can facilitate assessment of stigma and evaluation of anti-stigma interventions across diverse settings. Using a range of assessments should help identify key mechanisms in reducing stigma, and to study mediators and moderators which mitigate stigma impact.

2. INDIGO-Local: raising community awareness to reduce stigma and improve access to mental health services

Authors: Petra Gronholm

Introduction
A lack of awareness regarding the availability of acceptable and accessible care and treatment among people with mental illness and their family members is one factor contributing towards reduced help-seeking for mental health problems. Causal attributions that posit given beliefs about, and subsequently attitudes towards, mental disorder (e.g. beliefs related to ancestral or spiritual causation in Africa) can also impact on help-seeking behaviours.

Objectives
The INDIGO-Local intervention is a community-based awareness-raising campaign, implemented in low- and middle-income country (LMIC) sites, aiming to improve mental health service utilisation rates, and change community knowledge, attitudes and behaviour towards people with mental illness. This work includes a specific element of personal service user testimony as a part of the method of more effectively delivering messages.

Methods
The intervention consists of: (i) Local Stakeholder Group workshops to clarify messages, refine the media strategy, and review training materials; (ii) Training of Trainers/future supervisors; (iii) Training of community health workers and service users in mental health knowledge and effective interventions for community knowledge and attitude change; and (iv) community engagement and contact interventions by trained personnel, and accompanying local media campaign.

Results
Preliminary results and progress regarding the development of the INDIGO-Local intervention will be presented.

Conclusions
Through this work we will produce materials for developing and contextually adapting, implementing and evaluating the INDIGO-Local intervention. The results of this work will also provide evidence regarding the effectiveness of LMIC-based, contextually adapted anti-stigma interventions.

3. INDIGO-PRIMARY: improving quality of mental health services by addressing stigma and discrimination in primary care

Authors: Maria Milenova

Introduction
In low- and middle- income (LMIC) settings, resources for mental health care are scarce. The World Health Organisation (WHO) recommends integrating mental health into primary care using the mhGAP Intervention Guide and Trainings, which is now used in over 90 countries. Evidence shows that primary care workers, for reasons of stigma, are often reluctant to provide mental health care. Interventions are needed to address attitudes and competence among non-specialist providers to enhance delivery of quality mental healthcare.

Objectives
The purpose of INDIGO-PRIMARY is to generate evidence on how to reduce supply-side barriers to effective and equitable care for mental disorders in primary care settings, by improving knowledge, attitudes and behaviours of primary care providers.

Methods
(i) Literature review; ii) Situational analyses, which include the analysis of policy documents to understand the mental health system in partner countries; as well as qualitative interviews and focus groups with service users, caregivers, primary care staff and policy makers to understand clinical processes at primary care facilities and potential barriers to care; iii) Development, feasibility testing and cultural adaption of an intervention for primary healthcare workers, which will be based on facilitated interaction with mental health service users (e.g. through testimonials and shared social activities).

Results
Preliminary results of the situational analyses and implications for intervention development will be presented.

Conclusions
We anticipate that INDIGO-PRIMARY will generate new and scalable knowledge about effective interventions to reduce mental health related stigma and improve the quality of care in primary care settings in LMICs.

4. Responding to Experienced and Anticipated Discrimination (READ): anti-stigma training for medical students towards patients with mental illness – study protocol

Authors: Claire Henderson

Introduction
Stigma and discrimination are a significant public health concern and cause great distress to people with mental illness. Healthcare professionals have been identified as one source of this discrimination.

Objectives
The aim of this project was to evaluate the effectiveness of READ, an anti-stigma training for medical students towards patients with mental illness. READ aims to improve students' ability to minimise perceived discriminatory behaviours and increase opportunities for patients, therefore developing the ability of future doctors to address and challenge mental illness related discrimination.

Methods
We conducted an international, multisite controlled non-randomised study of READ training, in multiple international medical schools in countries within the INDIGO group network. Students' knowledge, attitudes and skills regarding discrimination were assessed in the intervention and control groups, at baseline and at follow-up immediately after the intervention. Intergroup contact, anxiety and empathy were also assessed as potential mediators.

Results
Results of the evaluation of the READ training will be presented, as analysed using random effects models and a mediation analysis.

Conclusions
This is the first international study across high, middle and low income countries, evaluating the effectiveness of training for medical students to respond effectively to patients' experiences and anticipation of discrimination. The results will promote implementation of manualised training that will help future doctors to reduce the impact of mental illness related discrimination on their patients.

15:15 - Parallel Session III - Symposium 18 - Mental health care from theory to outcome
Room 3

Theme(s): Mental health care from theory to outcome

SY-018

(10728) - THE ENGAGER INTERVENTION FOR PRISON LEAVERS WITH COMMON MENTAL HEALTH PROBLEMS: TRIAL AND PROCESS EVALUATION RESULTS AND IMPLEMENTATION CHALLENGES

Chair: Tim Kirkpatrick (United Kingdom)[1]

Presenters: Tim Kirkpatrick (United Kingdom)[1]; Richard Byng (United Kingdom)[1]; Cath Quinn (United Kingdom)[1]

1 - University of Plymouth

SYMPOSIUM PROPOSAL

Offenders have a high prevalence of common mental health problems, along with co-occurring substance misuse, emotional lability and social problems, such as homelessness and relationship difficulties. Care in prison is suboptimal and discontinuity on release is the norm. Complex needs, chaotic lifestyles and services designed for single 'disorders' contribute.

The UK NHS funded Engager six year programme has developed and is evaluating a complex intervention to address this problem for male prison leavers. We propose three presentations:

- In Phase 1 we developed a 'programme theory' for the intervention (from theory of underlying 'realist' mechanisms to key intermediate and distal outcomes) alongside the trial science to evaluate it (outcomes, follow-up methods for individuals in unstable housing and with chaotic substance misuse), and carried out a pilot trial that demonstrated trial feasibility, intervention acceptability and implementation challenges.

- In Phase 2, we conducted a randomised controlled trial with 280 men in two regions, half randomised to the Engager intervention (delivered by two teams of support workers with experienced mental health worker supervision and mentalisation based approach). Results not known until Feb 2019.

- Alongside the trial we carried out a comprehensive mixed methods process evaluation with an innovative individual case study based approach for deepening theory of how the interventions worked for individuals with diverse problems and of the successes and problems of delivering a flexible intervention with fidelity.

The symposium will be interactive throughout and will end with a discussion around the implementation challenges of delivering this complex intervention in different European contexts.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Developing a theoretically informed intervention, then implementing, evaluating and refining it: Phase One of Engager.

Authors: Richard Byng

Introduction
Prison leavers with common mental health problems often have co-existing substance misuse and emotional lability, as well as experiencing homelessness. There are no proven interventions, no other studies with adequate follow up and multiple outcomes of importance.

Objectives
We developed a 'programme theory' for the intervention and its' delivery by adapting the principles of collaborative care through identifying likely components of what had and hadn't worked for services working with similar populations.

Method
We hypothesised underlying Realist mechanisms which were likely to achieve our desired outcomes. Data included realist review, focus groups, organisational case studies, and lived experience critique. We developed acceptable ways of delivering the trial science for this highly distrustful population. A pilot trial and embedded formative process evaluation interrogated trial feasibility, intervention acceptability and implementation challenges.

Results
We produced a proto-type intervention which we acknowledged was imperfect but was our 'best guess' of what would produce meaningful change. We identified the key components of the intervention: engagement pre-release; release day work; community work; and endings; all informed by a Mentalisation based approach. An 'intervention delivery platform' (manuals, training, meta-supervision) supported delivery. Outcome measures were selected by expert opinion, assessing acceptability in the pilot, and consensus in an expert and lived experience meeting.

Conclusions
A range of knowledge and experience, from the data and those interpreting it, was required for integrated theory development and meaningful outcomes selection. The pilot trial evaluation highlighted the importance of an early focus on implementation issues.

2. The effectiveness of the Engager Intervention for incarcerated men with common mental health problems: results from a randomised controlled trial.

Authors: Tim Kirkpatrick

Introduction
Conducting a Randomised Controlled Trial (RCT) to evaluate a complex intervention for male prison leavers with CMHPs presented numerous challenges including delivering both an acceptable intervention and trial science data collection methods. We also developed our understanding of how 'success' was presented.

Objectives
We present the headline results of a recently completed RCT evaluating the effectiveness of the Engager intervention

Method
Participants (n=280) were incarcerated men recruited from three UK prisons, randomised to receive the Engager intervention plus standard care or standard care alone. Participants had 4-20 weeks before release and had screened in as having current CMHPs or likely to have CMHPs following release. Baseline assessments were completed in prison, with follow-up assessments at 1, 3, 6, and 12 months post release. The primary outcome was the CORE-OM at 6-months post-release.

Results
A follow-up rate of 66% was achieved at the primary outcome time-point. Results will be presented comparing the CORE_OM scores of the Engager Intervention and Control groups. Results across a broad range of secondary outcome measures will be presented and discussed.

Conclusions
We'll share our learning from conducting an RCT of a complex, through-the-gate, intervention for incarcerated men. Findings from developing the trial science, and implications for practice, will also be opened up for discussion.

3. More than a number. How can a Process Evaluation help us understand the 'Engager' trial results?

Authors: Cath Quinn

Introduction
Trials demonstrate if complex intervention have 'worked' but don't always explore: whether the intervention is working as theorised; working more effectively for particular sub-groups; intervention delivery optimisation; supporting wider-scale implementation; and what can be learnt if the trial produces a negative outcome.

Objectives
A parallel, mixed methods, Process Evaluation of the Randomized Controlled Trial of the Engager intervention was conducted using Realist informed techniques, to deepen our understanding of the trial results.

Method
Individual participant, purposively selected, case-studies (24) including quantitative outcome measures (baseline, 3 and 6 months) and qualitative data (participant and practitioner interviews; observational field notes; intervention session recordings; and case-notes). These data were mapped against the logic model of how the intervention should work. A 'pile sort' exercise produced 5 groupings.

Results

1: The intervention was delivered as intended and there was evidence to support that the intended positive outcomes were achieved as per the logic model mechanisms.

2: Intervention delivery fidelity achieved, but initial positive outcomes were overwhelmed by external events.

3: Per protocol intervention delivery encountered participant resistance and positive outcomes were limited.

4: Poor implementation, outcomes not achieved.

5: Insufficient data to assess implementation or outcomes.

Conclusions
What participants and practitioners experienced as a 'success' was not always reflected in the quantitative results. Implementation could be strengthened, particularly working with resistance and possibly by allowing participants to return to the service. Further triangulation with quantitative measures could show if there are sub-groups for whom the intervention is highly unlikely to work.

15:15 - Parallel Session III - Symposium 19 - Other
Room 4

Theme(s): Other

SY-019

(10733) - CREATING EVIDENCE OF PROGRAMS EFFECTIVE FOR PROMOTION AND PREVENTION IN PUBLIC MENTAL HEALTH

Chair: Sandra Saldivia (Chile)[1]

Presenter: Sandra Saldivia (Chile)[1]; Carolina Inostroza (Chile)[2]; Pamela Grandón (Chile)[2]

1 - Universidad de Concepcion;
2 - Departamento de Psicología, Facultad de Ciencias Sociales, Universidad de Concepción;

SYMPOSIUM PROPOSAL

Creating evidence of programs effective for promotion and prevention in public mental health

Introduction
Promotion and evidence in mental health appear as fundamental strategies for responding to the needs in this field. There is already an important heap of evidence in regards of effective programs, however, this is still not enough and a gap remains between experimental studies and their dissemination.

Main objectives of the symposium
Progress, gaps and challenges of promotion and prevention in mental health are analysed. The first presentation makes a panoramic analysis of the topic. The next three presentations are focused on topics developed/under development by the research group: prevention of externalising mental disorders in pre-schoolers, prevention of depression and anxiety in elderly people and reduction of stigma from healthcare personnel towards people with a diagnosis of severe mental disorder.

Expected contributions and take home scientific information of the symposium
Achievements and challenges implied in the development of effective promotional and preventive programs in mental health and with potentiality of having an impact on public policy and health of communities.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Effectiveness of the Day by Day UdeC Program to prevent behaviour disorders in Chilean pre-schoolers.

Authors: Carolina Inostroza

Introduction
Parent training has been observed as one of the most effective strategies for the promotion of positive parenting practices and the prevention of behavioural problems in children. However, most of the research has been carried out in high-income countries and there is more evidence on the efficacy than on the effectiveness of these programs.

Objectives
To assess the effectiveness of a training program for positive parenting practices in families of low and middle socioeconomic status with children aged 3 to 6 years.

Methods
a group randomized clinical trial was carried out in 19 educational centres. Ten of them were randomly assigned to receive the Day by Day UdeC Program, which includes six sessions with families and two sessions with pre-school teachers. Nine educational centres were assigned to the control group. In total, 178 families received the Program and 154 were in the control group. The assessment included parenting practices, parental satisfaction and presence of behavioural problems in children, before and after the intervention.

Results
The intention-to-treat analysis showed a reduction in the practices of unsuitable behaviour and in corporal punishment, and an increase in parental involvement, as well as a reduction in children behavioural problems. A per-protocol analysis showed additional effects.

Conclusions
The parental training Day by Day UdeC Program significantly promotes positive parenting practices. The current status of research cycle and the ongoing transference process of the Program are indicated.

2. Intervention to reduce stigma in primary healthcare team

Authors: Pamela Grandón

Introduction
Healthcare personnel show stigma towards users with severe mental disorder (SMD). This results in consequences such as barriers in the access to health and inequity in healthcare assistance.

Objectives
Design and test an intervention to decrease stigma in primary healthcare (PHC) professionals and technicians.

Methods
The research focuses on community participation. Persons with SMD are part of the research team. The study is a randomized clinical trial (RCT). Qualitative and quantitative techniques were used to gather information. Prior to the intervention design, focus groups of PCH users with a psychiatric diagnosis and health public employees were carried out. The intervention was based on education, contact and development of skills, and it was applied as a pilot in a Family Healthcare Centre (Chilean CESFAM). The final intervention was carried out in 13 CESFAMs (Province of Concepción) and it was facilitated by a psychologist and an expert by experience, previously trained. 320 PHC employees participated. Attitudes, desire for social distance and behaviour of participants towards people with diagnosis of SMD were assessed, prior and after the intervention. The study is being financed by FONDECYT (1171287).

Results
These interventions have different effects. On one hand, they favour a humanized treatment from health personnel towards people with severe psychiatric diagnosis. On the other hand, they promote the empowering of the affected people. The results of the program are being analysed.

Conclusions
A relevant challenge is to achieve developing effective strategies to modify practices and attitudes in health employees to reduce stigma towards persons with severe mental disorders.

3. Vida Activa UdeC: Program for the prevention of depression and anxiety in elderly people

Authors: Sandra Saldivia

Introduction
Population older than 60 years shows a high burden of disease. However, sanitary access and coverage is poor in these persons. An opportune preventive action on risk factors, including depression and anxiety, could significantly impact their health.

Objectives
Design, implement and assess a multi-component psychosocial intervention to prevent depression and anxiety in elderly people.

Methods
Randomized clinical trial in a sample of users of primary healthcare centres, both female and male, between 65 and 80 years. The people that accept participating and meet the criteria are randomized to experimental and control group. The individuals from the experimental group receive an Intervention Program applied to the group. The control group receives passive psycho-education. The main outcome variable is the presence of anxious-depressive symptomatology; the independent variables are social support, individual psycho-social risk factors, physical disease and alcohol

consumption. Pre and post intervention assessments are performed. For the analysis of the main outcome, the general linear model of mixed effects is used, similar to a mixed factorial ANCOVA with intra and inter-individual effects and with control of confounding variables. The study is being financed by FONDECYT (1171732).

Results

An initial intervention design was done. The pilot was applied to two groups. The final intervention Program, Vida Activa UDEC Program, includes psycho-education, relaxation training using mindfulness, behavioural activation, problem resolution training, cognitive stimulation and phone following-up. At the end of 2018, results from this program will be available.

Conclusions

Population aging makes essential to have effective promotional and preventive programs to be implemented in this population.

15:15 - Parallel Session III - Symposium 20 - Mental health care from theory to outcome
Room 5

Theme(s): Mental health care from theory to outcome

SY-020
(10790) - IMPLEMENTING POSITIVE SHARED DECISION MAKING IN EVERYDAY MENTAL HEALTH PRACTICE

Chair: Shulamit Ramon (United Kingdom)[1]

Presenter: Jorge Zimbron (United Kingdom)[2]; Sarah Rae (United Kingdom)[2]; Shulamit Ramon (United Kingdom)[1]

1 - University of Hertfordshire;
2 - Cambridgeshire and Peterborough Foundation Trust

SYMPOSIUM PROPOSAL

Implementing Positive Shared Decision Making in Everyday Mental Health Practice

Shared Decision Making (SDM) in mental health work underpins the delivery of person-centred care, and as such is a highly desirable process, but one rarely implemented in everyday practice.

The aim of this symposium is to present real life examples of SDM in clinical practice, to discuss their impact on outcomes and patient experience, and to demonstrate approaches to train care providers in delivering SDM.

The three presentations will look at SDM in a specialist personality disorder unit (Dr. Jorge Zimbron), in community psychiatric services (Sarah Rae), and in preparing trainees to apply SDM (Prof. Shula Ramon).

Service statistics, outcome measure results, and video-recordings of people with experience of serious mental illness will be presented as evidence of the process and positive outcomes.

The presentations will highlight how it is possible to practice SDM, even in high-risk environments, in a way that enhances recovery. We will also discuss the value of the authentic experience narrated by service users as a research method, and the usefulness of videos as a training tool.

The videos demonstrate that it is desirable and possible to engage in SDM across the range of mental health experiences. The take home information focuses on improvement data in outcomes and a reduction of incidents at ward and trust levels when practicing SDM, as well as an evaluation of the videos as a training tool.

CONTRIBUTING SPEAKERS ABSTRACTS

1 - Implementing Shared Decision Making (SDM) in Mental Health: Learning from Success in Community Services

Authors: Sarah Rae

Introduction
Shared decision practice recognizes that mental health professionals (MHPs) and people with mental ill health lived experience have equal expertise but make different contributions to the decision-making process. It is challenging to practice SDM in community services. The novel intervention described in this paper focuses on the process of enabling good SDM in such services.

Objectives
To develop an intervention for training MHPs in SDM with examples of good practice presented from the perspective of service users.

Methods
We brought together a group of service users who had found SDM to be an important component of their recovery, and MHPs who felt they routinely practiced SDM. A facilitator led a videoed discussion around key aspects of SDM and the group reflected upon their experiences of SDM in community services.

Results
The services users reflected on the importance of the relationships with MHPs in the community often at times when most unwell. Individual testimonies highlighted the importance of trust and mutual respect and demonstrated how greater equality facilitates positive risk taking. Striking a balance between risk taking and risk avoidance in the community where less support is available can be an additional challenge.

Conclusions
This intervention captured the authentic voice of people with lived experience who have been involved in the process of good SDM, illustrating the critical role of MHPs caring, trusting and valuing their patients in promoting shared responsibility. This 'can do' culture led to a more positive experience for individuals involved and greatly reduced inequalities and dependency.

2 - Shared-Decision Making In Inpatient Services For People With Severe Borderline Personality Disorder

Authors: Jorge Zimbron

Introduction
Springbank Ward is an in-patient specialist unit for women with borderline personality disorder. It was designed to reduce the risk of completed suicide by this population. Initially (2011), incident rates have been between 2 – 10 times that of those in the local psychiatric wards.

Objectives
This triggered a change of management style in 2015, with a new programme advocating a recovery focus with shared-decision making (SDM) at its core.

Methods
We implemented SDM, and carried out a service evaluation looking at multiple sources of information including incident data, structured outcome measures, and service use before and after people completed the new intervention programme.

Results
The new model has led to a 63% reduction in incidents, which are now similar or lower to those of the acute units. We observed reductions in average service use post-discharge for all patients as measured by admissions per year (92% reduction), days in hospital per year (95% reduction), and note entries into our electronic system (59% reduction). 75% of our patients are working or are in education at the point of discharge. 95% would recommend the unit to their friends and family. Our average length of stay (225 days) is almost half of the national average (544 days). We have seen positive changes in 9 different outcome measures encompassing symptomatology, quality of life, and recovery.

Conclusions
Coercive practices are unhelpful in working with this group. A recovery focus involving shared-decision making can lead to reductions in incidents, service-use, and clinical improvements. The videos on SDM reflects this perspective.

3 - Implementing Shared Decision Making: evaluating the use of personal experience narrative videos in social work training

Authors: Shulamit Ramon

Introduction
Training for applying SDM in social work

Objective
The recent training of 3rd year BA social work students in SDM focused upon in this project was aimed at enabling use of SDM in practice, and testing the usefulness of the personal experience narrative videos to students in a variety of fieldwork placements.

Methods

Interactive methods training in SDM was provided, including the need for SDM, key stages in the process of SDM, handling potential negative risk and taking positive risks, activating and motivating service users and providers, and use of SDM aids. The training span 16 hours over three months. Practice examples were taken from working with adults experiencing mental ill health and/or physical disability, as well as child protection. The evaluation included collating students' views before and after the training on SDM, the use of the videos, and the training methods, alongside an assignment focusing on implementing SDM in their fieldwork.

Results

Students appreciated the involvement of service users in SDM as a new way of working in social work which fits the key values of the profession, liked especially the contribution of the videos to their understanding of SDM, did not find it easy to prevent negative risks, and began to experiment with positive risk taking.

Conclusion

The personal narrative experience videos proved to be a valuable training tool, enabling students a more in-depth understanding of SDM in their fieldwork practice. Learning how best to demonstrate respect and support taking responsibility by service users needs to be the core of the students' learning

16:45: - Parallel Session IV - Oral Session 1 - Mental health care from theory to outcome
Auditorium

Theme(s): Mental health care from theory to outcome

OC-001

(10634) - ASSOCIATIONS BETWEEN PSYCHOTIC-LIKE EXPERIENCES, PERSONALITY TRAITS AND QUALITY OF LIFE IN YOUNG ADULTS IN CYPRUS.

Mikaella Christodoulou (Cyprus)[1]; Eleni Petkari (Cyprus)[1]

1 - European University Cyprus

Introduction
The experience of sub-clinical psychotic symptoms, also known as the non-clinical psychosis phenotype, is very common to the general population and is suggested to present a high risk for the development of psychosis later in life, with significant psychosocial outcomes. In this vein, whether such sub-clinical symptoms are related to the person's quality of life, following the well-established associations with the psychotic symptoms, remains largely unexplored.

Objectives
Thus, the present study aimed to examine whether psychotic-like experiences were associated to quality of life, after controlling for personality traits.

Methods
For this, a non-clinical sample of 141 young adults aged from 18 to 25, from Cyprus, participated in the study and completed the CAPE, the WHOQOL-BREF and the EPQ questionnaires.

Results
The multiple regression findings revealed a model explaining 48,6% of the quality of life variance, which displayed negative associations with the negative and depressive psychotic-like experiences and positive associations with the positive ones, whereas out of the explored personality traits only neuroticism contributed negatively to the model.

Conclusions
Hence, the findings suggest that the quality of life of young adults with psychotic-like experiences follows the tendency established in clinical populations and preventive interventions should include its amelioration in their targeted outcomes.

OC-002

(10895) - PRAGMATISM OF THE PSYCHOSOCIAL AND PSYCHOLOGICAL SECTION OF 2014 NICE GUIDELINE FOR TREATMENT AND MANAGEMENT OF SCHIZOPHRENIA AND PSYCHOSES.

Chiara Gastaldon (Italy)[1]; Franziska Mosler (United Kingdom)[3]; Federico Tedeschi (Italy)[1]; Sarah Toner (United Kingdom)[2]; Victoria Jane Bird (United Kingdom)[3]; Corrado Barbui (Italy)[1]; Stefan Priebe (United Kingdom)[3]

1 - WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy;
2 - . Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Queen Mary University of London, London, UK;
3 - 2. Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Queen Mary University of London, London, UK

Introduction
In the UK, the National Institute for Clinical Excellence (NICE) provides national guidance based on the appraisal of randomised controlled trials (RCTs). However, questions about generalizability of findings from RCTs to real-world patients have been raised.

Objectives
To study the pragmatism of psychosocial intervention trials included in the 2014 NICE guideline for psychosis and schizophrenia, and to assess if pragmatism has improved over time and factors associated with it.

Methods
We included all RCTs used to develop the psychosocial section of 2014 NICE guideline for psychoses and schizophrenia. Pragmatism was assessed using the PRECIS-2 tool, which covers nine domains: eligibility criteria, recruitment, setting, organization, flexibility-delivery, flexibility-adherence, follow-up, primary outcome, and primary analysis. Each domain is scored using a 5-point Likert scale.

Results
A total of 143 studies were included in the analysis. Based on the PRECIS-2 tool, 16.8% were rated as explanatory, 33.6% pragmatic, and 49.7% in an intermediate category. Compared to explanatory studies, pragmatic studies showed a lower risk of bias. Additionally, pragmatism did not significantly improve over time, and no associations were found between pragmatism and a number of trial characteristics. However, studies with a UK leading investigator had the highest mean score of pragmatism ($p<0.0001$).

Conclusions
The use of PRECIS-2 allowed to identify several areas of major deficiency in terms of reporting quality and pragmatism Only one third of RCTs used to develop the psychosocial section of 2014 NICE guideline were pragmatic. This finding raises concerns about the applicability of this NICE guideline and about the overall methodology of guideline production.

OC-003

(10652) - CLINICAL AND COST-EFFECTIVENESS OF CONTINGENCY MANAGEMENT FOR CANNABIS USE IN EARLY PSYCHOSIS: THE CIRCLE RANDOMISED CLINICAL TRIAL

Luke Sheridan Rains (United Kingdom)[1]

1 - Division of Psychiatry, University College London

Introduction
Cannabis is the most commonly used illicit substance among people with psychosis, and its use is associated with poorer functional and clinical outcomes. However, so far there is limited evidence that any formal psychosocial intervention is effective in this group. We examined the clinical and cost-effectiveness of adjunctive contingency management (CM) for reducing cannabis use in people with a recent diagnosis of psychosis. CM is a psychosocial intervention in which participants are rewarded for abstaining from cannabis with vouchers.

Objectives
We will present the CIRCLE trial, a large multi-centre randomised controlled trial of CM for cannabis use in people with first episode psychosis and a history of problematic cannabis use.

Methods
We assessed the clinical and cost-effectiveness of CM for cannabis use in psychosis. We recruited individuals through community based mental health services in the Midlands and the South East of England. Our primary outcome was time to relapse, operationalised as admission to an acute mental health service, which we collected from patient records at 18 months post-consent.

Results
551 people were recruited to the trial between 2012 and 2016. Trial results are currently under peer-review, but we will be able to present them as part of the oral presentation.

Conclusions
Cannabis misuse is a significant clinical problem amongst people with first episode psychosis. The CIRCLE trial is amongst the largest trials of any intervention in this group and provides an important contribution to the evidence base for how clinicians can help address this issue.

OC-004

(11113) - BEATVIC: EFFECTIVENESS OF A PSYCHOMOTOR RESILIENCE TRAINING FOR PEOPLE WITH PSYCHOSIS

Jooske Busschbach (Netherlands)[1]; Bertine De Vries (Netherlands)[2]; Elise Van Der Stouwe (Netherlands)[3]; Andre Aleman (Netherlands)[3]; Marieke Pijnenborg (Netherlands)[4]

1 - University of Groningen, UMCG, Windesheim University of Applied Sciences;
2 - University of Groningen;
3 - University of Groningen/UMCG; 4 - University of Groningen, GGZ Drenthe

Introduction
In people with a psychotic disorder childhood abuse and earlier experiences with violence lead to an increased risk of becoming victim (De Vries et al 2018). To prevent revictimization a body-oriented resilience training using kickboxing to enhance both vitality and aggression regulation combined with interventions targeted at social cognition was developed.

Objectives
A study was done to explore the feasibility of the intervention and explore behavioral outcomes. This pilot was followed by an RCT to test its effectiveness compared to an active control condition ('befriending').

Methods
For the pilot 24 adults with a psychotic disorder received 20 weekly sessions in three groups. Evaluative data were gathered and changes in prevalence of conflicts and other risk factors for victimisation. In the RCT 52 new participants and 52 controls were also followed over an extra 6 months and more attention was paid to changes in physical activity. In a subgroup of patients, fMRI scans were made in order to assess potential neural changes.

Results
In the pilot mean attendance rate was 85%. A decrease in both conflicts and most of the risk factors was shown. Analysis of task-related network modulation revealed more deactivation of the sensorimotor network in those previously victimized. The data from the RCT are currently analyzed and will be presented.

Conclusions
The results support the feasibility of the BEATVIC protocol and the importance of interventions targeted at the sensorimotor network as a source of possible inadequate reactions causing revictimisation.

OC-005

(10907) - FROM REMISSION TO RECOVERY IN BIPOLAR DISORDER (BD): AN INTERVENTION PROGRAM IN CENTRO HOSPITALAR PSIQUIÁTRICO DE LISBOA (CHPL)

Luísa Gil (Portugal)[1]; Mariana Lázaro (Portugal)[1]; Beatriz Lourenço (Portugal)1; Filomena Bacelar (Portugal)[1]; Alice Nobre (Portugal)[1]

1 - Centro Hospitalar Psiquiátrico de Lisboa

Introduction
Pharmacotherapy is the primary treatment for BD and remission is an achievable goal for many patients. Nonetheless, PB is a chronic condition with a high relapse rate (particularly if treatment's adherence is poor), morbidity and psychosocial impairment that often persist despite euthymia and adequate medication. The main predictors of poor functional outcome are clinical severity and cognitive dysfunction (40-60% of patients have cognitive deficits in different domains). This gap between clinical and functional recovery highlights the need of tailored psychosocial interventions in euthymia in order to prevent relapse and enhance everyday functioning.

Objectives
Theme review on the available evidence regarding the efficacy of psychosocial interventions on functional improvement in BD. Presentation of an intervention program developed in CHPL.

Methods
Literature search on PubMed database using the keywords "BD", "cognition", "psychoeducation", "remediation", "psychosocial".

Results
CHPL developed an assertive program for patients with BD which the main aims are to prevent relapse and ensure functionality while optimising treatment. Besides the in-home healthcare visits (PRETARCA – Prevenir e Tratar em Casa) and Área de Dia, the program includes a Psychoeducation group for more than 10 years, revealing long-lasting prophylactic effects by improving treatment adherence and addressing other factors that complicate the treatment, consistent with literature results. Given the impact of neurocognitive impairment on daily functioning, the mostly recent project consists in a Cognitive Remediation program with virtual reality platforms.

Conclusions
In long-term management, our goal must go beyond the clinical remission, and focus on functional recovery; targeting neurocognitive skills in a way to enhance functioning .

16:45 - Sessão: Parallel Session IV - Oral Session 2 - Managing systemic complexity
Room 1

Theme(s): Managing systemic complexity; Other

OC-006

(11115) - MONITORING DEINSTITUTIONALIZATION FOR PEOPLE WITH SEVERE MENTAL ILLNESSES IN THE NETHERLANDS: SYSTEM CHANGES AND OUTCOMES

Hans Kroon (Netherlands)[1]; Aafje Knispel (Netherlands)[1]; Harry Michon (Netherlands)[1]; Lex Hulsbosch (Netherlands)[1]; Aniek De Lange (Netherlands)[1]; Maaike Van Vugt (Netherlands)[1]

1 - Trimbos Institute

Introduction
A renewed national deinstitutionalization process is initialised in the Netherlands since 2012. This process aims for a minimum of hospitalisation and intensifying of community based mental health care to enable a higher quality of life in persons with serious mental illness.

Objectives
Evaluate the deinstitutionalization process on a national scale by monitoring system changes, service use, and quality of life of people with serious mental illness.

Methods
1. National survey on key figures of service provision of a representative body of mental health services in the Netherlands. 2. Secondary analyses of national registry data to add and to validate the survey findings. 3. Cohort study of a panel of 1700 persons with serious mental illness, with data on service use, quality of life and societal participation e.g. work.

Results
The number of places in psychiatric hospitals and sheltered housing is decreasing since 2013. The Netherlands has a relatively well functioning system of flexible assertive community treatment teams. The monitor, for the first time in four subsequent measurement years, now shows first signs of a slight increase of intensive community care. Nevertheless, no (neither positive nor negative) changes were found in participation and quality of life of people with serious mental illness.

Conclusions
Although the deinstitutionalization process slowly seems to proceed as desired as far as supply of services is considered, favourable outcomes regarding quality of life and social inclusion in peopl[1]e with serious mental illness are not yet established. Solutions for more integrated care and social inclusion will be discussed.

OC-007

(10635) - A NOVEL APPROACH TO PSYCHOSOCIAL RISK HAZARDS IN THE HEALTH CARE SECTOR ORGANIZATIONS:USING INTERNAL RESOURCES TO MAXIMIZE RESULTS

Pedro Moura (Portugal)[1]

1 - Unidade Local de Saúde do Baixo Alentejo

Introduction
Psychosocial risk or occupational stress can lead to physical and psychiatric disorders and be a major source of distress for individuals, companies and the society at large.Hospitals, while at the forefront of this burden in its professionals, with very well categorized proneness to one psychosocial risk in particular, which is burnout but to name just one of them, has the potential, with a reorganization of its already existing personnel and resources, to give a response to this problem, as an internal solution, at a time of budgetary restrictions.

Objectives
In this presentation we will introduce the PROGERPSI program (integrated response to psychosocial risk in an organization, in this case a hospital and primary care clinics cluster, in the Baixo Alentejo region of Portugal, a very peripheral region of Europe. At the time of this draft 11 technicians were working on the program, including one psychiatrist, two psychologists, four specialist nurses, a physical therapist, and a social worker.

Methods
We will describe the program, which made of voluntary technicians, already working for the organization, with a very limited allocation of time to the program (maximum 4h/week) and without the loss of any of the technicians previous work attributions.

Results
We will present the major indicators associated with this program so far, which will have roughly two years of existence at the time of the presentation, and the research associated with it.

Conclusions
We will discuss it´s replicability as a model of organization for healthcare sector organizations , with implications on productivity, absenteeism and quality of life.

OC-008

(10774) - CARE COORDINATION IN PSYCHIATRY: A NETWORK ANALYSIS USING EXHAUSTIVE CLAIMS DATA IN FRANCE

Coralie Gandré (France)[1]; Laurent Beauguitte (France)[2]; Magali Coldefy (France)[1]

1 - Institut de recherche et documentation en économie de la santé (IRDES);
2 - UMR IDEES, Centre national de la recherche scientifique

Introduction
Coordination between health professionals is a key dimension of mental healthcare, as they are chronic disorders mobilizing a plurality of actors (specialized care, primary care, social care...). Patients' outcomes are likely to result from the combined actions of all those actors. They have been little described so far due to the complexity of qualifying or quantifying coordination.

Objectives
In this context, our objectives were to explore new methods to characterize coordination for mental disorders at a large scale and to link it to quality of care.

Methods
In order to identify existing formal or informal coordination networks, we applied network analysis to patient flows between hospitals and health professionals extracted from exhaustive health claims data in one area of France. Multivariate analysis methods were conducted to identify the different types of coordination models which were confronted to local actors' knowledge. Indicators of quality of care were computed across the networks and linked to their structural characteristics.

Results
The data of 18,774 patients, hospitalized in 48 hospitals, were included in our analysis. Multivariate analysis methods distinguished differing coordination models which were associated to differences in quality of care.

Conclusions
Our findings have important implications for healthcare planning as these informal relationships may serve as an entry point to develop more formal relationships to increase coordination and quality of care.

OC-009

(10004) - USING WHOLE DISEASE MODELLING TO EVALUATE ALL KEY INTERVENTIONS FOR SCHIZOPHRENIA

Huajie Jin (United Kingdom)[2]; Stewart Robinson (United Kingdom)[1]; Sarah Byford (United Kingdom)[2]

1 - Loughborough University;
2 - King's Health Economics, Psychology & Neuroscience at King's College London

Introduction
Economic models can be used to inform healthcare resource allocation decisions by comparing the costeffectiveness of alternative interventions. However, there are two limitations of existing models for schizophrenia: (1) inconsistent conclusions reported by different studies; and (2) failure to capture the system interdependencies between different interventions (e.g. the cost-effectiveness of preventing schizophrenia depends on the cost-effectiveness of treating schizophrenia).

Objectives
The aim of this project is to build a Whole Disease Model, which can be used to inform resource allocation decisions for the prevention, diagnosis and treatment of schizophrenia, and overcome limitations of existing models.

Methods
A patient-level, discrete-event simulation model was developed using Simul8 software. The model structure was informed by national and local clinical guidelines, as well as expert opinions. A life-time horizon was adopted. Most model parameters were obtained from meta-analysis, randomised controlled trial, utility and costing studies.

Results
The Whole Disease Model was capable of evaluating the cost-effectiveness for the following interventions:
· Cognitive behaviour therapy v.s nothing for patients at high risk of psychosis
· Crisis resolution and home treatment team v.s hospital admission for schizophrenia patients with acute episode
· Family interventions with or without antipsychotics for prevention of relapse for schizophrenia patients
· Different antipsychotics v.s each other for prevention of relapse for schizophrenia patients

Conclusions
This study indicates that whole disease model can be developed to evaluate the cost-effectiveness of all key interventions for schizophrenia. This approach has the potential to produce consistent estimates of costeffectiveness that account for systemic effects between adoption decisions.

OC-010

(10830) - POLICE MENTAL HEALTH TRIAGE: A NEW SOLUTION TO HELP POLICE RESPONSE TO A PERSON IN MENTAL HEALTH CRISIS?

Stephen Puntis (United Kingdom)[1]

1 - University of Oxford

Introduction
Police officers routinely encounter people who are experiencing mental health crises and recognising mental health problems, assessing risk, and supporting these individuals is becoming increasingly necessary. 'Street triage' is an intervention designed to help the police by including mental health professionals during a mental health-related police response. These models are now prolific in the UK and internationally but there remains little evidence of the effectiveness of these interventions.

Objectives
1. To identify and describe models of 'police mental health triage' and review the evidence for their effectiveness.
2. To measure the demographic and clinical characteristics of service users and describe their outcomes following a triage intervention

Methods
We conducted three studies: A systematic review of the effectiveness of triage, a national survey of triage provision in England, and a retrospective cohort study measuring the outcomes of service users after a triage intervention.

Results
Our review identified 26 studies of triage, none of which were RCTs, and two-third of which had been published within the last three years. Our survey identified that 70% of mental health trusts in England provided triage to the police but there was large model variation. Our cohort study found diverse clinical and demographic difference between service users and lack of mental health follow up following intervention.

Conclusions
There remains little evidence for the effectiveness of police triage schemes despite the increase in their use. There is a clear need to better understand the differences between service users and their pathways to care following a triage intervention.

16:45 - Parallel Session IV - Oral Session 3 - Access inequities
Room 2

Theme(s): Access inequities

OC-011

(11119) - BARRIERS TO MENTAL HEALTH SERVICES UTILIZATION IN PORTUGAL - RESULTS FROM THE NATIONAL MENTAL HEALTH SURVEY

Manuela Silva (Portugal)[1]; Ana Antunes (Portugal)[1]; Sofia Azeredo-Lopes (Portugal)[2]; Graça Cardoso (Portugal)[1]; José Miguel Caldas De Almeida (Portugal)[1]

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2 - NOVA Medical School, Faculdade de Ciências Médicas, NOVA University of Lisbon, Lisbon, Portugal

Introduction
Identifying the specific reasons why individuals with mental disorders do not seek treatment or drop out of care is an important step in reducing its treatment gap.

Objectives
To characterize the use of mental health treatment in Portugal, and to evaluate the sociodemographic and clinical factors associated with barriers to treatment.

Methods
Data from the 2009 National Mental Health Survey were used. Twelve-month mood, anxiety and substance use disorders were assessed with the CIDI 3.0. Participants were asked about twelvemonth treatment and reasons for nontreatment. Logistic regression models were used to assess the association between sociodemographic (age, gender, education, employment, and marital status) and clinical variables (type of mental disorder and disability) with access to care and type of barriers to treatment (low perceived need, structural and attitudinal barriers).

Results
Among the 809 participants with a 12-month mental disorder, 65.4% reported no service use. Factors associated with access to treatment were any 12-month mood disorder (OR=4.19; 95%CI:2.72-6.46; p<0.001), disability (OR=2.43; 95%CI:1.33-4.46; p=0.004), and singleness (OR=0.38; 95%CI:0.20-0.70; p=0.002). Any 12-month anxiety disorder (OR=0.50; 95%CI:0.28-0.90; p=0.021), any 12-month mood disorder (OR=0.16; 95%CI:0.09-0.30; p<0.001), and singleness (OR=1.77; 95%:CI 1.01-3.08; p=0.045) were associated with low perceived need for treatment. A lower education level (OR=2.90; 95%CI:1.42-5.90; p=0.003), and any 12-month substance use disorder (OR=0.27; 95%CI:0.10-0.70; p=0.007) were associated with attitudinal barriers to treatment. Unemployment was associated with structural barriers (OR=3.76; 95%CI:1.29-10.92; p=0.015).

Conclusions
Evaluating the determinants and barriers in access to mental health care may contribute to the development of effective interventions, mental health services, and policies.

OC-012

(10388) - GENDER DIFFERENCES IN ACCESS TO MENTAL HEALTH SERVICES IN A PORTUGUESE GENERAL HOSPITAL

Joana Lopes (Portugal)[1]; Maria Inês Silva (Portugal)[1]

1 - Hospital de Vila Franca de Xira

Introduction
Recent investigations have focused on determining factors that contribute to inequities in mental health service use. Gender is a recurrent factor in these studies.

Objectives
Evaluate gender differences in first contact with a mental health service in a Portuguese general hospital.

Methods
Data was gathered from 2421 psychiatric patients who had no previous contact with mental health services, in Hospital de Vila Franca de Xira, from April 2013 to August 2018. Patients were seen in outpatient (1707), emergency (214) and liaison consultations (500).

Results
Women are globally more frequent than men (63%). In outpatients the percentage of women is 68% (71% in patients referred by family practitioners). In emergency patients, 59% are women (61% in patients sent to ER by family practitioners). Only 30% of those sent to ER for involuntary admission are women. In patients older than 80, 53% are women, compared to 67% in under 30y. Women are 79% of the affective patients, 59% of anxiety diagnosis, 52% in dementia, 50% in psychosis and 21% of substance related disorders.

Conclusions
In psychiatric consultations, women are more frequent than men in programmed referrals (outpatients, ER referred by family practitioners). Men are majoritarian in involuntary settings (emergency evaluation for compulsive admission, liaison settings). Age attenuates these differences. Gender differences in access are more evident in affective and anxiety diagnosis. In order to better address mental health problems in younger men, mode of referral to specialized mental health services should be facilitated and include more non-programmed means of access.

OC-013

(10636) - MENTAL HEALTH ACCESS INEQUITY AFGHANISTAN AND NEIGHBOR COUNTRIES

Habib Ullah Emal (Afghanistan)[1]

1 - Non

Introduction
Decade of conflicts in Afghanistan, especially under the warlord's regime, destroyed almost all the infrastructure including the health services system .the warlords were against all the humanity activities especially female education and female were not able to go outside their home without permission. This interruption caused irreparable damage with women being the most vulnerable of all those affected by this according to who. Afghanistan began to experience a new season, over the last decade, there were improvement in the some aspects of health services but still there are serious concerns about access to mental health services.

Objectives
I sought to synthesis the finding of studies evaluation to improve the inequity access of mental health services.

Methods
We performed electronic and hand searches through June 2010-2015 to identify access inequity to mental health services among 2050 residents of Afghanistan, neighboring countries and international. We abstracted and synthesized data from secure and unsecured areas.

Results
We sought evidence of inequity in areas where there were war, injustice, bad and old traditions, bad believes, unawareness of mental health problems, illiteracy, gender equity and wrong believes.

Conclusions
Access and Equity v Insecurity, the level of which fluctuates in terms of geographical location and type over time, is a significant factor affecting both access and equity in highly populated provinces all provinces have at least one public sector health facility per 15,000 population; about 50% of the population lives within 1 hours and 37% live within 2 hours walking distance distance of a heath facility delivering mental health care.

OC-014

(10769) - BORDERLINE INTELLECTUAL IMPAIRMENT AND ITS ASSOCIATION WITH MENTAL ILLHEALTH AND SERVICE ACCESS

Angela Hassiotis (United Kingdom)[1]; Afia Ali (United Kingdom)1; Paul Bebbington (United Kingdom)[1]; Terry Brugha (United Kingdom)[2]; Claudia Cooper (United Kingdom)[1]; Dheeraj Rai (United Kingdom)[3]; Charlotte Saunders (United Kingdom)[4]; Andre Strydom (United Kingdom)[5]; Sally Mcmanus (United Kingdom)[4]

1 - UCL Division of Psychiatry;
2 - University Of Leicester;
3 - Centre for Academic Mental Health University of Bristol;
4 - NatCen Social Research;
5 - Department of Forensic and Neurodevelopmental Science, Institute of Psychiatry, Psychology& Neuroscience, King's College London

Introduction
Borderline intellectual impairment affects 1:10 adults. However it is often under-recognised and despite evidence for lifelong difficulties in functioning. We report the results from the most recent adult psychiatric morbidity survey in England.

Objectives
To investigate 1. the prevalence of mental ill health and its associations with borderline intellectual impairment and 2. the service access of adults with borderline intellectual impairment in adults who took part in the 2014 Adult Psychiatric Morbidity Survey.

Methods
Intellectual ability in the survey was measured by the National Adult Reading Test, which predicts premorbid verbal intelligence and is widely used in epidemiological research. We used a conservative threshold of a predicted verbal IQ (VIQ) of =<80 to identify our sample. All analyses were carried out in SPSS v21 accounting for missingness and complex survey design. Descriptive statistics were used to describe the demographic and clinical characteristics of the sample. Statistical significance was tested by considering overall trend across VIQ range and within group comparisons.

Results
Ten per cent of adults taking part in the survey had a VIQ within the borderline intellectual impairment range. More men, the youngest and the oldest belonged in that group. Comorbidity with common mental disorders was found in a quarter of adults with borderline intellectual impairment, predominantly in females; psychosis and bipolar affective disorder were twice the rates in the normal population respectively. Low access to services contrasts with high level of morbidity.

Conclusions
We found excess mental illhealth and inequity in accessing support in a vulnerable population group who fall between services.

OC-015

(13917) - COMPARATIVE ANALYSIS OF PREVALENCE AND TREATMENT OF COMMON MENTAL DISORDERS IN BULGARIA OVER 10 YEARS PERIOD - SURVEY RESULTS 2016-2017

Hristo Hinkov (Bulgaria)[1]; Michail Okoliyski (Bulgaria)[2]; Zahari Zarkov (Bulgaria)[1]; Vladimir Nakov (Bulgaria)[1]; Rumyana Dinolova (Bulgaria)[1]; Plamen Dimitrov (Bulgaria)[1]

1 - National Center for Public Health and Analyses (NCPHA);
2 - WHO Country Office in Bulgaria

Introduction
The study repeats epidemiological survey conducted in 2002-2006 as part of the World Mental Health (WMH) Survey Initiative co-ordinated by the Harvard University. The new survey was done between 2016-2017 using the same methodology. The new database was weighted and processed by the Harvard Coordination Center and was aproved as a benchmark for comparative analyses with the original database.

Objectives
To compare the results for lifetime and 12 months prevalence over ten years period in Bulgaria.

Methods
Using a Computerized version (CAPI) of the Comprehensive Diagnostic Interview CIDI 3.0, 5318 and 1509 interviews were conducted, respectively for the first and second study. The results were estimated for four groups of disorders – Anxiety, Mood, Impulse, Substance disorders. Lifetime and 12 months prevalence was assessed.

Results
The lifetime prevalence of MDD was 6,7 %, compared with 3,6% in the new survey (p= 0.005). The same tendency is observed for 12 months prevalence – 3% and 1% respectively (p=0.016). The differences for other mood disorders (Dysthymia and Bipolar Disorder) are not statistically significant, however for the whole group of Mood disorders the lifetime prevalence decrease of the prevalence from 7,4 % to 4,8% is statistically significant (p=0.039); the same is observed for the 12 months prevalence – from 3.2% to 1.8% (p=0.027). For the Impulse and Substance disorders a statistical significant difference is not observed.

Conclusions
The two surveys reveal the decrease of the prevalence of the Mood disorders, whereas for the others, the differences are not statistically significant.

16:45 - Parallel Session IV - Oral Session 4 - Managing systemic complexity
Room 3

Theme(s): Managing systemic complexity

OC-016

(10848) - MENTAL HEALTH POLICIES, COSTS AND OUTCOMES: THE COMPLEXITY OF IMPLEMENTING EVIDENCE-BASED DATA TO PRACTICE

Denise Razzouk (Brazil)[1]; Paula Becker (Brazil)[1]; Alesandra Siomi (Brazil)[1]

1 - Universidade Federal de Sao Paulo

Introduction
Recommendations to mental health policies usually focus on the efficacy and treatment costs, mental health services access gap, the burden of mental illness, capacity building and health services utilisation and costs. However, investing resources focusing on costs and outcomes do not guarantee better mental health and appropriate resource use.

Objectives
To present data from three reference cases studies focusing on the relationship between mental health services utilisation, patient´s profile and costs and to discuss its implications for mental health policies.

Methods
Three Brazilian studies were selected as reference case: one based on the patient´s costs in Alcohol and Drug Psychosocial Centre (CAPS-AD); one based on institutionalised patients costs in the psychiatric hospital; and one based on patients living in residential services.

Results
The severity of symptoms, diagnostic, age and gender were not the cost drivers for explaining patient´s costs and treatments. Being employed and adherent to treatment was not related to better functioning and lowering drug purchase. Access to diverse modalities of community mental health services was not related to greater service use and better outcomes. Polypharmacy was a cost driver even among people with mild psychiatric symptoms.

Conclusions
Identifying and understanding the barriers involved in mental health services use, treatment effectiveness, patient and provider´s preferences under cultural, political and geographic context may be crucial clues for facilitating efficient mental health care delivery

OC-017

(10851) - MAPPING MENTAL HEALTH FINANCING SYSTEM IN SPAIN

Jorge Hernández-Pérez (Spain)[1]; Pilar Campoy-Muñoz (Spain)[2]; M. Luisa Rodero-Cosano (Spain)[1]; Jose A. Salinas-Pérez (Spain)[1]; Carlos R. García-Alonso (Spain)[1]; Luis Salvador-Carulla (Spain)[3]

1 - Department of Quantitative Methods, Universidad Loyola Andalucía;
2 - Department of Economics, Universidad Loyola Andalucía;
3 - Centre for Mental Health Research, Australian National University

Introduction
Financing is a key function for mental health care due to the significant contribution of mental disorders to the overall burden of ill health. In Spain, little is known about this function because each Spanish Autonomous Community (SCA) runs it separately.

Objectives
This study aims to describe and compare mental health financing in 3 SCAs to inform health policies.

Methods
To do this, primary data is collected from managers in public institutions, by the Spanish version of FINCENTO questionnaire, and completed by grey literature for 2015.

Results
The results indicate that mental health expenditure and financing mechanisms vary across communities. Andalusia exhibits the lowest expenditure in public mental health care, 0.12% of its GDP in 2015, while Basque Country spent 0.21%. Catalonia is in an intermediate position with 0.16%. The funding mechanism employed depends on the degree of separation of purchasing and providing functions and the level of care. At the primary care level, the global budget is the main funding mechanism, which determination criteria varies across communities. At the specialized level, mechanisms are quite similar in outpatient care, whereas in impatient care there are wide differences, regardless of the separation of functions. It is worth noting that financial incentives are embodied in almost all funding mechanisms of Andalusia and Catalonia, while they are less frequent in Basque Country. Non- financial incentives are sparsely employed.

Conclusions
These results depict differences between SCAs' mental health care financing, being a valuable input to assess potential inequalities in access to and quality of services across the country.

OC-018

(11104) - REFORMING MENTAL HEALTH CARE SYSTEMS: FROM MANAGING COMPLEXITY TO GRASPING AMBIGUITY

Sophie Thunus (Belgium)[1]; Carole H. Walker (Belgium)[1]; Smith Pierre (Belgium)[1]; Pablo Nicaise (Belgium)[1]; Inge Neyens (Belgium)[2]; Vincent Lorant (Belgium)[1]

1 - UCLouvain;
2 - KULeuven

Introduction
Mental health systems are undergoing a transition toward community care in most European countries. The implementation of community, user-centred systems entails the development of collaborative networks. This transition (1) occurs in a context characterised by organisational differentiation and the presence of conflicting interests, (2) is often based on decentralised and experimental models of policy implementation, (3) is importantly influenced by international policy ideas, such as those conveyed by the WHO.

Objectives
This contribution is based on an evaluation research which aimed to assess the implementation of a mental health care reform in Belgium, in terms of organization and collaboration.
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Methods
This qualitative research relied on focus groups (n=10) designed to represent the system's composition, by gathering different types of stakeholders, including service managers, mental health professionals and user representatives.

Results
Policy objectives such as social inclusion are misunderstood, interpreted differently or contested by several stakeholders. On the one hand, the resulting ambiguity brings about "conceptual chaos" reflected in local and idiosyncratic translations of the reform, which are not always consistent with its user-centred philosophy. On the other hand, the use of decentralised and experimental implementation devices has set up an uncertain legal and financial context, in which a climate of mistrust has developed between policy makers and field actors.

Conclusions
Command and control mechanisms seem inappropriate for governing mental health reforms unfolding in an ambiguous and uncertain context. Grasping ambiguity in order to encourage innovation in mental health systems calls for more flexible and loosely-coupled learning mechanisms.

OC-019

(11112) - DECOMPOSING PSYCHIATRIC READMISSION RATES IN A MULTILEVEL MENTAL HEALTH CARE SYSTEM – DESCRIPTIVE ANALYSIS

Eva Lassemo (Norway)[1]; Damiano Salazzari (Italy)[2]; Jorid Kalseth (Norway)[1]

1 - SINTEF Health Research;
2 - Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, It

Introduction
Readmission rates are frequently used as a quality indicator for health care, yet its validity for evaluating quality is unclear. The Norwegian specialist mental health care system is characterised by a two-level structure; hospitals providing specialised -largely acute care and district psychiatric centres (DPCs) providing generalised -more often planned care. **In certain service systems, readmission** may be an integral part of individual patients' treatment plan.

Objectives
The aim of the present study was to describe readmissions in a multi-level mental health care system.

Methods
In this population-based cohort study using administrative data studying 365-day readmission, we included all individuals aged 18 and older who were discharged from acute admission psychiatric inpatient care with an ICD-10 diagnosis F2-F6 in 2012. Selecting each individual's first discharge during 2012 as index gave N=9910 for analyses. Analysis were done using Kaplan-Maier failure curves.

Results
Of index admissions, 70% had minimum one night at hospital. Those transferred between hospital and DPC during index admission were more likely to be readmitted within 365 days, and to experience planned readmission. Looking at personal risk factors, individually, being younger than 66, having diagnosis other than anxiety or depression, and having substance use comorbidity increased the risk of acute readmission. Women, those older than 66 and those whose index stay lasted more than 60 days experienced increased risk of planned readmission.

Conclusions
Descriptive analysis reveals that patients treated at different levels in a multi-level mental health care system differ. It therefore appears DPCs and hospitals fill different purposes in the health care system.

OC-020

(10842) - TOWARDS EARLIER DETECTION AND TREATMENT OF MENTAL DISORDERS: THE VALUE OF TRANSITION CARE

Patrice Boyer (France)[1,2]; Destrebecq Frederic (Belgium)[3]; Vinciane Quoidbach (Belgium)[4]

1 - Prof. Patrice Boyer, Psychiatrist, European Brain Council Vice President and European Psychiatric Association past President Clinique des Maladies Mentales et de l'Encéphale Universities Paris 5 and Paris 7 100 rue de la Santé 75014 Paris France;
2 - MD, PhD;
3 - European Brain Council Executive Director;
4 - European Brain Council Research Project Manager

Introduction
Youth experiences, including often unrecognized traumatic events, contribute to the public health problems of the adult population and the burden of mental disorders in Europe. There are numerous unmet needs or "treatment gaps" along the care pathway, although effective early detection and interventions exist. Navigating the mental health services system is often complex for families, due to services that are fragmented among primary care providers and specialists, but also amongst specialists themselves. Wait times can be lengthy, and often transitions from one service to another, and from adolescent to adult services, can be unnecessarily difficult. For many adolescents, this period of transition can be so distressing that they may disengage with care systems and discontinue medications.

Objectives
Aim of the study is to examine health gains and socio-economic impacts resulting from best transition care interventions, benefits of best practice clinical interventions are compared with the current standard of care, or non-treatment.

Methods
A series of qualitative and quantitative benchmarks are developed to identify treatment gaps and causal factors in a patient care pathway analysis, and to conduct further economic evaluation of best practice health care interventions. Case studies on specific therapeutic areas are analysed in collaboration with experts from the European Brain Council.

Results
Robust analysis is performed to support the research framework with empirical evidence from different countries.

Conclusions
The case studies attempt to reach consensus about the transition care concept and converge evidence to policy recommendations.

16:45 - Parallel Session IV - Oral Session 5 - Mental health care from theory to outcome
Room 4

Theme(s): Mental health care from theory to outcome

OC-021

(10824) - CLINICAL, SOCIAL AND PERSONAL RECOVERY IN ONE MODEL! A LATENT MIXTURE MARKOV MODEL DESCRIBING THE COURSE OF RECOVERY IN PSYCHOSIS

Stynke Castelein (Netherlands)[1,2]; Marieke Timmerman (Netherlands)[2]; Mark Van Der Gaag (Netherlands)[3,4]; Ellen Visser (Netherlands)[2,5,6]

1 - Lentis Psychiatric Institute;
2 - University of Groningen;
3 - Parnassia Psychiatric Institute;
4 - VU Amsterdam;
5 - Rog Giel Research Center;
6 - University Medical Center Groningen

Introduction
Recovery of people with severe mental illness takes place in three domains: clinical, social and personal recovery. Most studies analyze these recovery processes separately. To get more insight in the recovery process and how these processes might interact and overlap, we will analyze all three domains jointly.

Objectives
This study aims to develop an integral recovery model including clinical, social and personal recovery. We will examine different states of recovery in patients with psychotic disorders and the transition rates between the detected states.

Methods
Data of the yearly ROM Phamous screenings in the Netherlands were used (2006-2017). Clinical recovery (PANSS-R (8 items)), social recovery (Functional Remission Tool (3 items)) and personal recovery (Happiness Index (1 item)) were assessed. In total, we included 12 recovery outcomes in the latent mixture Markov model (LMMM) (total n=2327).

Results
The LMMM demonstrated four different recovery states. People in state 1 were mostly recovered on all three domains (36%); people in state 2 had significant needs on social recovery and experienced mostly positive symptoms (22%); in state 3 comparable needs on social recovery, but they suffered more from negative symptoms (24%); in state 4 people had significant care needs on all three domains (18%). The recovery state at a particular moment was strongly associated with the state a year later (79-90% chance to stay in the original state).

Conclusions
Four different recovery states were detected. Transition between states is possible, although the odds of staying in the original state are very high.

OC-022

(10738) - MEASURING PERSONAL RECOVERY IN PEOPLE WITH PSYCHOTIC DISORDERS: A COMPARISON OF RELIABILITY AND VALIDITY PROPERTIES OF THREE INSTRUMENTS

Jelle Sjoerd Vogel (Netherlands)[1,2,3]; Jojanneke Bruins (Netherlands)[1,3]; Levi Halbersma (Netherlands)[1]; Rianne Janine Lieben (Netherlands)[1]; Mark Van Der Gaag (Netherlands)[4,5,6]; Stynke Castelein (Netherlands)[1,2,3]

1 - Lentis Psychiatric Institute, Groningen, The Netherlands;
2 - University of Groningen, Faculty of Behavioral and Social Sciences, Groningen, The Netherlands;
3 - University of Groningen, University Medical Center Groningen, Rob Giel Research Center, Groningen, The Netherlands;
4 - VU University Amsterdam, Department of Clinical Psychology, Amsterdam, The Netherlands;
5 - Amsterdam Public Mental Health research institute, Amsterdam, The Netherlands;
6 - Parnassia Psychiatric Institute, Department of Psychosis Research, The Hague, The Netherlands

Introduction
Living well in spite of mental illness is measured with the construct of personal recovery. No standard measure for personal recovery currently exists.

Objectives
We compared reliability and validity properties of the Netherlands Empowerment Scale [NEL] (developed and validated in the Netherlands), the Recovery Assessment Scale [RAS] (currently the most used and validated measure) and the Mental Health Recovery Measure [MHRM] (first validated scale for measuring recovery in the Dutch mental health care).

Methods
Three validated measures (NEL, RAS and MHRM) were evaluated in Dutch patients with schizophrenia (N=52). We assessed and compared content validity, convergent validity with a social support measure, internal consistency, floor and ceiling effects, ease of administration and interpretability of the items between the three measures.

Results
In this review the MHRM meets most of the criteria with higher scores on content (cf. NEL) and convergent validity (cf. NEL and RAS). The NEL scored highest on interpretability with a moderate score. In all three measures criteria of internal consistency and ease of administration had similar moderate scores and floor and ceiling effects were absent.

Conclusions
An evaluation of three personal recovery measures on six aspects shows that the MHRM is the preferred instrument above the NEL and the RAS. Generalization of the results is limited by cultural and linguistic influences in the assessment for the subjective measures (i.e. content validity and interpretability). The broad and multi-dimensional construct of personal recovery might lead to ambiguous interpretations. Scientific consensus on a well-defined personal recovery construct could make an internationally standardized measurements possible.

OC-023

(11116) - THE INTEGRATED RECOVERY SCALES: A NEW INSTRUMENT FOR ROUTINE OUTCOME MONITORING

Wilma Swildens (Netherlands)1; Ellen Visser (Netherlands)2; Danine Van Rijswijk (Netherlands)3; Annet Nugter (Netherlands)4

1 - Altrecht Institute for Mental Health Care and Inholland University of Applied Sciences;
2 - University Medical Center Groningen and University of Groningen;
3 - Altrecht Institute for Mental Health Care;
4 - Community Mental Health Service GGZ Noord-Holland-Noord

Introduction
The Integrated Recovery Scales (IRS) was developed by the Dutch National Expertise board for routine outcome monitoring with severe mental illnesses. This board aimed to develop a multidimensional recovery measure directed at 1. clinical recovery, 2. physical health, 3. social recovery (work, social contacts, independent living) and 4. existential, personal recovery. The measure had to be short, suited for routine outcome monitoring and present the perspective of both mental health professionals and service users with severe mental illnesses. All aspects are assessed over a period of the pas 6 months.

Objectives
The objective of this research is validation of the Integral Recovery Scales and to test the revelance for clinical practice and police evaluation.

Methods
The instrument was tested with 500 individuals with severe mental illnesses (80% individuals with a psychotic disorder), of whom 200 were followed up for 1 year. For the questions concerning clinical recovery, physical health and social recovery mental health care workers conducted semi structured interviews with people living with serious illnesses. The questions concerning personal health were self-rated. We analyzed interrater reliability, convergent and divergent validity and sensitivity to change.

Results
The instrument has a good validity and is easy to complete for service users and mental health care workers and appropriate for clinical and policy evaluation goals.

Conclusions
The Integrated Recovery Scales can be a useful instrument for a simple and meaningful routine outcome monitoring.

OC-024

(10755) - CONCEPTUALIZATIONS, ASSESSMENTS AND IMPLICATIONS OF PERSONAL RECOVERY IN MENTAL ILLNESS: A SCOPING REVIEW OF SYSTEMATIC REVIEWS AND META-ANALYSES

Jaap Van Weeghel (Netherlands)[1,2,3]; Catherine Van Zelst (Netherlands)[4]; Dienke Boertien (Netherlands)[1]; Ilanit Hasson-Ohayon (Israel)[5]

1 - Phrenos Center of Expertise;
2 - Tilburg University;
3 - Parnassia mental health care;
4 - Maastricht University;
5 - Bar-Ilan University

Introduction
Personal recovery entails the idea of learning to live a good life in the face of mental illness. It has become a prominent concept in mental health care worldwide.

Objectives
To review the state of the art of conceptualizing recovery, its promoting and impeding factors, recovery-oriented practice, and the assessment of recovery.

Methods
A scoping review of systematic reviews and meta-analyses was performed. Systematic searches were conducted, supplemented by hand-searching in reference lists. 25 Articles were included, in each of which between three and 115 studies were reviewed.

Results
The CHIME conceptual framework for *personal* recovery is widely endorsed, containing the elements of Connectedness, Hope and optimism, Identity, Meaning in life, and Empowerment. Although personal recovery first and foremost starts from individual preferences, the CHIME framework should be adapted according to culture and unique population characteristics. 'Difficulties and trauma' should be added, and the person's choice, risk-taking and coping with challenges should be emphasized. Barriers to recovery are stigma, and negative effects of mental health services and medication. Facilitators of recovery are spirituality, personal agency, social support and hope. Recovery-focused interventions, especially those that involve peer providers, enhance recovery, hope, and empowerment among service users. For assessing recovery outcomes, multiple instruments are accepted as methodologically sound.

Conclusions
Personal recovery is conceptualized as complementary to clinical recovery, and represents processes rather than outcomes. Additional work is needed to bridge the gap between the concept of recovery-oriented practice and routinely provided interventions. A broad framework of recovery is needed, allowing for disagreements between clients and professionals.

OC-025

(10771) - DELIVERING EXPERIENTIAL KNOWLEDGE: REPERTOIRES OF CONTENTION AMONG SWEDISH MENTAL HEALTH SERVICE USER ORGANISATIONS

Urban Markström (Sweden)[1]; Hilda Näslund (Sweden)[1]; Stefan Sjöström (Sweden)[2]

1 - Umeå university;
2 - Uppsala university

Introduction
Mental health service user organisations (SUO) are today important actors for developing the quality of and democratizing welfare services. They operate in the interface of voluntary and professional social work, and have complex relationships to public sector actors. In light of diversification and the changes of the mental health service system, it seems pertinent to examine the current state of this organisational field.

Objectives
The aim of the study was to map the field of SUOs in Sweden according to organisational characteristics, positions and relationships, and to analyse these organisations repertoires of contention and their connection to governmental actors.

Methods
The study covered organisations represented at the national level. Annual reports, organisational by-laws, and financial reports were collected for each of the 12 SUOs and the two network organisations that were included in the study. The empirical material was analysed according to organisation size, activities, target groups, relationships and main knowledge base.

Results
Developments towards professionalisation and hybridisation were evident within the field, and repertoires of contention were focused on advocacy and educational activities, with organisations providing experiential knowledge as a service to external actors. Half of the SUOs were expressly advocating research-based knowledge. There were close ties to governmental actors and a consensus-oriented approach among most SUOs.

Conclusions
Development of the Swedish mental health service system has brought changes in the orientation of SUOs. They are characterised by a consensus-oriented approach in relation to service providers, by a dependency on governmental funding, and by an increase use of professional perspectives

16:45 - Parallel Session IV - Oral Session 6 - Other
Room 5

Theme(s): Other

OC-026

(10829) - OPPORTUNITIES AND NEEDS FOR MEANINGFUL ACTIVITIES AMONG PEOPLE WITH MENTAL HEALTH PROBLEMS LIVING IN SUPPORTED HOUSING

Elisabeth Argentzell (Sweden)[1]; Carina Tjörnstrand (Sweden)[1]; David Brunt (Sweden)2; Mona Eklund (Sweden)[1]; Ulrika Bejerholm (Sweden)[1]

1 - Department of Health Sciences / Mental Health, Activity and Participation, Lund University, Sweden;
2 - Department of Health and Care Sciences, Linnaeus University, Sweden

Introduction
Secure housing is a central determinant of mental health and for people experiencing mental illness it is an important element in the process of recovery. In Sweden about one-third of those with mental illness live in so-called supported housing (SH). Research shows that residents in SH need meaningful activities in order to be satisfied with the housing. Although SH is a common form of housing and support for the target group, research is scarce within this area, especially regarding the residents' experienced needs and opportunities for meaningful activities.

Objectives
The aim of the study was to explore SH residents' opportunities and needs for meaningful activities in their daily life. This study is part of a larger comparative project investigating subjective experiences of activity for residents who receive different forms of housing support.

Methods
A qualitative study was performed where 17 persons living in SH were interviewed regarding their life opportunities with a specific focus on engagement in activities. The data is being analyzed using content analysis.

Results
Preliminary result showed that the support in SH enhanced, but also hindered, the residents' access to meaningful activities. A tension between residents' need and professionals' workplace needs was presented. The residents expressed they longed for more togetherness and a deeper understanding for their situation from staff within the SH. They also expressed a wish to be more active in their daily life.

Conclusions
Preliminary results will be discussed in the light of current research within the area of housing and support, occupational engagement and general recovery.

OC-027

(10719) - OCCURRENCE AND PERCEIVED DEMAND OF INTERPERSONAL SITUATIONS IN PSYCHOLOGICAL PRACTICE

Signe Hjelen Stige (Norway)[1]; Ingrid Dundas (Norway)[1]; Elisabeth Schanche (Norway)[1]; Aslak Hjeltnes (Norway)[1]

1 - University of Bergen, department of clinical psychology

Introduction
Every day psychologists manage the potential that lays in the relational quality of interpersonal meetings. While psychotherapy research has demonstrated the significance of interpersonal skills for outcome it has also pointed to the lack of association between experience and expertise as a psychotherapist. This raises the question of what interpersonal situations psychologists perceive to be challenging and how we can train psychologists to master such situations.

Objectives
The aim of this study was to map what type of potentially demanding interpersonal situations Norwegian psychologists experience most frequently, and what type of interpersonal situations they find most demanding.

Methods
A web-based questionnaire was sent to a representative sample of 1994 Norwegian psychologists stratified on gender, work sector and years of experience, asking about frequency and perceived demand of different potentially challenging interpersonal situations. 512 psychologists responded, with no difference on the stratified variables between the full sample and the respondents.

Results
The results showed that suicidality was perceived as the most demanding situation, while clients expressing intense emotions was the most common situation encountered by Norwegian psychologists. Three of the most demanding situations were among the challenging situations most commonly encountered in clinical practice.

Conclusions
The results are discussed in relation to existing theory and research. Implications for education and training of clinical psychologists are discussed, including the need to find good ways to train and measure interpersonal skills in psychologists.

OC-028

(10819) - IMPACT OF AN AUDITORY HALLUCINATIONS SIMULATION ON TRAINEE AND NEWLY QUALIFIED CLINICAL PSYCHOLOGISTS

Simon Riches (United Kingdom)[1]; Fareeha Khan (United Kingdom)[2]; Shifaa Kwieder (United Kingdom)[1]; Helen Fisher (United Kingdom)[1]

1 - King's College London;
2 - South London & Maudsley NHS Foundation Trust

Introduction
Simulation training is an effective teaching tool enabling learners to gain a subjective understanding of a range of skills.

Objectives
Our aim in this study was to pilot and evaluate a newly-designed simulation of auditory hallucinations as a future training tool for clinicians.

Methods
This was a mixed-methods study in two parts. In Phase 1, trainee and qualified clinical psychologists (N=25) attended the London-based immersive art exhibition, Altered States of Consciousness, which included an auditory hallucinations simulation. The exhibition aimed to improve understanding of what it feels like to hear voices by providing members of the public with an individualised simulation of auditory hallucinations. Participants completed pre-/post-exhibition measures of their mood and attitudes towards auditory hallucinations and other unusual sensory experiences. In Phase 2, a subgroup of Phase 1 participants (N=15) took part in a semi-structured interview and completed the post exhibition questions again approximately six months later.

Results
Post-exhibition, there were significant increases in understanding what it feels like to hear voices (large effect), compassion towards people who hear voices (large effect), and comfort talking to people who hear voices (medium effect). Scores were partially maintained at follow-up. Participants reported that the simulation provided numerous benefits to their training and clinical practice, including increases in subjective understanding, compassion, and confidence, and suggested several future training applications for the simulation, including with a range of healthcare professionals.

Conclusions
This simulation has potential for training clinical psychologists and other healthcare professionals who work with people who experience auditory hallucinations.

OC-029

(11095) - THE ROLE OF EMPLOYMENT, NUISANCE AND AGE IN STIGMA TOWARDS PEOPLE WITH MENTAL HEALTH DISORDERS

Suzan Oudejans (Netherlands)[1]; Jaap Van Weeghel (Netherlands)[2]; Masha Spits (Netherlands)[3]

1 - Phrenos/Mark Bench/Amsterdam UMC;
2 - Phrenos/Tranzo tilburg university/Parnassia mental health;
3 - Mark Bench/Amsterdam UMC/Verslavingskunde Nederland

Introduction
Public stigma (the disapproval or rejection of the general population towards people with mental disorders) impedes the recovery and social integration of persons suffering from mental disorders. Little is known about factors that alleviate this stigma.

Objectives
To identify the role of features and behavior of persons (i.e. employment, nuisance and age) with a mental disorder in stigmatizing attitudes of the general public towards them.

Methods
A sample of 2376 Dutch respondents answered questions on social distance (a measure for stigmatizing attitudes towards Jeroen, a fictional persona –presented in 16 different vignettes- suffering from a mental disorder.

Results
Vignettes with Jeroen being not employed, causing (noise) disturbance and having a psychotic disorder, elicited more social distance according to the four-way ANOVA. Age was found to be no significant factor in elicited social distance. No interaction effects were present.

Conclusions
Interventions and policies supporting employment and suitable living circumstances or housing for people with mental disorders not only promote recovery in a direct way?, but can also reduce stigma, thus causing a significant –recovery-amplifying- side effect.

OC-030

(10809) - ACTIVITIES IN SUPPORTED HOUSING FOR PEOPLE WITH PSYCHIATRIC DISABILITIES – FOCUS ON DESCRIPTION, COMPARATIVE STUDIES AND AN INTERVENTION

Mona Eklund (Sweden)[1]; Elisabeth Argentzell (Sweden)[2]; Ulrika Bejerholm (Sweden)[2]; Carina Tjörnstrand (Sweden)[2]; David Brunt (Sweden)[3]

1 - Department of Health Sciences/ Mental Health, Activity and Participation, Lund University, Sweden;
2 - Department of Health Sciences / Mental Health, Activity and Participation, Lund University;
3 - Department of Health and Care Sciences, Linnaeus University

Introduction
Supported housing (SH) is the home environment of many with severe mental illness and/or psychiatric disabilities. Few studies have explored their opportunities for satisfying and engaging activities. This presentation describes the design of a research project with this focus, including a descriptive and comparative part and an intervention part. Methods and results from the descriptive/comparative study are presented.

Objectives
To compare people in SH with people in ordinary homes who receive housing support (OHS) regarding subjective experiences of activity – in terms of satisfaction, engagement and balance – as well as factors associated with experiences of activity.

Methods
155 residents in SH and 111 in OHS completed questionnaires about experiences of well-being, social interaction, sociodemographic factors, satisfaction with housing and the housing's possibilities to stimulate activity. A project assistant assessed their activity involvement, psychiatric symptoms and psychosocial functioning.

Results
The SH group reported more psychological problems and was lower on activity involvement, psychosocial functioning and symptoms. In spite of that, they scored higher than the OHS group on a number of factors, such as satisfaction with everyday activities, subjective health, quality of life and personal recovery. Experienced self-mastery was an important factor for perceived activity balance in both groups.

Conclusions
The SH group's higher level of satisfaction with aspects of activity and well-being may be explained by their greater and more continuous access to psychosocial support. The findings also show the importance of paying attention to the large number of people who have OHS and develop better support for them.

16:45 - Parallel Session IV - Oral Session 7 - Access inequities
Room 7

Theme(s): Mental health care from theory to outcome (1); Access inequities

OC-031

(13918) - PROPOSED SOLUTIONS TO TACKLE THE RECESSION'S MENTAL HEALTH CONSEQUENCES: INTEGRATING PERSPECTIVES FROM PRIMARY HEALTH CARE USERS AND PROFESSIONALS

Ana Antunes (Portugal)[1,2]; Diana Frasquilho (Portugal)1; Joana Zózimo (Portugal)[1,2]; Manuela Silva (Portugal)[1,2]; GraçaCardoso (Portugal)[1,2]; João Ferrão (Portugal)[3]; José Miguel Caldas-De-Almeida (Portugal)[1,2]

1 - Chronic Diseases Research Center (CEDOC), NOVA Medical School, NOVA University of Lisbon, Portugal;
2 - Lisbon Institute of Global Mental Health, Lisbon, Portugal;
3 - Institute of Social Sciences, University of Lisbon, Lisbon, Portugal

Introduction
The deterioration of socioeconomic conditions and subsequent implementation of austerity measures during the 2008 economic recession has negatively impacted populations' mental health and delivery of care.

Objectives
This qualitative study aimed to explore solutions proposed by primary health care users and professionals to improve populations' mental health, integrating their complementary perspectives to identify needs and priorities for policy-making.

Methods
Data collection was conducted in three primary health care centres of the Lisbon Metropolitan Area (2016/17). Five focus groups with a total of 26 users and semi-structured interviews with 27 health professionals were conducted. Interviews were audio-recorded, transcribed verbatim and thematically analysed.

Results
The solutions proposed by users focused on improvements in 1) access and management of services; 2) socioeconomic and living conditions; 3) human resources for health; and 4) investment in mental health. Professionals' proposed solutions included 1) integration and articulation of services; 2) infrastructure and structural barriers to primary care; 3) recruitment and retention of human resources; and 4) socioeconomic and living conditions. Three main areas for action were identified by integrating the themes from both groups: 1) increasing investment and reversing austerity measures in health and social sectors; 2) coordinating and integrating mental health care; and 3) tackling the social determinants of mental health.

Conclusions
This study identifies needs and priorities set by primary health care users and professionals, that reflect their context-specific experiences and highlight the need for inter-sectoral efforts to improve mental health care and reduce social inequalities in mental health.

OC-032

(10859) - A SYSTEMATIC REVIEW ON THE EFFECT OF INTERVENTIONS ON COMMON MENTAL DISORDERS INEQUALITY IN THE UK

Stephanie Prady (United Kingdom)[1]; Mary Barker (United Kingdom)[1]; Maria Josefina Valenzuela (United Kingdom)[1]; Natasha Wynne (United Kingdom)[1]

1 - University of York

Introduction
There are social disparities in common mental disorders (CMD) prevalence, treatment seeking, disorder recognition, treatment offer, and outcomes. Reduction of health inequalities is legislated in the UK, with responsibilities largely devolved to local commissioners with the expectation that they can identify 'what works'. However, there is a lack of evidence synthesis examining the effect of interventions across prevention and treatment settings, which considers effects on social, as well as CMD, outcomes.

Objectives
This systematic review aims to evaluate the effectiveness of interventions on CMD inequality and social inequality. The objectives are to critically review the evidence and document the range of effects.

Methods
We searched MEDLINE, Embase, PsychInfo, HMIC, Social Policy & Practice, Econlit, Assia and Sociological Abstracts for studies reporting interventions with a concurrent control and a CMD outcome. Filters were applied to locate UK inequalities studies. After deduplication, titles were screened for irrelevance with 5% independently checked. The remaining titles and abstracts were independently screened against inclusion and exclusion criteria by two reviewers. The full text of potentially relevant studies will be independently assessed. Risk of bias will be undertaken using an appropriate appraisal tool. Data extraction will include design, methods, population, attrition, and outcomes. A narrative synthesis will be prepared in the context of study quality appraisal. Meta-analyses of inequalities effects will be undertaken given appropriate study data. Gaps in the evidence will be discussed.

Results
A total of 26,807 unique studies were identified of which 246 were considered potentially relevant. Full results will be presented.

Conclusions
To be presented.

OC-033

(10896) - PUBLIC POLICIES OF DEINSTITUTIONALIZATION IN SÃO PAULO AND THE RECOMMENDATIONS OF THE PSYCHOSOCIAL CENSUS OF RESIDENTS OF PSYCHIATRIC HOSPITALS

Lara Simone Messias Floriano (Brazil)[1,2]; Sônia Barros (Brazil)[3]

1 - State University of Ponta Grossa, Paraná , Brazil;
2 - América;
3 - School of Nursing, University of São Paulo

Introduction
The first Psychosocial Census of the Residents of Psychiatric Hospitals of the State of São Paulo (2008) proposed to monitor, coordinate and elaborate a situational diagnosis of persons institutionalized for more than a year in 58 psychiatric hospitals in 38 municipalities of the State. The Psychosocial Census made it possible to identify strategic actions that were described in a set of recommendations that should be guidelines for the construction of public policies that enable rights, psychosocial rehabilitation and the rescue of citizenship of these people.

Objectives
To analyze the public policies of rights and citizenship and psychosocial rehabilitation effectively implemented in the State of São Paulo, derived from the set of recommendations proposed in the work resulting from the Psychosocial Census of residents in psychiatric hospitals

Methods
Qualitative, documental research, with a semi structured interview of twelve responsible for formulating the State Health Policy and its guidelines

Results
The recommendations after the Psychosocial Census were not effectively implemented in the State of São Paulo, not meeting the principles of the process of deinstitutionalization of long-term hospitalized persons in psychiatric hospitals

Conclusions
Even public policy is a set of actions aimed at guaranteeing social rights through state intervention and involvement of several actors, outsourcing of health services, showing that asylum space is still present and persistent, where economic interests outweigh human rights

OC-034

(10858) - THE DEVELOPMENT OF A MULTIDISCIPLINARY GUIDELINE FOR THE PREVENTION AND USE OF SECLUSION AND RESTRAINT IN INPATIENT MENTAL HEALTH CARE

Kathleen De Cuyper (Belgium)[1]; Tine Peeters (Belgium)[1]; Tim Opgenhaffen (Belgium)[2]; Inez Buyck (Belgium)[1]; Johan Put (Belgium)[2]; Chantal Van Audenhove (Belgium)[1]

1 - Center of Care Research and Consultancy, University of Leuven - KU Leuven;
2 - Institute for Social Law, University of Leuven - KU Leuven

Introduction
Seclusion and restraint are controversial measures to use in health care as they imply risks at the physical and psychological level. They compromise both the care user and the caregiver, as well as their therapeutic relationship. Moreover, seclusion and restraint conflict with human rights. Physical coercion is prohibited, and can only be applied in well-regulated circumstances.

Objectives
We developed a multidisciplinary guideline (MDG) for the prevention and use of seclusion and restraint in inpatient mental health care (MHC) in Flanders. The objective of the MDG is to support the process of quality improvement of MHC services regarding the prevention and use of seclusion and restraint.

Methods
The MDG is underpinned with evidence from (1) clinical research and existing (inter-)national guidelines, (2) legal analysis of European human rights treaties, and (3) expertise of stakeholders in the field of MHC in Flanders. The GRADE method was adapted to integrate these sources of evidence.

Results
The MDG recommends a combined approach of different preventive strategies in order to reduce the use of seclusion and restraint. The involvement of all stakeholders - service management, caregivers and care users - is key in this respect. In case seclusion or restraint is applied, the MDG advises procedures that are as humane as possible, in order to protect the rights of the care users at the most.

Conclusions
The development of this MDG is a good example of interdisciplinary research in which clinical and legal perspectives on seclusion and restraint are integrated.

OC-035

(10674) - PARTICIPATION IN MENTAL HEALTHCARE: A QUALITATIVE METASYNTHESIS

Norman Stomski (Australia)[1]; Paul Morrison (Australia)[1]

1 - Murdoch University

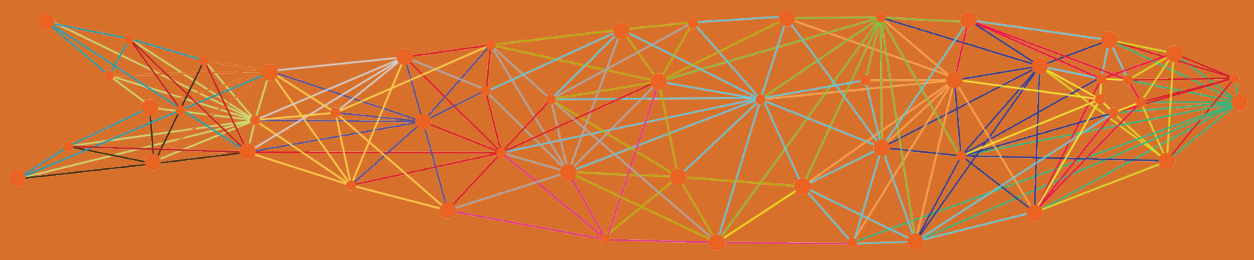
Introduction
Facilitation of service user participation in the co-production of mental healthcare planning and service delivery is an integral component of contemporary mental health policy and clinical guidelines. However, many service users continue to experience exclusion from the planning of their care.

Objectives
This review synthesizes qualitative research about participation in mental healthcare and articulates essential processes that enable service user participation in mental health care.

Methods
Electronic databases were systematically searched. Studies were included if they were peer reviewed qualitative studies, published between 2000 and 2015, examining participation in mental health care. The Critical Appraisal Skills Program checklist was used to assess the quality of each included study. Constant comparison analysis was used to identify similar constructs across several studies, which were then abstracted into the matic constructs.

Results
The synthesis resulted in the identification of six principal themes, which articulate key processes that facilitate or inhibit service user participation in mental healthcare. These themes included: Exercising Influence; Tokenism; Sharing Knowledge; Lacking Capacity; Respect; and Empathy.

Conclusions
This meta-synthesis demonstrates that service user participation in mental healthcare remains a policy aspiration, which generally has not been translated into clinical practice. The continued lack of impact on policy on the delivery of mental healthcare suggests that change may have to be community driven. Systemic service user advocacy groups could contribute critically to promoting authentic service user participation in the co-production of mental health services.



ENMESH

6-8 JUNE 2019
LISBON, PORTUGAL

Managing mental health system complexity

13th Conference of the European network for mental health service evaluation (ENMESH)

7 June 2019

11:30 - Keynote Lecture II
Auditorium

Keynote Speaker: Mojca Urek

"The right to have a say" in the whirlwind of delayed deinstitutionalisation: participatory and advocacy practices as the essential tool for transforming services

In the time when deinstitutionalisation has become a global platform and one of the main forms of care provision in the EU, a theme such as transition of the care from large institutions into community might seem outlived. While the majority of EU countries discuss the possibilities of increasing the quality of community services, in some EU countries the discussion has revolved for 30 years around the most basic question concerning the closure of large, asylum-type institutions. Slovenia is a country with a long history of deinstitutionalisation and development of the community forms of care, while having no real systematic change. However, the challenges of organisation of community care go beyond only the question of moving out of institutions. Despite the breakthrough of the social model of care the old paradigm of correction, medical model and guardian stance persist, not so rarely in the very community services. Through the shift of care into community, people have not automatically gained more contractual power in their lives and concerning the services. On the contrary, in political and organisational processes of reorganising care, their voice got lost and their impact is predominantly only tokenistic. The existing research conducted by the author shows a gap between the declarative participation policy, stemming from ratified conventions and lived experiences of participation. But it also shows innovative participatory and advocacy practices and their potential to transform services and to impact the deinstitutionalisation process itself. One of the conclusion points of this paper is that we need broader coalition of deinstitutionalisation to create more political will and to resist new tendencies that seek answers to current social challenges in renewed ideas of isolation, coercion, control over non-normative, poor, migrants, and other groups on the new social margins.

Keynote Speaker: Julian Perelman

A new financing model for the Portuguese mental health system

To promote an effective mental health system, the World Health Organization recommends the involvement of primary care in prevention and treatment of mild diseases and community-based care for serious mental illnesses. Despite a prevalence of lifetime mental health disorders above 30%, Portugal is failing to achieve such recommendations. It was argued that this failure is partly due to inadequate financing mechanisms of mental health care providers. We propose an innovative payment model for mental health providers oriented toward incentivising best practices.

We designed a four-dimension model that focused on (i) the prevention of mental disorders early in life; (ii) the detection of mental disorders in childhood and adolescence; (iii) the implementation of a collaborative stepped care model for depression; and (iv) the integrated community-based care for patients with serious mental illnesses.

15:00 - Keynote Lecture III
Auditorium

Keynote Speaker: Sara Evans-Lacko

The role of stigma in perpetuating barriers to healthcare and reinforcing inequalities

Horizontal equity in mental healthcare, whereby access to high quality care depends on treatment need, rather than socio-economic characteristics is a major public health challenge. A key barrier in reducing access to care is stigma and discrimination. Stigma and discrimination against people with mental illness is a global problem with considerable public health significance. Low levels of knowledge, stigmatising attitudes and discriminatory behaviour are associated with reduced levels of help-seeking, lack of treatment and exclusion of people with mental health problems from participation in a range of sectors. This talk will present evidence suggesting that stigma influences levels of human and financial resources, parity in coverage, and help-seeking further reinforcing inequities among people with mental health problems.

Keynote Speaker: José Caldas de Almeida

"Improving access to integrated mental health services in community-based settings in the EU countries "

Significant efforts have been made in the EU countries to improve access to care and quality of services, through the development of community-based and socially inclusive mental health care, the integration of mental health care and treatment into general hospitals and primary care, and the development of prevention and promotion.

Yet, despite all these efforts, a lot remains to be done to overcome the treatment gap in mental health, to improve the quality of support, treatment and care, and to strengthen and mainstream prevention and promotion in mental health.

This talk will present the main findings of the EU Joint Action on Mental Health and Wellbeing (2013-16), other European projects and WHO Mental Health Atlas on the progress made in the EU and Member states in this process (specially focusing on the main achievements, gaps, inequalities and barriers found across EU countries in the transition to community-based services) and will discuss the contributions that may be expected from future developments of research to overcome the obstacles found in the implementation of mental health policies and services in the EU.

08:30 - Parallel Session V - Oral Session 8 - Access inequities
Auditorium

Theme(s): Access inequities

OC-101
(14116) - UNDERSTANDING THE COMPLEXITIES OF HOMELESSNESS: OVERVIEW ON A MULTI-LEVEL RESEARCH ON POLICIES, PUBLIC OPINION, AND THE PERSPECTIVES OF THE SERVICE USER'S AND PROFESSIONALS IN 8 EUROPEAN COUNTRIES

Maria Vargas-Moniz (Portugal)[1]; José Ornelas (Portugal)[1]

1 - Applied Psychology Research Center Capabilities and Inclusion (APPsyCI), ISPA – Instituto Universitário

Introduction
Long-term homelessness is complex, and so identifying effective and contextually sensitive solutions about its reversal is far from straightforward.

Objectives
The overall aim of the HOME_EU Consortium was to contribute to the development of a new generation of European evidence-based public policies and social programs that effectively tackle long-term homelessness through the mainstreaming of Housing First.

Methods
Research for the HOME_EU project was completed in eight countries across four ecological levels (citizens, service providers, service users, and policy makers). In this presentation, we will reflect on how, and to what extent, the Consortium partners achieved the HOME_EU aims. We will also reflect on the key challenges the Consortium partners overcame in order to achieve these aims. Among these challenges, The HOME_EU Consortium is highly interdisciplinary: Consortium members come from diverse academic backgrounds, including psychology, public health, social work, medical sciences, political sciences, communication and management. In order to coordinate our activities and achieve our objectives in eight different countries, we had to first negotiate and integrate these diverse perspectives and orientations to research and practice. Because data were collected in eight different languages and cultures, the project demanded a high level of cultural sensitivity, particularly in the translation and administration of the measures. Finally, the project design was mixed-method, and finding ways to integrate and synthesize over multiple ecological levels was challenging.

Conclusions
Despite these challenges, from our findings, the HOME_EU consortium is delivering effective research documents, accessible information, and valid assessment tools that may be used to inform and improve social policy on homelessness at national and European levels.

OC-036

(10781) - EFFICACY OF A PEER-LED GROUP PROGRAM FOR UNEMPLOYED PEOPLE WITH MENTAL HEALTH PROBLEMS: PILOT RANDOMIZED-CONTROLLED TRIAL

Nicolas Rüsch (Germany)[1]; Tamara Waldmann (Germany)[1]; Tobias Staiger (Germany)[1]; Marie Christine Dekoj (Germany)[1]

1 - Department of Psychiatry II, Ulm University, Section Public Mental Health, Parkstrasse 11, 89073 Ulm, Germany

Introduction
People with long-term unemployment and mental health problems often find it difficult to take active steps toward helpseeking and job search and to navigate the complex system of available services. Likewise job center staff would likely welcome interventions to improve the reintegration of long-term unemployed individuals with mental health problems into the labor market.

Objectives
To examine the efficacy of a peer-led group program that supports unemployed people with mental health problems in terms of help-seeking, job search and recovery.

Methods
Based on participatory research, a four-session group program was designed and evaluated in a pilot RCT with 42 participants, randomized to the program (n=23) or treatment as usual (n=19). Outcomes were assessed at baseline (T0), three weeks (T1), 6 weeks (T2) and six months later (T3).

Results
There were no intervention effects on primary outcomes (job search self-efficacy, help-seeking). But compared to the control group, intervention participants showed significant improvements in depressive symptoms ($p=0.02$) and recovery ($p=0.04$) at T2. There were trend-level positive program effects on stigma-related stress, self-stigma, hopelessness and secrecy.

Conclusions
This pilot RCT provides initial evidence for the efficacy of a peer-led group program to improve symptoms and recovery among unemployed participants with mental Health Problems.

OC-037

(11118) - ASSOCIATIONS BETWEEN SOCIETAL PARTICIPATION AND QUALITY OF LIFE IN PEOPLE WITH SEVERE MENTAL ILLNESSES: A LONGITUDINAL MIXED MODELS ANALYSIS

Aniek De Lange (Netherlands)[1]; Harry Michon (Netherlands)[1]; Hans Kroon (Netherlands)[1]; Lex Hulsbosch (Netherlands)[1]; Aafje Knispel (Netherlands)[1]

1 - Trimbos Institute

Introduction
Being engaged in occupational and social activities is thought to enhance subjective quality of life in people with severe mental illnesses. Findings from experimental studies and surveys support this assumption, although some RCT's on supported employment show mixed findings. However the RCT's are confined to local, selective groups (e.g. those interested in finding employment and being mental health agency clients). Moreover, studies in broader populations tend to be restricted to cross-sectional designs.

Objectives
This study aimed at contributing to a better, longitudinally based insight in the relationships between degree of social inclusion in aforementioned people and subjective quality of life.

Methods
Cohort study of 1666 persons with serious mental illness, followed-up at three consecutive yearly waves. Longitudinal mixed models analyses were conducted using data from all four waves of self-report measures of several social inclusion indicators and subjective quality of life. Four definitions of participation were separately analysed: 1. having paid employment, 2. voluntary work, 3. any employment paid or unpaid and 4. degree of being involved in outside activities.

Results
767 respondents (50%) participated in each wave. With all four participation definitions main analyses revealed that 'better' participation levels appeared to be longitudinally significantly positively associated with a higher quality of life (crude B's were respectively .26, .37, .44 & .48). All associations remained significant in the same directions after adding sex, age and Mental Health Inventory score as confounders in all four analyses.

Conclusions
Participation in society is significantly positively associated with quality of life in people with severe mental illness.

OC-038

(11105) - SOCIAL INCLUSION AND QUALITY OF LIFE IN PEOPLE WITH SEVERE MENTAL ILLNESSES IN THE NETHERLANDS: A COHORT STUDY

Harry Michon (Netherlands)[1]; Lex Hulsbosch (Netherlands)[1]; Aniek De Lange (Netherlands)[1]; Aafje Knispel (Netherlands)[1]; Jaap Van Weeghel (Netherlands)[2]; Hans Kroon (Netherlands)[1]

1 - Trimbos Institute;
2 - Knowledge Centre Phrenos

Introduction
Innovations in community mental health care aim at better social inclusion and quality of life in people with serious mental illness people. However, no national basic figures were available yet in people of this target group regarding these topics.

Objectives
A national panel was established to provide a better picture and analyse trends in inclusion and quality of life as part of a national community mental health care monitor.

Methods
Cohort study of a panel of 1700 persons with serious mental illness, with data on service use, quality of life and societal participation e.g. work. Trend analyses were conducted of four yearly panel waves of self-report measures of several inclusion indicators (e.g. employment, loneliness), and subjective quality of life.

Results
Compared to people in general, people with severe mental illnesses participate substantially and significantly less often in paid work (20% against 70% in the general population); express stronger loneliness (40% reports strong loneliness) and a lower quality of life and sense of belonging. No significant trends in changes were detected, neither positive nor negative. Percentages of people wishing for a substantial change in societal participation e.g. work, vary from one third to 40%. Major experienced barriers revealed by the cohort study such as stigmatisation will be discussed.

Conclusions
While service delivery figures analysed in other monitor parts suggest that community care is improving in preventing people from being hospitalised, favourable outcomes regarding quality of life and social inclusion in people with serious mental illness are not yet established.

OC-039

(10868) - IMPLEMENTING WIDE SYSTEM REFORM TO ADDRESS ONE OF THE MOST STIGMATISED MENTAL ILLNESSES

Danielle Maloney (Australia)[1]; Sarah Maguire (Australia)[1]

1 - Medicine and Health, Sydney University, NSW, Australia

Introduction

Eating disorders are a group of mental illnesses that pose a high burden to those who suffer from them, their families and the health system. They have one of the highest mortality and suicide rates among mental illnesses, yet stigma and discrimination by the health system has resulted in the lack of access to both medical and mental health care for this patient group. To address the system wide inequities, inefficiencies and access issues, in late 2013 The NSW Government provided funding to overhaul service delivery to improve access to treatment, support innovation and improvement in care for people with eating disorders embedding it into core business. Five years on an evaluation of the implementation was conducted.

Objectives

To assess the progress made in the implementation of the NSW Service Plan for People with Eating Disorders

Methods

A mixed methods design was utilised drawing on performance monitoring, reports, patient data and surveys and semi-structured interviews with Service Plan stakeholders.

Results

Stage one of implementation, the development of policy is complete, while stage two, the opening of pathways to treatment is partially complete and the third, embedding of evidence based practice into core health systems will require a further five years to complete.

Conclusions

The Service Plan is universally described as ambitious and is on target to achieve its goals. The success of this mental health reform relies on a locally led and centrally coordinated model with a strong focus on workforce development to improve the capacity and capability of the whole health system.

OC-040

(8782) - ATTITUDES, BELIEFS AND KNOWLEDGE TOWARDS MENTAL ILLNESS. A COMPARISON BETWEEN SCHIZOPHRENIA AND DEPRESSION IN CYPRUS.

Eugenia Stavrou (Cyprus)[1]; Eleni Petkari (Cyprus)[1]

1 - European University Cyprus

Introduction
Stigma towards mental illness in Cyprus is barely explored, with evidence showing greater levels in comparison to other countries. Thus, there is a need to explore the knowledge around the different mental illness types as well as the stigma components in-depth.

Objectives
Our study aimed to compare knowledge, attitudes, beliefs and behaviours towards schizophrenia and depression in two groups of general population from Cyprus.

Methods
179 people participated in the study, out of which 91 were distributed a vignette depicting a person suffering from schizophrenia and 87 a vignette depicting a person with depression. Participants were asked to provide a name for the patient's condition and to express their attitudes and beliefs towards the mental illness portrayed in their vignette, through completing a series of questionnaires such as the Social Distance Scale, the Level of Contact Report, the Opinions about Mental Illness scale and a question assessing levels of estimated severity.

Results
Results of the Mann-Whitney analyses indicated that participants in the first group were less successful in naming the condition of schizophrenia than those naming the condition of depression. In addition, there were significant differences between the two groups in the severity estimation as well as the social distance, with participants considering schizophrenia as a more severe mental illness and displaying higher social distance. Surprisingly, there were no differences in levels of contact or stigma between the two groups.

Conclusions
Anti-stigma campaigns are essential for educating the population around the characteristics of mental illnesses and reducing social distance.

08:30 - Parallel Session V - Oral Session 9 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome (5)

OC-041

(11013) - GOING DIGITAL: IMPLEMENTING DIGITAL INTERVENTIONS FOR PEOPLE AFFECTED BY PSYCHOSIS OR BIPOLAR DISORDER

Golnar Aref-Adib (United Kingdom)[1]; Tayla Mccloud (United Kingdom)[2]; Puffin O'hanlon (United Kingdom)[2]; Jamie Ross (United Kingdom)[2]; Victoria Appleton (United Kingdom)[3]; Sarah Rowe (United Kingdom)[2]; Elizabeth Murray (United Kingdom)[2]; Sonia Johnson (United Kingdom)[1]; Fiona Lobban (United Kingdom)[3]

1 - University College London and Camden & Islington NHS Foundation Trust;
2 - University College London;
3 - Lancaster University

Introduction
Digital health interventions present an important opportunity to improve health care for people with psychosis or bipolar disorder, but despite their potential, integrating and implementing them into clinical settings has been difficult worldwide.

Objectives
This Review aims to identify factors affecting implementation of digital health interventions for people affected by psychosis or bipolar disorder.

Methods
We searched seven databases and synthesised data from 26 studies using the Consolidated Framework for Implementation Research.

Results
Attitudes and beliefs about interventions were crucial factors for both staff and service users, with negative attitudes and scepticism resulting in a lack of motivation to engage with interventions or complete them. The complexity of the interventions was a barrier for people with psychiatric symptoms, low premorbid intelligence quotient, or minimal information technology skills. The accessibility and adaptability of interventions were key facilitators, but insufficient resources, finances, and staff time were barriers to implementation.

Conclusions
Interventions need to be user friendly and adaptable to the needs and capabilities of people with psychosis or bipolar disorder, and the staff who support their implementation. Service users and staff should cofacilitate the process of developing and implementing the interventions.

OC-042

(10899) - AN ITALIAN MIXED METHODS PILOT STUDY TO ACHIEVE SHARED DECISION-MAKING REHABILITATION PROJECTS

Alessandra Martinelli (Italy)[1]; Mirella Mirella Ruggeri (Italy)[1]

1 - Università di Verona

Introduction
Literature reports recovery-oriented practices, particularly shared-decision making, improve users' quality of life and autonomy, and health outcomes. However, frequently lack in co-production of rehabilitative interventions causes difficulties in defining personalized rehabilitation paths.

Objectives
The South Verona Community Mental Health Service (SVCMHS) conducted a pilot study to explore feasibility and acceptability of integrating recovery with evidence-based clinical practice to increase user's active participation in personalized rehabilitation projects.

Methods
25 users and 19 professionals experimented the Mental Health Recovery Star (MHRS), integrating other scales (GAF, FPS, HoNOS, MPR, CAN), in an observational study to measure and motivate the change. Two focus groups with an avarage of 15 volutarily participators, users and staff, were run to sensitize about recovery, and to experiment the shared decision-making process.

Results
Crossing MHRS areas, staff and users' characteristics, and other scales domains, most suggestive data for highest capability to measure and motivate the change were described for areas 1, 3, 6, and 7 of MHRS. Moreover, MHRS guides in detecting areas of intervention for rehabilitation projects, and improved trust relationship, based on shared decision-making, between user and key-worker. Focus groups were appreciated by participants who proposed further recoveryoriented strategies to change the Service culture.

Conclusions
The overall pilot study reported feasibility and acceptability of recovery-oriented practices in the SVCMHS, clarifying how the execution of a definitive larger study is based on an appropriate project that will probably lead to their higher diffusion and sedimentation in the organization. However, future efforts are needed to implement adequately recovery-oriented practices in the SVCMHS.

OC-043

(10904) - RECRUITMENT OF PSYCHOSIS PATIENTS TO CLUSTER RANDOMISED CONTROLLED TRIALS: REGIONAL VARIATIONS AND STRATEGIES TO MAXIMISE ENROLMENT IN PARTNERS2

Bliss Gibbons (United Kingdom)[1]; Charley Hobson-Merrett (United Kingdom)[2]; Richard Byng (United Kingdom)[2]; Max Birchwood (United Kingdom)[3]

1 - University of Birmingham;
2 - University of Plymouth;
3 - University of Warwick

Introduction
PARTNERS2 is a trial of a collaborative care service for people with psychosis in England, recruiting patients from both primary and secondary care. It is well documented that it is challenging to recruit people from ethnic minorities, deprived socioeconomic groups, and those with severe mental illness into research. We have experienced large regional differences in numbers and demographics of participants.

Objectives
To explore variations in recruitment, based upon contextual and sociodemographic data, and assess the extent to which methods such as encouraging researcher reflection upon self-disclosure and its effects on rapport, and inviting all participants to meet researchers pre-consent, positively impact on enrolment.

Methods
We will analyse contextual and sociodemographic data between sites, and evaluate the success of the novel methods employed to aid recruitment.

Results
There is substantial regional variation in recruitment numbers and demographics to date. Approximately three times the number of participants have been recruited in rural South West (Plymouth and Cornwall) compared to urban Birmingham; 17.5% approached in South West consent to the trial, compared to 8.6% in Birmingham. 0% of participants in South West are from ethnic minorities, in comparison to 35% in Birmingham. Furthermore, around 50% of participants are seen in secondary care in Birmingham compared to 30% in South West. Updated figures will be presented.

Conclusions
Contributors to variation in recruitment between sites include differences in deprivation, ethnic diversity and access to mental health services. To ensure successful recruitment into mental health trials, it is necessary to use innovative strategies to engage participants from marginalised groups.

OC-044

(10813) - BALANCING EVERYDAY LIFE (BEL) – AN INTERVENTION PROJECT BASED ON MIXED-METHODS APPROACH. FINAL REPORT REGARDING EFFECTS AND PROCESSES

Mona Eklund (Sweden)[1]; Kristine Lund (Sweden)[1]; Ulrika Bejerholm (Sweden)[1]; Jenny Hultqvist (Sweden)[1]; Christel Leufstadius (Sweden)[1]; Mikael Sandlund (Sweden)[2]; Carina Tjörnstrand (Sweden)[1]; Elisabeth Argentzell (Sweden)[1]

1 - Department of Health Sciences/ Mental Health, Activity and Participation, Lund University, Lund;
2 - Department of Clinical Sciences, Umeå University, Umeå

Introduction
BEL is a group- and activity-based lifestyle intervention where participants develop strategies for reaching a more satisfying everyday life. Participants meet weekly during 12 weeks, for 1½-2 hours, and then twice with 2-week intervals (=16 weeks).

Objectives
Objectives are to present the outcomes of the RCT, possible predictors of clinically important improvements, processes that BEL participants went through and helped them make desired changes, and group leaders' and participants' experiences from the intervention.

Methods
An RCT, including 6-month follow-up, was part of the project design and involved 133 BEL participants from outpatient psychiatric services and 93 controls receiving care as usual (CAU). Qualitative interviews with participants (n=19) and group leaders (n=12) supplemented the design.

Results
The BEL group improved more than the CAU group on e.g. occupational engagement, activity level, psychosocial functioning and symptom severity. The differences remained at the follow-up on most variables and included at that point also improved life quality. Few predictors of clinically important improvements were found. Being in a group brought considerable meaning to the BEL participants, who made changes by learning to set small and manageable goals, prioritizing and setting boundaries, and valuing oneself.

Both BEL participants and group leaders had positive experiences from BEL, which provided structure; but they also appreciated flexibility. Through BEL, participants could build bridges – to other people, to society, and to caregivers.

Conclusions
BEL was effective in improving everyday life and seems suitable for people with various sociodemographic and clinical backgrounds. The group format was important in accomplishing changes to everyday life.

OC-045

(10692) - FACT MAKES TEAM MEMBERS MORE EFFECTIVE AND HAPPY

Annika Lexén (Sweden)[1]; Bengt Svensson (Sweden)[2]

1 - PhD, Associate Senior Lecturer;
2 - Asst. Professor

Introduction
Flexible Assertive Community Treatment (FACT) is widely implemented in many European countries. A Swedish study showed both successful implementation and improvement in outcomes for clients. For better understanding of these results a qualitative study was performed to explore staff member experiences of changes in work routines. To our knowledge, this is the first study focusing this area concerning FACT.

Objectives
To explore FACT team member experiences of working with the FACT model.

Methods
The study was guided by grounded theory and based on the interviews with 19 theoretically chosen FACT team members.

Results
As reflected by the core category, the main advantage of working according to the FACT model was that it created a common action space. The common action space was created when a consumer in crisis was put on the FACT board, which initiated intensive team care according to ACT principles. This common action space was shared between different professionals in the team and could access resources from inpatient care, municipal social services, and the consumer's social network. The common action space was described as creating a common spirit and increased involvement and participation when working closely together to help a consumer in crisis toward the common goal of reducing relapse and hospital admission. FACT also was experienced as having advantages in the psychosocial working environment, and increasing the quality of care.

Conclusions
The FACT model is valued by the team members because of advantages in work procedures, the psychosocial working environment, and quality of care.

08:30 - Parallel Session V - Oral Session 10 - Managing systemic complexity
Room 2

Theme(s): Managing systemic complexity

OC-046

(10903) - THEMES FOR ASSESSING AND IMPROVING QUALITY AND RESPECT FOR RIGHTS IN CHILD MENTAL HEALTH SERVICES

Claudia Braga (Brazil)[1]; Pedro Gabriel Delgado (Brazil)[2]; Benedetto Saraceno (Italy)[3]

1 - Ministério Público do Rio de Janeiro;
2 - Universidade Federal do Rio de Janeiro;
3 - Lisbon Institute for Global Mental Health

Introduction
Based on the Convention on the Rights of Persons with Disabilities (CRPD), the WHO QualityRights Toolkit sets out themes to assess and improve the quality and respect for human rights in mental health services. As there are challenges in its use in child mental health settings due to service and population characteristics, it is relevant to investigate the necessary adaptations.

Objectives
Define specific CRPD articles and correlated themes to assess child mental health services.

Methods
A thematic analysis of the CRPD articles was conducted, and a focus group was held with users,family members and workers from three child mental health services, also analysed trough thematic analysis.

Results
Four themes were defined: "The right to freedom and citizenship" (Article 7), related to the right to participate in one's own life choices; "The right to prevent torture, cruel and inhuman treatment, illtreatment and other forms of violence" (Articles 15 and 16), establishing the unacceptability of such practices; "The right to live together in a community and participate in multiple scenarios in which life happens" (Article 19), establishing the right to live in a family environment with an adequate standard of living and social participation in the community; "The right to care and support (Articles 25 and 23) affirming the right to quality care and the right of family members to participate in care. Also, it is necessary to create communication strategies through playful resources to perform the assessment.

Conclusions
Adaptations in themes and assessment strategies are needed to reflect children's needs.

OC-047

(10919) - CONNECTING PEOPLE: IMPLEMENTING A SOCIAL INTERVENTION IN COMMUNITY MENTAL HEALTH TEAMS IN ENGLAND

Martin Webber (United Kingdom)[1]; Nicola Moran (United Kingdom)[1]; Kayonda Ngamaba (United Kingdom)[1]; Roz Austin (United Kingdom)[1]; David Morris (United Kingdom)2; Vanessa Pinfold (United Kingdom)[3]; Martin Knapp (United Kingdom)[4]; Cate Henderson (United Kingdom)[4]

1 - University of York;
2 - University of Central Lancashire;
3 - McPin Foundation;
4 - London School of Economics and Political Science

Introduction
Connecting People is an evidence-informed practice model which aims to increase the resourcefulness of the social networks of people with mental health problems (Webber et al 2016). People gain new social contacts by being supported by practitioners to identify and access new social opportunities in their local communities. The Connecting People model emphasises that this process should involve co-production and utilises a team approach in engaging with communities.

Objectives
This study aimed to evaluate the implementation of Connecting People in community mental health teams (CMHTs) in England, where it has previously been difficult to achieve high fidelity to the model.

Methods
A controlled quasi-experimental study with 151 participants was undertaken in CMHTs in five NHS Trusts in England. Implementation packs comprising practice guidance, a training manual, an implementation manual and service user leaflets were given to one team in each Trust. Participants were followed up over a 6-month period. Focus groups with practitioners explored their experience of implementation in an embedded qualitative process evaluation.

Results
This paper will present outcome data on access to social capital; mental well-being; the experience of recovery; goal attainment; costs and health-related quality of life. Case studies from the sites will be presented to highlight the unique way in which Connecting People was implemented in each site and how barriers were overcome.

Conclusions
Complex social interventions can be implemented in routine practice in CMHTs, though strong local leadership is required.

OC-048

(10867) - THE ACADEMIC RESILIENCE APPROACH: ITS MECHANISMS OF CHANGE

Suna Eryigit Madzwamuse (United Kingdom)[1]; Josie Maitland (United Kingdom)[2]; Angie Hart (United Kingdom)[1]; Phil Haynes (United Kingdom)[1]

1 - University of Brighton;
2 - university of Brigthon

Introduction
The Academic Resilience Approach (ARA) is a prevention programme promoting mental health and resilience of the whole school community. The ARA takes a whole school approach and applies an organisational change model in which schools audit, preserve and generate contextual protective factors for all members of the school but especially for those who are at more risk.

Objectives
This study aims to articulate the change mechanisms of the ARA that impact an increase in wellbeing and resilience outcomes for the school community.

Methods
Employing a sequential mixed-method design, this paper presents findings from a county wide, multiple school based research study based in the North of England. Data was collected from 12 primary and 3 secondary schools from December 2016 to November 2017. The current paper will present data drawn from an online staff perceptions of school climate survey (which was issued to all participating staff) and telephone interviews with three members of staff (leader, teacher, and non-teacher) in five case study schools.

Results
The findings suggested that the congruence of the ARA to existing values and priorities of the school, leadership legitimisation and supportive leadership, increasing feedback, increasing participative decision making are key enablers of a primary prevention programme to have significant and sustainable impact.

Conclusions
The findings strongly indicate the context dependency of school-based mental health interventions and the importance of considering the dynamic process of whole school change when implementing such interventions.

OC-049

(10770) - LONELINESS IN OLDER ADULTS: LONGITUDINAL RELATIONSHIP WITH LIFE SATISFACTION, POSITIVE AND NEGATIVE AFFECT

Darío Moreno-Agostino (Spain)[1,2,3]; Elvira Lara (Spain)[1,2,3]; Beatriz Olaya (Spain)[2,4]; Josep Maria Haro (Spain)[2,4]; Marta Miret (Spain)[1,2,3]; José Luis Ayuso-Mateos (Spain)[1,2,3]

1 - Department of Psychiatry, Universidad Autónoma de Madrid;
2 - Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Instituto de Salud Carlos III;
3 - Department of Psychiatry, Hospital Universitario de La Princesa;
4 - Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat

Introduction
Evidence on the negative relationship between loneliness and subjective wellbeing (SWB) in older adults is scarce and limited to specific countries. Moreover, it often implies a poor operationalization of SWB outcomes.

Objectives
To analyze the relationship between loneliness and SWB in Spanish older adults.

Methods
We used data from *COURAGE in Europe,* a household survey carried out in representative samples of the older population of Finland, Poland, and Spain; and *Edad con Salud,* the three-year follow-up carried out in the Spanish sample. The final sample comprised 1,904 Spanish participants aged 50+. Measurements of Positive Affect (PA), Negative Affect (NA) and Life Satisfaction (LS) were obtained using the *Day Reconstruction Method* for PA and NA, and the *Cantril Self-Anchoring Striving Scale* for LS. The *UCLA Loneliness Scale* was used to assess the main predictor. Separated mixed models were performed to analyze the effect of loneliness on PA, NA, and LS, respectively, controlling for age, gender, health status and household income.

Results
Loneliness was significantly associated with lower PA (B=-0.307) and LS (B=-0.833), and higher NA (B=0.213). Additionally, feeling lonely predicted an even higher NA over the three-year period (B=0.174), whereas its effect on LS over time was positive (B=0.240).

Conclusions
Our results suggest that, although loneliness' adverse effects on older adults' life satisfaction may be attenuated over time, the opposite happens with the experience of negative affect. This calls the attention to the study of the potential mechanisms underlying these opposite effects of loneliness on older adults' SWB over time.

OC-050

(10866) - RESILIENCE REVOLUTION: A WHOLE SYSTEM APPROACH TO MENTAL HEALTH AND RESILIENCE

Suna Eryigit Madzwamuse (United Kingdom)[1]; Barbara Mezes (United Kingdom)[1]; Rosie Gordon (United Kingdom)[1]; Alice Brown (United Kingdom)[2]; Rochelle Morris (United Kingdom)[2]

1 - University of Brighton;
2 - Blackpool County Council

Introduction
The Resilience Revolution is a town-wide programme which provides purposeful opportunities for young people, practitioners and other stakeholders through a social justice oriented whole-system approach. This programme adopts a community development model whilst also incorporating therapeutic interventions. The current study investigates the impact of the Resilience Revolution on 10 to 16 year olds' mental health and resilience.

Objectives
This presentation will report on the impact of three specific actions of the Resilience Revolution, i) *Bounce Forward,* an 8-week prevention programme building resilience of children with medium levels of risk; ii) *Walk&Talk*, taking counselling to the community and is for children self-harming; and iii) *Saddle-Up* (horse care and art therapy) works with kids who are at the edge of school exclusion due to their disruptive behaviours

Methods
This is a longitudinal mixed-methods complex intervention evaluation study. The population has multiple risk factors including socio-economic disadvantage, self-harm, being in the care system and school exclusion. Negative Thoughts and Emotions Scale; Short version of the Warwick-Edinburgh-Wellbeing scale, Student Resilience Scale and the Strengths and Difficulties questionnaire were administered.

Results
For the Walk&Talk, significant reduction was found in negative thoughts and emotions ($t(142)=8.85, p<.001$). Significant improvement in well-being ($t(310)=5.11, p<.001$) and resilience (Family connections: $t(321)=-3.36; p<.001$; Home and School life: $t(321)=-3.18, p<.001$; Goals and aspiration: $t(321)=-2.53, p<.001$) were reported for the Bounce Forward. Saddle up programme was also successful increasing communication and relationship building skills ($t(6)=-4.20, p<.01$).

Conclusions
The results indicate the importance of intervening multiple levels of the system in order to achieve better outcomes for the 10 to 16 year olds.

08:30 - Parallel Session V - Oral Session 11 - Access inequities
Room 3

Theme(s): Access inequities

OC-051

(10845) - ARE MENTALLY DISORDERED OFFENDERS ORIENTED TOWARDS APPROPRIATE CARE SETTINGS ACCORDING TO SECURITY NEEDS? A CROSS SECTIONAL STUDY.

Delphine Bourmorck (Belgium)[1]; Marjolein De Pau (Belgium)[2]; Freya Vander Laenen (Belgium)[2]; Wouter Vanderplasschen (Belgium)[2]; Frederic Schoenaers (Belgium)[3]; Lorant Vincent (Belgium)[1]; Mark Leys (Belgium)[4]; Pablo Nicaise (Belgium)[1]

1 - Institute of Health and Society (IRSS), Université Catholique de Louvain;
2 - UGent;
3 - ULiège;
4 - VUB

Introduction
Mental health care delivery suppose that MDOs are placed in the lowest possible secured setting according to their needs. Until recently, Belgium lacked appropriate care settings and guidelines for MDOs' placement.

Objectives
To assess the appropriateness and predictors of MDOs' placement according to security needs.

Methods
Routinely collected data on MDOs placement to all type of care settings were retrieved in 2017 (n=3529). Security need was assessed with the HoNOS-Secure. Data included socio-demographics, diagnosis groups, criminal categories, and custodial status. Placement appropriateness to security levels was assessed using multinomial regressions controlling for MDOs' individual characteristics.

Results
The mean score of security need was respectively 4.7 (±4.3) in low-security, 7.5 (±4.8) in mediumsecurity, 18 (±3.6) in high-security settings, and 6.1 (±4.7) in mobile teams. MDOs security need scores overlap between low and medium secure settings, while there was a major cut-off between those settings and high secure settings. Security need scores were significantly and positively correlated to security levels after controlling for individual characteristics (OR=1.29, 95% IC: 1.23-1.37, p<0.0001). A few clinical and custodial characteristics also significantly affect the placement.

Conclusions
Despite the lack of formal process, MDOs' placement was globally appropriate according to their security needs. This finding suggests a good level of professional expertise of those involved in placement. However, low and medium secure settings should clarify their roles to avoid overlapping and better address MDOs with moderate security needs. Further research is still needed to understand better the impact of clinical and legal determinants.

OC-052

(10717) - PSYCHOSOCIAL NEEDS OF WOMEN LIVING IN SOCIAL HOUSING

Carrie Anne Marshall (Canada)[1]; Carina Tjornstrand (Sweden)[2]; Fiona Drake (Canada)[3]; Emily Downs (Canada)[4]; Rebecca Devries (Canada)[4]

1 - Western University;
2 - Lund University;
3 - Kingston-Frontenac Housing Corporation;
4 - Queen's University

Introduction
Congregate social housing is commonly implemented to provide access to affordable housing, but may place women at risk of poorer psychosocial health. With few to no integrated supports, little is known about whether the needs of women living in social housing are met by existing community mental health and social services.

Objectives
To describe the psychosocial needs of women living in social housing and the ways in which the environment and available supports mediate these needs.

Methods
We used a sequential, mixed-methods design. Nineteen women were recruited from a congregate social housing complex in Canada. Initial, quantitative interviews were composed of a demographic measure, and seven standardized scales exploring various aspects of psychosocial well-being. Data from these interviews were analyzed using descriptive and non-parametric statistics. These findings provided a foundation for a qualitative interview protocol that was delivered to the women in a second interview. Qualitative data were analyzed using thematic analysis.

Results
All participants had been diagnosed with a mental illness, and many experienced comorbid psychiatric, and physical disabilities. 71.4% reported food insecurity, and 53.3% reported an inability to manage psychological distress. Participants spoke at length about their lack of safety. Several reported the desire to leave social housing, yet this was impossible due to the high cost of market rent. Access to mental health and social supports was limited.

Conclusions
Women in congregate social housing have a variety of unmet needs that are poorly targeted by existing supports. Implications for policy and future research will be explored.

OC-053

(10901) - ASSESSING MENTAL HEALTH PRIORITIES FOR REFUGEES AND MIGRANTS TO EU MEMBER STATES: A META-REVIEW OF CURRENT EVIDENCE

Elaine Flores (United Kingdom)[1]

1 - London School of Hygiene and Tropical Medicine

Introduction
Mental disorders are a major contributor to the global burden of disease and disability. Migrant and refugees have higher rates of mental disorders compared to the general population

Objectives
We aim to review the available evidence of the prevalence rates of mental disorders on these groups in EU host countries.

Methods
We conducted an umbrella review to assess the current status and determine the priorities of mental health topics in migrants, refugees and asylum seekers residing in EU member states. We independently searched for systematic reviews and meta-analysis conducted across all age groups, gender and ethnicities between 2012 and June 2018. We searched six academic databases with no language restrictions. PRISMA guidelines were followed.

Results
Twenty-eight studies were included. In general, the prevalence of common mental disorders (CMD) including post-traumatic stress disorder (PTSD), psychotic or autism spectrum disorders were higher for migrants and refugees compared to their native peers. There were highly variable prevalence rates, risks factors, assessment tools and outcomes reported across different migrant groups and countries of origin among the studies, preventing us from calculating pooled effect sizes.

Conclusions
There are paucity of preventive and treatment interventions culturally tailored for migrant groups. There is a need for specific clinical and public health policies for CMDs in these groups and the heterogeneity of the studies addressing PTSD emphasize the need for collaborative research. Finally, there is a need to integrate prevention approaches of less explored issues in the services offered to these groups and explore new interventions settings.

OC-054

(10908) - THE ROLE OF PEER SUPPORT IN ADDRESSING MENTAL HEALTH ACCESS INEQUITIES FOR MARGINALISED GROUPS

Andreja Mesaric (United Kingdom)[1]

1 - The McPin Foundation

Introduction
Marginalised groups such as ethnic minorities, refugees and migrants, the homeless, and women experiencing domestic violence face barriers to accessing mental health care. Peer support tailored to particular marginalised groups shows promise in addressing some of those barriers.

Objectives
The objectives were to establish how tailored peer support can address access barriers for marginalised groups and to understand how peerness is conceived within specific peer support settings.

Methods
Research was conducted as part of an evaluation of two peer support programmes; one aimed at Black and Ethnic Minority communities and one aimed at women experiencing multiple disadvantage. The two studies used coproduction methodology involving peer researchers to conduct qualitative research (interviews, focus groups and participant observation) with people in peer support tailored to a variety of marginalised groups.

Results
We found that sharing experiences of marginalisation was a crucial factor in how peerness was understood in the projects in our studies. People connected not only through their experience of mental health problems but also through the broader experiences of marginalisation that had shaped their mental health. Furthermore, some projects utilised the peer support setting to take practical steps towards addressing the social exclusion their members were experiencing.

Conclusions
Sharing similar experiences is key to the effectiveness of peer support. The design of peer support projects and services needs to acknowledge the broader context of social exclusion that impacts on the mental health of people from marginalised groups. This will increase their access to peer support and the benefit they can gain from it.

OC-055

(10823) - SOCIO-ECONOMIC INEQUALITIES IN SUICIDE ACROSS EUROPEAN COUNTRIES: CAUSATION OR CONFOUNDING

Vincent Lorant (Belgium)[1]

1 - Institute for Health and Society, UCLouvain

Introduction
Socio-economic inequalities in suicide (SEIS) remains important in most European countries. The mechanism for these inequalities remains however obscure. Two causal mechanisms have received varying degrees of support : low socioeconomic status may increase the risk of suicide (hereafter "causation") or low-socio-economic status and suicide may share confounders (hereafter, "social selection").

Objectives
This paper aims to assess whether educational inequalities in suicide are due to causation or social selection.

Methods
The DEMETRIQ study harmonized register-based data on mortality follow-up of population censuses from 15 European populations. More than 89,554 suicides were registered among 300 million person-years. 4 tests were implemented. Test 1: a decreasing (increasing) SEIS over the lifecycle supports confounding (causation). Test 2: greater (lower) SEIS in males than in females supports confounding (causation). Test 3: At the country-level, EIS is more related to the income inequality index or poverty (causation) or to health care expenditures or the share of suicide among the younger age group (confounding). Test 4 uses instrumental variable approach that exploits changes in the legislation of compulsory educational age.

Results
For test 1, we found that educational inequalities in suicide decreases over the lifecycle; Test 2 indicated that educational inequalities in suicide were systematic in males but not in females; Test 3: SEIS were strongly correlated with social selection variables than with causation variables. Test 4 indicated that higher education was associated with higher suicide rate, not lower.

Conclusions
Educational inequalities in suicide should be addressed by early targeting of vulnerable groups who struggle to complete education.

OC-056

(10772) - HEALTH INEQUITIES FOR PEOPLE TREATED FOR SEVERE MENTAL DISORDERS IN FRANCE: A STRIKING EXCESS MORTALITY

Magali Coldefy (France)[1]; Coralie Gandré (France)[1]

1 - Institut de recherche et documentation en économie de la santé (IRDES)

Introduction
The mortality of individuals treated for severe mental illness (SMI) had only ever been studied in a fragmentary way in France. The recent availability of data relating to the medical causes of death linked with healthcare consumption data in the National Health Data System (NHDS) enables the development of exhaustive studies.

Objectives
In this context, our objective was to study the mortality of persons treated for SMI at the national scale in France in 2014.

Methods
Data on causes of death for the year 2014 and both inpatient and outpatient care (including medications) for SMI during previous years (up to five) were extracted from the NHDS. Several complementary indicators were mobilized: life expectancy at 15 years and mortality rate (including premature mortality and by main cause of death).

Results
2 million individuals were treated for SMI. 2.7% died in 2014 and for 98.2% of them (54,681) causes of death were available. Their reduction in life expectancy reached on average 16 years for men and 13 years for women, with variations depending on the disorders. Their mortality rate was 2 to 5 times higher than those of the general population, whatever the cause of death, with a quadrupled incidence of premature mortality.

Conclusions
These findings, which are consistent with the international literature but take into account the French context, will be complemented by studies focused on explaining this excess mortality. They also suggest inequities in the access to optimal somatic care for people with SMI which should be further explored.

08:30 - Parallel Session V - Oral Session 12 - Managing systemic complexity
Room 4

Theme(s): Managing systemic complexity

OC-057

(11114) - THE CONTRIBUTION OF THE VOLUNTARY SECTOR TO MENTAL HEALTH CRISIS CARE IN ENGLAND: A MIXED METHODS STUDY

Karen Newbigging (United Kingdom)[1]; Rebecca Ince (United Kingdom)[2]

1 - Institute for Mental Health, University of Birmingham;
2 - University of Birmingham

Introduction
The failure of arrangements to provide accessible and effective support for people experiencing a mental health crisis is a pressing concern in England. Voluntary sector (not for profit/non-governmental) organisations have been identified as an essential element of the crisis system. There is, however, a knowledge gap in understanding what voluntary sector organisations (VSOs) can offer and how this might be best deployed in mental health crisis care.

Objectives
This paper reports the main findings from a study investigating the contribution of VSOs to mental health crisis care in England.

Methods
A mixed methods study involving (1) a national survey of VSOs and interviews with national stakeholders to develop a taxonomy of the voluntary sector contribution to crisis care (2) detailed mapping of VSO provision to identify variations in access; (3) four comparative case studies, using focus groups and narrative interviews, to investigate the VS contribution to the crisis care pathway at a system and individual service user level.

Results
VS support is valued for its distinctive contribution and approach. Five types of VSOs providing mental health crisis support were identified and there is wide variation in what is available locally. There is little evidence of effective integration to provide an effective crisis care pathway, particularly for people with more complex needs.

Conclusions
Policy needs to focus on developing a crisis care system to enable an accessible and effective response to the diverse range of needs. VSOs have a key role to play, contingent on recognition of their role and the interface with statutory services.

OC-058

(10822) - JUDICIARY SANATORIUM: AN ANALYSIS OF THE INSTITUTIONAL ARRANGEMENTS ON MANAGING ORGANIZATIONAL BOUNDARIES ON THE INTERACTION BETWEEN CRIME AND MADNESS

Patricia Oliveira (Portugal)[1]

1 - UFRJ (Universidade Federal do Rio de Janeiro) / NUSPEN - DPRJ (Núcleo do Sistema Penitenciário da Defensoria Pública do Estado do Rio de Janeiro) / CES – UC (Centro de Estudos Sociais da Universidade de Coimbra)

Introduction
In the state of Rio de Janeiro, Brazil, where the Expert Examination of Dangerousness Cessation - was gradually replaced by the Multi-professional Expert Psychosocial Evaluation - there can be clearly identified a decrease in institutionalization. The purpose of the study is to analyze the paradigmatic shift of the mode of examination under the standpoint of the critical criminology and of the critical theory of human rights, in order to blueprint the recent institutional rearrangements and outline a descontinuum from the formal punitive control to a more informal social control of security measures.

Objectives
The research, set on the junction between crime and madness, aims at understanding, on the security measures work area, if and how the criminological repercussion of the Brazilian Psychiatric Reform Act (Law 10.216/01) ensures the extinction of the outdated dangerousness standards and related stigmas.

Methods
Participant search with access to restricted access database, by virtue of the professional exercise.

Results
The study approaches the interaction between mental health public policies and Rio de Janeiro's criminal system, being built upon data gathered over empirical research conducted for the doctorate's program, which includes participating research with direct access to the primary sources such as public and private databases and lawsuit archives.

Conclusions
The findings indicate that the key to understanding the ever-decreasing number of sanatorium patients on the state - so far with only one case of recidivism - is found in the power of inter-institutional articulations between the actors and actresses of the justice system with the Psychosocial Care Networks (RAPS).

OC-059

(10763) - IMPROVING HARMFUL ALCOHOL USE DETECTION AND INTERVENTION IN BRAZIL: IDENTIFYING AND ADDRESSING BARRIERS TO IMPLEMENTATION.

Sean Haley (United States of America)[1]; Debora Teixeira (Brazil)[2]; Kali Alves (Brazil)[2]; Vitor Aguiar Lobato De Carvalho (Brazil)[2]; Manoela Salgado (Brazil)[2]; Karen Athie (Brazil)[2]; Daniel Puig (Brazil)[2]; Sandra Fortes (Brazil)[2]

1 - City University of New York Graduate School of Public Health and Health Policy;
2 - LIPAPS State University of Rio de Janeiro

Introduction
The prevalence of heavy drinking at least once in the 30 days in Brazil is 13.7% and alcohol-dependence is estimated at 12.6%. Screening, brief intervention, and referral to treatment (SBIRT) identifies hazardous drinking. The World Health Organization recommends SBIRT in primary care and it has been effective in Brazil. Despite its effectiveness, less than 1% of the population was diagnosed with alcohol use disorder in primary care, and alcohol exams and interventions appear to be provided for less than 42% of the patient population.

Objectives
To describe the largest (26 clinics) SBIRT primary care implementation study protocol in Brazil and the accommodations made to account for changes in national, municipal, and local conditions.

Methods
Present a comparative analysis of the original protocol for the quasi experimental hybrid type II mixed methods implementation study design and the study features that were actually conducted, including rationales for adaptations.

Results
This fall Rio experienced changes in national (elected) and state (imprisoned) governments, 15% cut of national health system, subsequent physician and nurses strike, and the replacement of 30% of clinic managers and both area directors. Still, the study has completed 40 qualitative interviews, focus groups, 5 two day medical provider trainings in two programmatic areas; pre and post assessment surveys conducted for intervention and control clinics related to 1) alcohol perceptions and 2) mental health integration with primary care.

Conclusions
Despite multi-level challenges, nearly 150 physicians and nurses were trained to use the AUDIT and motivational interviewing in primary care.

OC-060

(10888) - STEPPED CARE FOR PERSONALITY DISORDER - A BETTER STRATEGY FOR TRANSITIONING FROM ACUTE TO COMMUNITY CARE

Brin Grenyer (Australia)[1]

1 - Illawarra Health and Medical Research Institute, School of Psychology, University of Wollongong

Introduction
People with personality disorders are prevalent in emergency and inpatient mental health services but transitioning to community care often reveals gaps in service provision that increase risk and health care costs.

Objectives
We designed a new approach to treatment and evaluated it using a cluster randomised controlled trial.

Methods
A new brief gold card clinic was established as a rapid follow-up one-month intervention to divert people in crisis away from emergency and inpatient services into psychological therapy. 642 inpatients (average age 36.8, 50.5% female) with a primary ICD-10 personality disorder were randomised to either treatment as usual (TAU), or a whole of service intervention that diverted people away from hospital and into stepped care clinics.

Results
Demand on hospital services reduced significantly in the intervention compared to treatment as usual (TAU) site. The intervention site evidenced shorter bed days, from an average of 13.46 days at baseline to 4.28 days per admission, and patients were 1.3 times less likely to re-present to the emergency department compared to TAU. Direct cost savings was estimated at USD$2,720 per patient per year. Pre-post and 12-month follow-up demonstrated improvements on all measures.

Conclusions
The brief intervention clinic model was well accepted by health service leaders, managers, and clinical directors. The model upskilled health care staff to conduct brief interventions and greatly enhanced service provision for this group whilst reducing costs. Consumers reported benefits from the stepped-care services both in reductions in symptoms and improvements in quality of life.

OC-061

(10825) - USING PEER COACHING FOR PEOPLE WITH HEALTH AND SOCIAL CARE NEEDS

Dan Robotham (United Kingdom)[1]; Jennie Parker (United Kingdom)[1]

1 - McPin Foundation

Introduction
We evaluated a peer coaching service in London. Clients had long term physical health, mental health and social care needs. The service enabled clients to identify needs which they could meet through a personal health budget. Peer coaches worked clients alongside health and social care professionals, brokers and the health and social care system.

Objectives
To evaluate peer coaching for clients and peer coaches, to highlight the complexity of developing such services within the existing infrastructure.

Methods
Semi-structured interviews with peer coaches, clients and stakeholders. Baseline and follow up surveys with clients on wellbeing, self-reported health status and patient activation. Baseline and follow up surveys of peer coaches' confidence with aspects of their role.

Results
Eleven peer coaches conducted a total of 1,250 visits for 217 clients, and 142 clients received subsequent support for personal health budgets. Peer coaches operated in a complex system of health and social care (including referral agencies and community navigators). They indicated feeling confident about most aspects of their role but highlighted areas where further support was needed. Clients built trusting relationships with coaches who they say as different to professional-led services. However, there were sometimes difficulties in communication and mismatches between peer coaches' expectations of their role alongside other staff.

Conclusions
Peer coaching is a potentially useful part of the health and social care system, but must be optimised to fit with related services. The project highlights training and support needs for peer coaches and other stakeholders.

08:30 - Parallel Session V - Oral Session 13 - Mental health care from theory to outcome
Room 5

Theme(s): Mental health care from theory to outcome

OC-062

(10711) - COMMUNITY INTEGRATION AMONG HOMELESS PERSONS: A SYSTEMATIC REVIEW

Carrie Anne Marshall (Canada)[1]; Lee Ann Westover (United States of America)[2]; Leonie Boland (United Kingdom)[3]; Blair Marcellus (Canada)[4]; Silka Weil (Canada)[4]; Sarah Wickett (Canada)[4]

1 - Western University;
2 - Columbia University;
3 - Plymouth University;
4 - Queen's University

Introduction
Interventions aimed at supporting homeless persons are commonly designed with the purpose of securing and sustaining a tenancy. The range and effectiveness of interventions that support community integration, a key indicator of well-being, is unknown.

Objectives
We carried out a systematic review using guidelines established by the Joanna Briggs Institute (JBI) to capture the range and reported effectiveness of interventions aimed at supporting the community integration of homeless and recently housed persons. Wong & Solomon's definition of community integration, which includes physical, social, and psychological aspects was used to guide this study.

Methods
A search strategy was developed with an academic research librarian and deployed in 6 databases. 12,368 titles and abstracts were reviewed by two independent raters following the removal of duplicates. 144studies were assessed in the full-text review phase. 57 studies were selected, and subjected to critical appraisal. Critical appraisal scores were converted to percentages to facilitate comparison across study types. Studies not meeting a score of ≥ 50% were excluded. A total of 43 articles were included. Outcomes measured were categorized according to Wong & Solomon's community integration model.

Results
Systems-level interventions were most commonly identified (n=27), followed by psychosocial interventions (n=8), employment models (n=5), and outreach and case management (n=3). Psychosocial and employment showed the most promise in supporting the social and psychological integration of homeless persons.

Conclusions
Community integration is a key goal of programs aimed at supporting homeless persons, yet few strategies have been adequately evaluated. Community integration should be more frequently measured in future research.

OC-063

(10712) - MEANINGFUL ACTIVITY AND BOREDOM IN ADULTS EXPERIENCING HOMELESSNESS

Carrie Anne Marshall (Canada)[1]; Gewurtz Rebecca (Canada)[2]; Roy Laurence (Canada)[5]; Skye Barbic (Canada)[3]; Lysaght Rosemary (Canada)[4]; Bonnie Kirsh (Canada)[3,6]

1 - Western University;
2 - McMaster University;
3 - University of British Columbia;
4 - Queen's University;
5 - McGill University;
6 - University of Toronto

Introduction
Recent literature has identified that boredom imposes negative impacts on mental health. While research has shown that homeless persons experience a lack of meaningful activities, and consequent boredom, few studies have explored how these experiences impact the mental well-being of this population.

Objectives
To explore the experience of meaningful activity, boredom, and their specific impacts on the mental wellbeing of homeless persons.

Methods
Concurrent, mixed-methods interviews were delivered to a convenience sample of 13 homeless persons located in Canada. Interviews included 6 standardized measures: Engagement in Meaningful Activities Survey (EMAS); Multidimensional State Boredom Scale (MSBS); Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS); Drug Abuse Screening Test (DAST); Alcohol Use Disorders Identification Test (AUDIT); and Community Integration Scale (CIS). Semi-structured qualitative interviews were conducted following completion of the quantitative measures and analyzed using grounded theory strategies.

Results
Qualitative: Participants identified that boredom is a serious and pervasive daily experience resulting from few opportunities for engagement in meaningful activity. Boredom was described as imposing a strong negative impact on mental health, and participants coped primarily through substance use. *Quantitative:* Correlational analyses revealed a strong negative correlation between boredom (MSBS) and psychological community integration (CIS) ($rs = -0.771$, $p < .01$, 2-tailed), and a strong positive correlation between engagement in meaningful activity (EMAS) and mental well-being (SWEMWBS) ($rs = 0.767$, $p<.01$, 2-tailed).

Conclusions
The mental health of homeless persons is known to be poor both during and following homelessness and boredom appears to be a contributing factor. Further in-depth study with larger samples is needed.

OC-064

(10766) - QUALITATIVE SYSTEMATIC REVIEW OF THE EXPERIENCES OF SPIRITUALITY AMONG ADULTS WITH MENTAL HEALTH PROBLEMS

Katja Milner (United Kingdom)[1]; Mike Slade (United Kingdom)[1]; Paul Crawford (United Kingdom)[1]; Alison Edgley (United Kingdom)[1]

1 - Faculty of Medicine and Health Sciences, University of Nottingham

Introduction
Spirituality in both religious and non-religious forms is an important component of mental health care and recovery. Research demonstrates that many people using services would like to have their spiritual needs addressed within mental healthcare services. However a 'religiosity gap' exists in the difference in the value placed on spirituality and religion by professionals compared with service users, often resulting in people's spiritual needs being neglected within clinical practice. Reasons for this include a lack of understanding about the complex ways people connect with spirituality within contemporary society. A better understanding of spirituality and mental health from the perspectives of people who experience mental health difficulties could help to bridge the 'religiosity gap' and promote engagement between service users and clinicians.

Objectives
To report findings of a systematic review of qualitative evidence of the experiences of spirituality among adults with mental health difficulties.

Methods
An electronic search of seven databases was conducted along with searching bibliographies and forward-referencing of all eligible studies, hand-searching journal contents pages and expert consultation. Thirty-eight published studies were identified which met the inclusion criteria.

Results
A thematic synthesis of the study findings identified six key themes: Meaning-making, Identity, Service-provision, Talk about it, Interaction with symptoms and Coping, which can be presented as the acronym MISTIC.

Conclusions
Clinical implications include the production of a simple framework healthcare providers can utilise to aid understanding and address people's spiritual needs within healthcare practice which integrates the spiritual dimension as part of a holistic approach towards care.

OC-065

(10741) - THE ASSOCIATION BETWEEN PERSON REPORTED MENTAL HEALTH OUTCOMES AND PHYSICAL HEALTH

Limor Hochman (Israel)[1]; Galia Moran (Israel)[1]; Efrat Shadmi (Israel)[2]; David Roe (Israel)[2]; Marc Gelkopf (Israel)[2]

1 - Ben-Gurion University;
2 - Haifa University

Introduction
Compared to the general population, persons with serious mental illness are at increased risk for chronic comorbidities, deterioration in overall health and mortality. While data on person reported outcome measures (PROMs) is increasingly collected as part of psychiatric rehabilitation service recipients, its relation to physical health outcomes is not known.

Objectives
To examine the relationship between patient reported outcomes (PROM) (quality of life and the effect of symptoms on functioning) and future self-reported physical health.

Methods
This is a prospective cohort study of secondary data analysis from the National Psychiatric Rehabilitation Outcome Monitoring Implementation and Research Program (PR-PROM) in Israel, based on 2,581 rehabilitation service consumers' self-reports administered at 2 subsequent years.

Results
More than a third of participants reported having physical health problems which impaired their functioning. A logistic regression model showed a significant relationship between the quality of life index (odds ratio [OR]= 0.71; 95%confidence interval [CI]: 0.60-0.84) and the lack of effect of symptoms on functioning index (OR= 0.81; 95%CI: 0.74-0.89) (year 1) and suffering from physical health problems (year 2), controlling for all other factors, including physical health at baseline. Additionally, a significant association was found between setting and achieving physical health goals and improved physical health in the following year.

Conclusions
These results suggest that PROMs can be useful as an early screening tool for people with mental illness at risk of physical health deterioration and an opportunity to direct them in a timely manner to preventive intervention programs.

OC-066

(10890) - FROM FLEXIBLE ASSERTIVE COMMUNITY TREATMENT TO COLLABORATIVE MENTAL HEALTH CARE IN THE COMMUNITY; PATIENT EXPERIENCES AND OUTCOMES

Wilma Swildens (Netherlands)[1]; Danine Van Rijswijk (Netherlands)[2]; Gert Schijven (Netherlands)[2]; Leonieke Beverloo (Netherlands)[2]

1 - Altrecht Institute for Mental Health Care, Inholland University of Applied Sciences, Utrecht University the Netherlands;
2 - Altrecht, Institute for Mental Health Care

Introduction
F-ACT is a flexible version of Assertive Community Treatment to deliver care in a changing intensity depending on needs of individuals with severe mental illnesses (Van Veldhuizen, 2007). In 2016 a number of the FACT-teams in the Dutch region of Utrecht moved to locations in neighborhoods and started to work as one network team together with neighborhood based facilities in primary care (GP's) and in the social domain (supported living, social district teams, etc.). This should create better chances on clinical, social and personal recovery of service users.

Objectives
This study describes the implementation, obstacles and outcomes for service users. The main question is whether this Collaborative Mental Health Care in the Community produces better outcome than regular FACT. Measures include (met/unmet) needs for care, quality of life, clinical, functional and personal recovery, and hospital admission days.

Methods
Data on care utilization regarding the innovation are compared to regular FACT. Qualitative interviews are conducted to gain insight in the experiences of service users, their family members and mental health care workers. Changes in outcome measures of service users in pilot areas (N=400) were compared to outcomes of users (matched on gender and level of functioning) in regular FACT teams in the period 2015-2018 (total N=800).

Results
Data-analyses will take place from January to March 2019. Initial analyses point at a greater feeling of holding and safety for service users in the pilot areas and less hospital admission days.

Conclusions
Preliminary results support the development from FACT to a community based collaborative care service.

08:30 - Parallel Session V - Oral Session 14 - Mental health care from theory to outcome
Room 6

Theme(s): Cross-cultural learning in mental health; Other

OC-067

(10875) - MATERNAL CHARACTERISTICS INFLUENCING CHILD/ADOLESCENT SERVICE USE DUE TO MENTAL HEALTH PROBLEMS IN BRAZIL

Cristiane Silvestre De Paula (Brazil)[1]; Wagner Ribeiro (United Kingdom)[2]; Sara Evans-Lacko (United Kingdom)[2]

1 - Universidade Presbiteriana Mackenzie;
2 - London School of Economics and Political Science

Introduction
To understand barriers and facilitators for child/adolescent service use due to mental health problems (CASUMH) can contribute to improve service provision, particularly in Low-Middle- Income-Countries. Mothers play an important role in CASUMH, as their personal profile/attitudes/believes should influence the help-seeking for their children's mental health problems.

Objectives
1) to describe, formal and informal help-seeking for mental health problems among Brazilian youths. 2) To identify maternal characteristics as barrier or facilitator for CASUMH.

Methods
Cross-sectional study. School-based community sample (N=1,357 children/adolescents aged 9-17) randomly selected from two Brazilian cities. Standardized instruments: *Child/adolescent variables:* (1) psychiatric disorders (Dawba); (2) severity of psychopathology (SDQ-impact supplement); (3) CASUMH (SACA). *Mother variables*: (4) years of schooling and skin color (self-reported); (5) stigmatizing intended behavior (RIBS); (7) mental health problems (K6); (8) social capital (Resource-Generator/UK); (9) social class (ABEP questionnaire).

Results
Formal CASUMH (health/school services) was more frequent than informal CASUMH (religious/self-help/acupuncture/chiropractor). Detailed service use will be presented, showing better coverage than established in previous studies. The final multivariate logistic regression models showed that higher stigmatizing intended behavior was associated to lower formal CASUMH, while lower economic class was associated higher informal service use. Presence of child/adolescent psychiatric disorders increased the chance of formal and informal CASUMH. More details on the results will be provided during the conference.

Conclusions
Different maternal characteristics were associated with different type of assistance for CASUMH. Economic condition and stigma played the most important role in CASUMH in this Brazilian sample. These results call attention to barriers that should be considered in service planning.

OC-068

(10695) - THE IMPACT OF A CULTURALLY ADAPTED ILLNESS MANAGEMENT AND RECOVERY (IMR) INTERVENTION ON ARABS WITH SERIOUS MENTAL ILLNESS

Sara Daass- Iraqi (Israel)[1]; Paula Garber-Epstein (Israel)[2]; Michal Mashiach-Eizenberg (Israel)[3]; David Roe (Israel)[4]

1 - Phd student, Department of Community Mental Health, University of Haifa. Israel;
2 - Phd, The Bob Shapell School of Social Work, Tel Aviv University, Israel;
3 - Professor Department of Health Systems Management, Tha Max Stem Yezreel Valley College, Israel;
4 - Professor, Department of cCommunity Mental Health , University of Haifa, Israel

Introduction
Illness Management and Recovery (IMR) (Mueser et all 2002) is an evidence-based standardized psychosocial intervention developed in the US aimed to help people with serious mental illness (SMI) make progress towards their recovery and learn knowledge and skills to better manage their illness. The degree to which this intervention which was developed and based on western values is relevant and effective for Arabs with SMI has not been tested.

Objectives
To investigate the impact of a culturally sensitive Arabic version of IMR on Arabs with SMI.

Methods
Eighty-six Arab Palestinians men and women in Israel with SMI were assessed before and after participating in a culturally adapted IMR intervention. Each assessment included completing the following self-report questionnaires: The Illness Management and Recovery Scale, MANSA, Hope Scale and Generalized perceived self-efficacy scale. Change scores were compared to those of sixty-four Arab Palestinians men and women in Israel with similar demographic and diagnostic characteristics who did not participate in the intervention.

Results
A mixed repeated measures ANOVA revealed significant group by time interactions in the IMR completers group with moderate to high effect sizes on all outcome measures.

Conclusions
A culturally sensitive Arabic version of IMR was effective in improving hope, recovery, selfefficacy and quality of life among Arab Palestinians in Israel with SMI.

OC-069

(10920) - MULTISECTORAL SETS OF INDICATORS: BUILDING A BRIDGE BETWEEN CITIES, WELL-BEING AND HEALTH

Diana Soeiro (Portugal)[1]

1 - DINÃMIA'CET - Centre for Socioeconomic and Territorial Studies / ISCTE-IUL

Introduction
In May 2012, the World Health Organization's (WHO) adopted resolution WHA65.4 *(Mental Health Action Plan 2013-2020)* on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. Among its six guiding principles we find the call for a multisectoral approach.

Objectives
The main goal of this presentation is to examine how can the design of the surrounding urban environment be an active element becoming part of health system resources and responses. This calls for: 1) a much-needed interdisciplinary dialogue between urban planning and mental health building a multisectoral bridge between both areas; 2) an increased government flexibility at the country level between different Ministries.

Methods
Firstly, we present state of the art research strengthening the causality link that proves that specific characteristics in the realm of urban planning do have a positive impact in well-being and mental health. Secondly, we claim that the 2030 United Nations' Sustainable Development Goals Agenda is a powerful instrument that allows breaking the traditional sectoral structure of national governments allowing the possibility for multisectoral approaches.

Results
The result is the establishment of a causal link between the urban planning and mental health using a multisectoral method connecting SDG 11 (Sustainable Cities and Communities), SDG 3 (Good Health and Well-Being) and SDG 16 (Peace, Justice and Strong Institutions).

Conclusions
Having each SDG its own set of indicators associated, we conclude by suggesting specific indicators to be adopted by Portugal (National Statistics Institute) in order to monitorprogress.

OC-070

(10807) - SUPPORTED EMPLOYMENT FOR PEOPLE WITH MENTAL ILLNESS: META-REGRESSION ANALYSIS OF EFFECTIVENESS OVER TIME

Dirk Richter (Switzerland)[1]; Holger Hoffmann (Switzerland)[1]

1 - Bern University Hospital for Mental Health, Center for Psychiatric Rehabilitation

Introduction
Several systematic reviews and meta-analyses of randomized controlled trials and of routine implementation programs have shown that Supported Employment (SE) is more than two times effective compared to prevocational trainings (PVT) when it comes to re-integrate people with mental illness into competitive employment.

Objectives
Given the fundamental structural changes of labour markets (e.g. de-industrialization) across the world, we aim at analysing whether the effectiveness of SE programs has changed over time.

Methods
We have retrieved any publication on SE effectiveness that was included in recent meta-analyses and have searched for new publications not yet included in any systematic review. Utilizing a meta-analysis of proportions, we have conducted a meta-regression that regressed the year of study conduction (and other publication characteristics: world region, Individual Placement and Support program (IPS), augmentation, study design) against the rate of competitive employment effectiveness. The best fitting multivariate model was identified by model selection.

Results
We have retrieved information on 80 samples that analysed SE effectiveness between 1990 and 2015. In univariate and in multivariate regression analyses, the effectiveness of SE declined significantly over time. The best fitting model included study year/study period, augmentation and study design. World regions and IPS were not significantly associated to effectiveness in multivariate analyses.

Conclusions
We conclude that SE has lost effectiveness over time. We assume that the fundamental changes in labour markets (e.g. digitization and automation) demand more and more skills that people with mental illness are not able to provide. SE programs need to be adapted to the new employment characteristics.

OC-071

(11103) - RELATIONSHIP BETWEEN CONTEXTUAL PROBLEMS (FAMILY, SCHOOL AND PEERS) AND PERCEIVED DISCRIMINARTION IN STUDENTS FROM 12-18 YEARS OLD IN NORTHERN CHILE

Alejandra Caqueo-Urízar (Chile)[1]; Lirna Quintana Talvac (Chile)[2]; Jerome Flores (Chile)[2]

1 - Instituto de Alta Investigación, Universidad de Tarapacá, Chile.;
2 - Escuela de Psicología y Filosofía, Universidad de Tarapacá, Chile

Introduction
The discrimination perceived by some children and adolescents can affect their relationships with family, school and peers, leading them to experience problems in different areas.

Objectives
To analyze the relationship between contextual problems and perceived discrimination, in students from 12 to 18 years old from the North of Chile.

Methods
1003 students participated from 29 Schools. The average age was 15 years (D.T. = 1.6). These participants were evaluated with the Everyday Discrimination Scale, and the Children and Adolescents Assessment System (SENA) using the contextual problems subscale.

Results
Perceived Discrimination has a significant association with Contextual Problems (r: ,415; p<0.001); that has three subscales: Problem with Family (r: ,282; p<0.001); Problems at the School (r: ,282; p<0.001) and Problems with Peers (r: ,386; p<0.001).

Conclusions
The main finding of this study shows evidence of the existing association between Discrimination and several problems that the student may present in different contexts.

10:00- Parallel Session VI - Symposium 21 - Mental health care from theory to outcome
Auditorium

Theme(s): Mental health care from theory to outcome

SY-021

(10726) - NEW PERSPECTIVES ON PERSONAL RECOVERY IN ADDRESSING VICTIMIZATION AND PERPETRATION IN DIFFERENT COMPLEX NEED POPULATIONS

Chair: Diana Roeg (Netherlands)[3]

Presenters: Diana Roeg (Netherlands)[3]; Jaap Van Weeghel (Netherlands)[1]; Roos Ruijne (Netherlands)[2]; Renee Sagel (Netherlands)[3]

1 - Dijk en Duin, Phrenos & Tranzo, Tilburg University;
2 - Erasmus MC;
3 - Mental health care institute GGzE & Tranzo, Tilburg University

SYMPOSIUM PROPOSAL

New perspectives on personal recovery in addressing victimization and perpetration in different complex need populations

Healthcare professionals find it difficult to accurately recognize and act upon victimization and perpetration, and encounter problems in motivating persons dealing with this. To make current healthcare interventions more successful, enlarge recovery and reintegration, and reduce recidivism, it is necessary to innovate our services on these areas. Known is that persons encountering victimization and perpetration often have complex needs. This symposium aims to enlarge our understanding on the true needs underlying the problems from the perspective of different target populations from both the victim as the offender site of view, including persons with severe mental illness, domestic violence victims and persistent offenders. We discuss different studies that focus on the development and evaluation of new, contemporary interventions, to enlarge the reach, understanding, recovery and effectiveness of interventions for persons that deal with victimization and perpetration.

Contributions

1. Victoria: Development and evaluation of a victimization and discrimination informed intervention to re-boost rehabilitation and personal recovery processes in persons dealing with severe mental health problems.

2. BRAVE: Evaluation of the BRAVE intervention to improve detection and recognition of domestic violence and abuse by community mental health teams.

3. DIARI: need focused assessments in the re-integration and violence prevention of female partner violence victims that deal with severe psychiatric and social consequences.

4. Be a barista: effects of new re-integration initiatives on the personal recovery, rehabilitation and criminality of persistent offenders with complex psychiatric and social issues.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Victoria: Evaluation of a victimization and discrimination informed intervention to re-boost rehabilitation and personal recovery in persons with SMI.

Authors: Jaap Van Weeghel

Introduction
Persons with severe mental illness have a six time higher risk on victimization, discrimination, and stigmatization. Outpatient teams experience difficulties in addressing this systematically. The Victoria intervention is developed for

professionals to increase awareness and acknowledgement of these negative experiences, and enlarge personal recovery and societal participation.

Objectives
To evaluate this novel intervention an extensive process evaluation and a first effect study are performed. This study aims to investigate the effectiveness of the Victoria intervention on victimization, discrimination and stigmatization, perceived safety, and social functioning.

Methods
A cluster randomized controlled trial was conducted on 8 flexible assertive community treatment teams on two sites in the Netherlands. Four intervention teams received a three half-day group training on the Victoria intervention and an average of 8 supervision meetings. Four control teams provided care as usual. Measurements included baseline, 10, and 20 months questionnaires. In total, 409 clients agreed to participate in the interviews.

Results
Preliminary results showed no significant differences between the intervention and control group on the primary outcomes. Professionals' knowledge on difficulties decreased over time, with a higher decrease in the control group. Self-efficacy and quality of life slightly increased, although not significant.

Conclusions
This is the first study that addresses the implementation and evaluation of a victimization and discrimination informed intervention. Results indicate that training in the Victoria intervention does not lead to large changes in everyday working, neither to improvements on client level within 20 months. Further innovation and study into this highly relevant topic are needed.

2. The effect of training on domestic violence and abuse (DVA) on mental health professionals' knowledge, skills and attitudes on DVA

Authors: Roos Ruijne

Introduction
Domestic Violence and Abuse (DVA) is a global public health problem. Victimization of DVA can have both mental and physical consequences which can be both short and long term. Having a psychiatric illness increases chances of being a victim of DVA. Despite higher prevalence of DVA in psychiatric patients, detection rate of DVA remains low.

Objectives
To assess the level of DVA knowledge and skills among mental health care (MHC) professionals at baseline, 6 – and 12 months after training on DVA compared to MHC professionals who did not receive training.

Methods
24 (F)ACT teams of Dutch MHC institutions completed 3 surveys on factual knowledge, perceived knowledge, perceived skills and attitudes about DVA (theoretical range: 0-128) at time points baseline, 6 and 12 months after intervention. 12 teams received a training on DVA and 12 teams functioned as a control group.

Results
Response rate was > 75% for all time points in both conditions. The mean total score on the survey at baseline was 58.48 with no significant difference between groups. At 6 months both groups improved their scores, with no significant difference between the groups. At 12 months there was a significant difference in improvement of total score between the intervention and control group.

Conclusions
Factual knowledge, perceived knowledge, perceived skills and attitudes about DVA in MHC professionals increase in both control – as intervention groups 6 months after start of the intervention but kept on increasing in the intervention group whereas in the control group scores decreased.

3. DIARI: need focused assessments in the re-integration and violence prevention of female partner violence victims.

Authors: Diana Roeg

Introduction
Intimate partner violence is highly prevalent, occurring in all social strata and has serious consequences. Partner violence is highly repetitive, can take on for many years, and after intervention the chance on recidivism remains very high. The lack of accurate insight in what makes women act the way they do when they are victim of intimate partner violence, has hampered effective service provision for many years. More recently, a number of reviews have provided a better understanding of the needs of female victims of partner violence, providing opportunities to improve effectivity of service provision.

Objectives
This study aims to visualize the attention for the women's needs in the current assessments in clinical practice. Furthermore, the findings are compared to the need theory.

Methods
In a vignette study, 23 service providers of four different organizations participated in qualitative interviews on the their way of assessing needs and service planning.

Results
Results indicate that although all relevant need domains considering the relation, social context, type and pattern of the violence, characteristics of the victim, and characteristics of the perpetrator are assessed, a lot of important need details are missed and not used in service planning. These include e.g. previous traumas, psychological consequences of partner violence, and financial and psychological violence.

Conclusions
This study shows that current need assessments are insufficiently in meeting victims needs. The results, provide concrete opportunities for service improvement and reduction of recidivism of partner violence.

4. Be a Barista: New re-integration initiatives to support personal recovery, and reduce criminality in persistent offenders with complex psychiatric problems.

Authors: Renee Sagel

Introduction
Three quarter of total criminality can be explained by repeated offence, and is committed by a disproportionality small group of people. Persistent offenders cause a lot of social agitation and unsafety, but also have many personal and psychiatric problems. Existing services have problems in engaging and motivating this group for re-integration. New service initiatives are needed to better suit the personal needs of this specific group to achieve more successful personal recovery and rehabilitation, and to reduce their recidivism risks.

Objectives
In this study we zoom in on five promising re-integration programs in the Netherlands that showed to be able to include and successfully work with persistent offenders. These projects all are innovative in that they train participants into a trendy and commercial profession and have strong connections with 'normal' society. Furthermore, the project leaders function as role models, including entrepreneurs, recovered experts-by-experience and craftsmen. The aim of this study is to describe and further understand the active ingredients of these projects.

Methods
We use: in depth interviews with staff members, participative observations and document study. Analyses are qualitative and result in a list of hard and soft project characteristics.

Results
Preliminary results show a strong affinity and connection of project leaders with their client group. Working roles are as normal as possible. Goals are defined together with the clients and include day-to-day functioning and future paid jobs.

Conclusions

A number of active ingredients are distilled that might help enlarge the reach and effectiveness of current re-integration interventions.

10:00 - Parallel Session VI - Symposium 22 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome

SY-022

(10817) - FAMILY FOCUSED INTERVENTIONS IN SEVERE MENTAL HEALTH CONDITIONS: DEVELOPMENTS IN THE UK AND USA

Chair: Julliana Onwumere (United Kingdom)[1]

Presenters: Fiona Lobban (United Kingdom)[2]; Lisa Dixon (United States of America)[3]; Dawn Edge (United Kingdom)[4]; Shirely Glynn (United States of America)[5]

1 - King's College, London, Department of Psychology, Institute of Psychiatry, Psychology and Psychiatry;
2 - Lancaster University;
3 - Columbia University Medical Center;
4 - University of Manchester; 5 - University of California

SYMPOSIUM PROPOSAL

Helping US Families support their loved ones experiencing a first-episode psychosis

Background
Informal caregiving roles in mental health can adversely impact carer wellbeing, which in turn can impact service-user outcomes. Further work is needed in developing a robust evidence-base to guide the application and implementation of tailored and scalable carer-focused interventions in services.

Objective
This symposium presents new data on transatlantic initiatives designed to improve wellbeing in carers of adults with severe mental health problems.

Contributions
In the opening paper, Fiona Lobban (Lancaster University, UK) focuses on digital technology and how it can be used to work with and support families. She presents key lessons from the design and implementation of an RCT of an online psychoeducation toolkit (REACT), designed for families of people with psychosis or bipolar disorder. Lisa Dixon (Columbia University, USA) reports three-month follow-up outcome data from a peer-led, face-to face and digital education program for families affected by mental health problems, from the National Alliance on Mental Illness (NAMI). Dawn Edge (University of Manchester, UK) presents RCT feasibility data on the cultural adaptation and implementation of family-based interventions and a co-produced digital learning resource, specifically designed for UK African-Caribbean people with psychosis and their families. In our final paper, Shirley Glynn (University of California, USA), reports on real-world first-episode psychosis(FEP) family treatments, the day-to-day clinical experiences and new training models designed to increase engagement of FEP families in therapeutic interventions.

Message
This symposium highlights the importance for innovations in carer-focused interventions in severe mental health that can respond to diversity in service settings, and carer needs and presentation.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Can digital technology help us better support relatives of people with severe mental health problems

Authors: Fiona Lobban

Introduction:
Digital Health Interventions (DHI) offer the potential for cost effective ways to increase access to education and support for relatives of people with longterm health conditions. Countries around the world are investing heavily in DHI.

Objectives
Here we present the findings of the IMPART study which was a real world implementation study of a DHI to support relatives of people with psychosis or bipolar disorder. The objectives were to identify the key factors impacting on implementation and to develop an implementation plan to improve delivery

Methods
The study was a multiple case series mixed methods study across six National Health Service Trusts in England. The DHI was the Relatives' Education And Coping Toolkit (REACT).

Results
Quantitative will be used to describe the uptake and use of REACT, and qualitative data from in depth interviews with staff and relatives will provide an understanding of the mechanism underlying these figures

Conclusions
The findings are synthesised into practical recommendations to enhance the implementation of DHIs to better support people with long terms health conditions and their relatives

2. The Effectiveness of Family-to-Family Support for Families of Veterans: In-person and OnLine Benefits

Authors: Lisa Dixon, Morgan Haselden, Nancy H. Covell, Suzanne Robinson, Teri Brister

Introduction
The 12-week, in-person, National Alliance on Mental Illness (NAMI) Family-to-Family Education Program (FTF) has demonstrated effectiveness for families of individuals with mental illness. Questions remain regarding effectiveness for families of Veterans and if shorter, online programs can be effective..

Objective
To evaluate the effectiveness of the NAMI Homefront Program, a 6-week peer-delivered group psychoeducation course, delivered in person or online, for families or support persons of Veterans and service members with mental illness.

Methods
Online surveys administered at baseline, post, and 3-month follow-up, measured changes in subjective empowerment, burden, coping, psychological distress, family functioning, experience of caregiving, and knowledge of mental illness.

Results
A total of 119 individuals (63 (53%) in-person; 56 (47%) online) enrolled. Participants were mostly female (n=108, 91%), non-Hispanic white (n=64, 54%), and spouses or partners of the service member (n=64, 54%). After the 6-week program, participants showed statistically significant improvement on all dimensions except subjective burden, and these improvements remained significant at 3-months. Improvements were consistent across both formats of the class, with no statistically significant differences.

Conclusions
Consistent with the 12-week FTF program, the shortened NAMI Homefront program was associated with benefits for family members of Veterans in both in-person and online formats. This study confirms the benefits of FTF for family members of Veterans. Further, while uncontrolled, this study suggests the potential benefits of family-to-family support in flexible formats and lengths.

3. Improving engagement and outcomes with African-Caribbean families affected by schizophrenia – An assets-based approach to co-production

Authors: Dawn Edge

CaFI objective
To assess the feasibility of culturally-adapting, implementing and evaluating an innovative approach to family interventions among African-Caribbean service users diagnosed with schizophrenia and their families

CaSPER objective
To test feasibility and acceptability of a co-produced culturally-specific e-learning resource for African-Caribbean families that fosters positive attitudes to, and increases their knowledge about, schizophrenia and related psychotic illnesses.

Methods
Both studies used mixed methods approaches, including: resource development focus groups; expert consensus conference; pre-test /post-test feasibility pilot; and qualitative acceptability studies.

Results
It proved feasible to partner with African-Caribbean families, community members and healthcare professionals to improve service user and/or family outcomes including: family communication and coping skills (CaFI), and knowledge about psychosis (CaFI, CaSPER). Participants in both studies found the interventions acceptable for meeting the needs of African-Caribbean families and would recommend them to others.

Conclusions
Building on these studies, a multi-site Randomised Controlled Trial (RCT) to test CaFI's clinical and cost-effectiveness with Caribbean African and Sub-Saharan African families compared with usual care. The trial will incorporate CaSPER as a means of facilitating psychoeducation or 'shared learning' subsequent to further refinement and work to establish its acceptability with Sub-Saharan Africans.

4. Helping US Families support their loved ones experiencing a first-episode psychosis

Authors: Shirley Glynn

We will first discuss the evolution of US FEP treatment, and then hone in our experience supporting relatives of individuals experiencing an FEP in the initial Recovery after an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) randomized controlled trial, and in subsequent national dissemination efforts. Compared to customary care, participation in the comprehensive RAISE NAVIGATE program significantly reduced relative burden; NAVIGATE relatives were also twice as likely to attend at least one NAVIGATE family session. Nevertheless, engagement of relatives in NAVIGATE was less than had been hoped. Absence of family engagement may reflect either lack of consumer consent for relative involvement or relatives' refusing to engage even when asked. Interestingly, we found that 17% of the NAVIGATE consumers initially refused to invite their families into care, but 36% of these consumers eventually changed their minds and included their relatives in care. This pattern of results highlights the importance of keeping family involvement in care an open point of discussion with FEP consumers. Since the completion of the original RAISE-ETP study, the NAVIGATE team has been conducting training throughout the US, and adapting the model as more is learned about how to effectively engage relatives in first episode psychosis care. Newer areas of interest include being more proactive in encouraging consumers to invite their relatives to be part of the care team, identifying and helping relatives meet the often-urgent family case-management needs that may be broader than the consumers' mental health, and being more flexible in what is offered families.

10:00 - Parallel Session VI - Symposium 23 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

SY-023

(12141) - MENTAL HEALTH CARE IN THE EU COUNTRIES: RESULTS FROM THE EU COMPASS ON MENTAL HEALTH AND WELLBEING INITIATIVE

Chair: Ionela Petrea (Netherlands)[1]

Presenters: Ionela Petrea (Netherlands)[1]; José Miguel Caldas De Almeida (Portugal)[2]; Angelo Barbato (Portugal)[3]; Kristian Wahlbeck (Finland)[4]

1 - Trimbos Institute, Netherlands Institute of Mental Health and Addiction;
2 - Lisbon Institute of Global Mental Health;
3 - Unit for quality of care and rights promotion in mental health, IRCCS-Istituto di Ricerche Farmacologiche Mario Negri, Milan;
4 - The Finnish Association for Mental Health

SYMPOSIUM PROPOSAL

The implementation of the EU Compass for Action on Mental Health and Wellbeing made possible to collect and analyze information on activities developed by EU Member States and non-governmental stakeholders in the field of mental health policy, legislation, services and programmes. Member States and stakeholders were asked to respond to annual surveys and share annual reports about their activities on mental health and the progress made in their implementation. Since 2015, annual reports on key developments in Member States were produced, European good practices were identified and disseminated, four consensus papers were completed, awareness-raising workshops were organized in Member States, and three annual Forum events were held.

Our aim is to present the results of this work that are related to the implementation of mental health policy, services and programmes in EU Member States and to discuss their implications for the future. We expect the symposium will contribute to a better understanding of mental health policy implementation in the EU and of progress made in Member States in the improvement of their mental health services.

CONTRIBUTING SPEAKERS ABSTRACTS

1. A Survey Of Access To Mental Health Care In European Union Countries

Authors: Angelo Barbato

Introduction
The need to include mental health among the first priorities of the public health agenda has been recognized by the European Union since the launch of the Commission's Green Paper on Improving Mental Health in 2005. Consequently, one of the most imperative health issues for EU member countries is how to provide services that could adequately respond and meet needs of people with mental disorders.

Objectives
To present a picture of access to mental health care across EU countries

Methods
Epidemiological data will be presented on the following aspects: Population care needs; volume and type of available services; physical accessibility, financial affordability and cultural acceptability of services; rates of people in contact with primary or specialist services for mental health problems; rates of people receiving specific treatments; rates of people reaching effective evidence-based interventions.

Results
In many countries no sound data are available on access to mental health care. Research is sparse, few cross-country comparisons have been performed. Considering these limitations, access to mental health care in European Union looks unsatisfactory. Access is better for severe mental disorders, much worse for depression and common mental disorders. Even among people accessing care, treatment coverage is inadequate and quality of treatments often low.

Conclusions
The quality of data reporting by member states must be improved. Huge differences across countries require thorough investigations. A mix of attitudinal, structural and financial barriers hinders access to effective care. Lack of coverage is especially relevant for psychological and psychosocial treatments, despite evidence-based indications.

2. Long-Term Care For People With Severe Mental Disorders

Authors: JM Caldas de Almeida

Introduction
Shifting away from a traditional model of care based on psychiatric institutions to more community-based is a well-recognized strategy to improve the provision of high quality care to people with severe mental disorders. Although important advances were made by many countries in this process in Europe, the EU Joint Action on Mental Health and Wellbeing verified that community based service networks have only partially been developed in most countries, and recommended the Member States to implement several actions to address the existing insufficiencies and gaps.

Objectives
To evaluate the advances made by EU Countries, in the last 5 years, in order to respond more effectively to the needs of people with severe mental disorders.

Methods
Information collected through the annual EU Compass surveys completed by Member States' representatives was analysed and compared with information gathered through the EU Joint Action.

Results
The highest level of development has been seen in the inclusion of inpatient psychiatric units in general hospitals, followed by the development of outpatient services in general hospitals and in the community, day care services and community mental health centres. The less developed services include primary mental health care, followed by home treatment, community-based rehabilitation, outreach or mobile mental health teams, and self-help. The recommendations that were the least implemented were: improving he use and effectiveness of monitoring mechanisms of mental health services; stopping new admissions to psychiatric institutions, or 'closing the front door'; and integrating mental health in primary health care.

Conclusion
Promote further use of EU mechanisms to improve the monitoring and evaluation of policies addressing the provision of care to people suffering from mental disorders.

3. Prevention Of Depression And Suicide

Authors: Ionela Petrea; Pim Cuijpers, Laura Shields-Zeemann, Bethany Hipple Walters

Introduction
Depression is one of the most important contributors to the burden of disease in Europe. While substantial efforts are dedicated to treatment options for depression, considerably less is done to prevent the influx of new cases of depression.

Objectives
Provide a description of the situation and challenges, present the evidence base for universal, selective and indicated prevention of depression and promoting resilience, describe good practices emerging from the research literature and subsequently outline principles and recommendations for actions for EU Member States.

Methods
The review triangulated three sources: results from the survey among Member States from the EU Compass for Mental Health and Wellbeing, reviews of results from meta-analyses of randomized controlled trials, and results from the thematic report of the Joint Action on Mental Health and Wellbeing on prevention of depression and suicide.

Results
The majority of the countries surveyed have targeted actions or interventions to support high-risk vulnerable groups (e.g. unemployed, minority groups) with tools or programs prevent depression and to build resilience. Current base of scientific evidence shows feasible options for prevention of depression in schools, at workplace, prevention of postpartum depression, depression among older adults and among those with comorbid somatic health problems and promotion of resilience.

Conclusions
A set of key evidence-based components are recommended for each of the main target groups for prevention of depression and promotion of resilience. An overall recommendation is to support evidence-based e-mental health tools for self-management or behaviour change to prevent the onset of depression and promote resilience.

10:00 - Parallel Session VI - Symposium 24 - Managing systemic complexity
Room 3

Theme(s): Managing systemic complexity

SY-024

(10678) - THE ROLE OF ACUTE DAY UNITS IN THE CRISIS CARE PATHWAY: FINDINGS FROM THE UK 'AD-CARE' STUDY

Chair: Nicola Morant (United Kingdom)[1]

Presenters: Nicola Morant (United Kingdom)[1]; David Osborn (United Kingdom)[1]; Danielle Lamb (United Kingdom)[1]

1 - Division of Psychiatry, UCL

SYMPOSIUM PROPOSAL

Introduction
Acute Day Units (ADUs) aim to support people in mental health crises and have the potential to reduce in-patient admissions. ADUs exist in some English regions, but there is little information about their distribution across the country, the functioning of these services, how they are experienced by people who use them, and the extent to which they respond to needs and prevent or reduce hospital admissions. This symposium will present new findings from a mixed methods NIHR-funded project (AD-CARE) that address these questions.

Objectives of the symposium
To consider the value of acute day units in managing mental health crises, and their role in the acute care pathway, using data from a large UK-based study.

Expected contributions and take home scientific information
Three papers are included in this symposium: i) Data showing high rates of relapse and readmission to acute services in national and London-based NHS data (Prof David Osborn); ii) Findings from a national survey of ADUs about their configuration and functioning, showing that ADUs are unevenly distributed geographically, and configured differently by statutory and voluntary sector providers (Dr Danielle Lamb); iii) A qualitative study in which service users describe generally positive experiences of ADUs and often report preferences for ADUs over other acute care options. (Dr Nicola Morant). Taken together, these studies highlight challenges in the acute pathway, and suggest some potential solutions including the role of ADUs that might address high readmission rates.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Rates of relapse in the acute community mental health pathway- opportunities for intervention.

Authors: David Osborn

Introduction
People treated by crisis/home treatment teams have high rates of relapse and readmission to acute care in the year following the index crisis presentation.

Objectives
To describe recent research findings regarding rates and predictors of readmission following a crisis episode using large-scale national UK, and London-based NHS routine data from Mental Health Trusts. To outline recently published evidence from UCL regarding community interventions which may be effective in reducing these relapse rates.

Methods
Data from the CRIS database in North and South London, followed almost 18,000 admissions to crisis teams. New national data from crisis teams in the NHS mental health minimum dataset, covering the whole of England will also be described. The data are currently being analysed and cover 500,000 crisis team admissions from 2013-15.

Finally results from two large multicentre trials at UCL psychiatry will be summarised highlighting possible community interventions in primary care and secondary care to reduce relapse rates.

Results
Over 50% of people treated by crisis team are readmitted to acute care each year in London. People with non-affective psychotic disorders and older people are more likely to be readmitted. In randomised trials at UCL, secondary care and primary care interventions delivered by nurses or peer support workers, significantly decreased readmission rates.

Conclusions
Rates of readmissions to acute care in following UK crisis care are a major concern. However there is new trial evidence that community based interventions can decrease rates of relapse and therefore healthcare related costs.

2. Adult mental health provision in England: a national survey of Acute Day Units.

Authors: Danielle Lamb

Introduction
Acute Day Units (ADUs) exist in some English NHS Trusts as an alternative to psychiatric inpatient admission. There is little information about the number, configuration, and functioning of such units, and about the extent to which they might reduce admissions.

Objectives
This cross-sectional survey and cluster analysis of ADUs aimed to identify, categorise, and describe Acute Day Units (ADUs) in England.

Methods
English NHS Trusts with ADUs were identified in a mapping exercise, and a questionnaire was distributed to ADU managers. Cluster analysis was used to identify distinct models of service, and descriptive statistics are given to summarise the results of the survey.

Results
Two types of service were identified by the cluster analysis: NHS (n=27), and voluntary sector services (n=18). Under 1/3 of NHS Trusts had an ADU. NHS services typically had multi-disciplinary staff teams, operated during office hours, offered a range of interventions (medication, physical checks, psychological interventions, group sessions, peer support), and had a median treatment period of 30 days. Voluntary sector services had mostly non-clinically qualified staff, and typically offered supportive listening on a one-off, drop-in basis. Nearly all services aimed to prevent or reduce inpatient admissions. Voluntary sector services had more involvement by service users and carers in management than NHS services.

Conclusions
Data suggests that of the approximately 18,000 inpatients using psychiatric inpatient beds each day, over 3,000 could be treated in ADUs instead. Further research of ADUs is required to establish their effectiveness and acceptability to service users, carers, and staff.

3. Acute day units for mental health crises: a qualitative study of service user and staff views and experiences.

Authors: Nicola Morant

Introduction
Acute Day Units (ADUs) are non-residential services for adults experiencing a mental health crisis. They provide treatment for several hours per day, usually consisting of one-on-one and group work, and medication management. Little is known about the value of ADUs in the acute care pathway from the perspective of service users and acute care practitioners.

Objectives
To explore service users' and practitioners' experiences of receiving / delivering care in ADUs, and their views of the strengths and weaknesses of ADUs, their component interventions, and their role in the acute care pathway.

Methods
Research was conducted at 4 statutory sector (NHS) ADUs in England. Across these sites, semi-structured interviews were carried out with 21 service users, 12 multi-disciplinary staff members, and 3 family carers. Data were analysed using thematic analysis.

Results
Service users reported primarily positive experiences of ADU care. Staff and service users highlighted similar valued features: high levels of contact time and staff continuity, leading to strong therapeutic relationships; flexible and personalised one-to-one and group-based support; help and signposting for practical issues; peer support; and provision of structure and purpose as tools for recovery. ADUs were perceived to serve a dual purpose within the acute care pathway of crisis prevention and post-admission 'step-down'.

Conclusions
These generally positive views and experiences suggest that ADUs can alleviate pressure on other local acute services. They have potential to overcome known problems with both costly inpatient care and acute home treatment, by acting as a supplement or alternative to them.

10:00 - Parallel Session VI - Symposium 25 - Managing systemic complexity
Room 4

Theme(s): Managing systemic complexity

SY-025

(10872) - COMPLEXITY TO COMBINE OR MULTIPLY MENTAL HEALTH CARE IN THE COMMUNITY

Chair: Joaquim Gago (Portugal)[1]

Presenters: Joaquim Gago (Portugal)[1]; Angelo Barbato (Italy)[2]; Teresa Maia (Portugal)[3]; Rene Keet (Netherlands)[4]

1 - Nova Medical School and Centro Hospitalar de Lisboa Ocidental;
2 - Mario Negri Institute for Pharmacological Research;
3 - Hospital Fernando da Fonseca;
4 - Community Mental Health Service Noord-Holland-Noord

SYMPOSIUM PROPOSAL

Complexity to combine or multiply mental health care in the community

Introduction
One of the current and more important challenges in community psychiatry is how to combine interventions near the place where patients and families are living and at the some time to do specialized programs and not only provide general care. This process involves several answers, which can be organized in one or distinct structures and with different multidisciplinary human resources. To choose the best way to integrate those approaches implies complexity, options and strategies.

Objectives
1) to reflect about the best way to combine proximity and specialization in mental health care;
2) how to adapt the possible interventions to cultural, social and economic realities of each country and to the available human resources;
3) presentation of good practices and innovative programs in several European countries.

Expected contributions and predictable take home scientific information
To identify new challenges face by community psychiatry and future developments; the possibility to combine proximity and specialization in this field and how to do it; to know different answers to common problems and have a critical attitude in the construction of better clinical intervention based on research and practice.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Combining proximity and specialization in mental health care

Authors: Teresa Maia

Introduction
If combining proximity and differentiation is a fundamental issue in all medical specialities, in Psychiatry assumes its major relevance. We know that many factors influence adhesion to treatment and that the outcome of psychiatric diseases depends on multiple factors that should influence the option of a certain psychiatric aproach. A Public Health view of Mental Health is in our opinion fundamental to the understanding of the major needs of a population, as well as the implementation of an easy and comprehensive access to treatment. Nowadays multiple specialized interventions have proved their effectiveness in psychiatry and therefore we need to assure the early access of our patients to them, combining different strategies.

Objective
To describe the organization of Fernando Fonseca Psychiatric Service, based on a Public Health vision taking into account our population characteristics (that will be described), its impact on psychopathology and treatment, the different levels of care, a psychiatric community focused aproach, and the combination of accessible and specific interventions and programs that are delivered by multidisciplinary teams; to reflect about the advantages, challenges and threats to the implementation of this model.

Expected contributions and predictable take home scientific information
To describe the positive experience of a Psychiatric Service, combining proximity and differentiation, making possible the population's access to effective interventions. To contribute to a critical analysis of the strengths and difficulties of this model.

2. New challenges faced by community mental health in italy

Authors: Angelo Barbato

Italy underwent a radical change in the organization of mental health care between the late 70s and the late 90s as a consequence of a reform law that marked the transition from an institution-based to a community-based system of care.

However, although the Italian experience shows that mental health care can be provided without mental hospitals, the Italian system is now facing new challenges.

First, the regional-based planning and monitoring of services led to huge differences in mental health care across the country.

Second, community care is more effective than institutional care, but implementation of evidence-based interventions is still a problem even in community services, especially concerning psychosocial treatments.

Third, the growth of a network of residential services has been inordinate in absence of a careful planning.

Fourth, the focus of a service model centered on severe mental disorders left to some extent aside the needs of people with common mental disorders.

Fifth, few early intervention teams for people at risk of psychosis and for young people with early psychoses have been implemented.

Sixth, the needs of economic migrants, asylum seekers and refugees, as well as culturally diverse populations are not receiving enough consideration in service planning and delivery.

3. Complexity requires flexibility. The FACT model in The Netherlands: Flexible Assertive Community Treatment

Authors: Rene Keet

Introduction
Assertive Community Treatment (ACT) has for many countries become the standard for community mental health. Limitations of ACT are the lack of flexibility, restricted feasibility of implementation in rural areas, the limited population it can reach and the time-unlimited nature. Flexible Assertive Community Treatment (FACT) was developed in the Netherlands in 2003 to overcome these limitations.

Objectives
Report how the FACT model has developed over time and describe the implementation research on effectiveness.

Methods
Studies were done between 2006 and 2018 on the results of the introduction of FACT, in The Netherlands, the UK, Hong Kong and Sweden. Outcomes are: model fidelity, remission of symptoms, hospital admissions, satisfaction of staff, the use of the digital board and transition to primary care.

Results
Outcomes show the effectiveness of FACT. Remission of schizophrenia increased form 19% to 31%. Bed use was reduced and quality of life increased. Total patient time in hospital declined by half while the average time spent with patients also declined. Collected data of the digitalized boards show that the digital board is used in accordance with the FACT model. Transition rate to primary care is 5-10% per year. Staff satisfaction increases with the introduction of FACT.

Discussion/Conclusion
The introduction of FACT has been shown to benefit patients with severe mental illness and indicate the ability of to allocate human resources in mental health care more efficiently, while also increasing staff satisfaction.

4. Implementation of specialized community MH programs in Portugal

Authors: Joaquim Gago

Introduction
In 2008 we implemented a community integrated care program with evidence-based practices for people with severe mental illness (Programa Integrar) in Centro Hospitalar de Lisboa Ocidental. This program was a pilot program at national level and we did courses and trainings in several regions in Portugal. After ten years we did another evaluation of that program and we propose changes to reformulate it and to create a new program for community mental health teams (Programa Integrar Duo) with more specialized interventions.

Objectives
1) New assessment of the program.
2) Identified patients needs
3) To propose changes and specialized interventions.

Methods
We used the *case management* model, clinical type, with integrated follow-up. Each patient got one case manager and also an Individual care plan. We selected the follow interventions: psycho-educative, family-based interventions, strategies for dealing with the symptoms and the disease (including a brief cognitive-behavioral approach), relapse prevention and interventions to improve social and occupational functioning and psychopharmacological treatment.

Expected contributions and predictable take home scientific information: to identify new challenges face by community psychiatry and future developments; the possibility to combine proximity and specialization in this field and how to do it and how to adapt the programs to cultural, social and economic realities in clinical practice.

10:00 - Parallel Session VI - Symposium 26 - Managing systemic complexity
Room 5

Theme(s): Managing systemic complexity

SY-026

(10802) - FLEXIBLE AND INTEGRATIVE TREATMENT MODELS IN GERMANY –EVALUATION OF MULTI-VARIANT EFFECTS OF TREATMENT MODELS ACCORDING TO §64B SGB V

Chair: Sebastian Von Peter (Germany)[1]

Presenters: Sebastian Von Peter (Germany)[1]; Andrea Pfennig (Germany)[2]; Anne Neumann (Germany)[3]

1 - Medical University Brandenburg;
2 - Technical University Dresden;
3 - Center of Evidence-based Health Care, Medizinische Fakultät Carl Gustav Carus, University Hospital Carl Gustav Carus, Technische Universität Dresden;

SYMPOSIUM PROPOSAL

Introduction
Despite of a wide array of internationally well-established integrative, community based and assertive intervention models, patients with severe mental illness in Germany mostly receive separated in- and outpatient care with a considerable proportion of inpatient treatment. According to most recent legislation (§64b SGB-V), new forms of flexible and integrative treatment models have been set up in various parts of Germany. Based on either regional or person-related budgets, these projects aim at assuming full responsibility for local forms of psychiatric and psychotherapeutic care. Institutions, thereby, freely choose whether treatments will be offered in- or outpatient care.

Objectives of the symposium
The planned symposium presents results of two national evaluations: The study "EVA64" (Technical University Dresden) which investigates both retro- and prospectively routine data of 97 German public health insurances investigates medical and economical effects of 19 §64b-clinics, compared to control clinics with treatment as usual. The study"EvaMod64b" (Medical University Neuruppin) employs a mixed method design to collect personal and institutional data. Using both qualitative methods and a specifically developed questionnaire it analyzes how staff, patients and their kin evaluate 64b- treatment models. Both consortia, further, joined for a multi-centre, prospective, controlled and mixed method clinical trial ("PsychCare"), funded by the Innovationsfonds to investigate the efficacy and effectiveness of the treatment models according to §64b SGB V using primary data including patient-reported and routine data.

Take home scientific information
Depending on their historical and contextual contingencies, §64b projects implemented a variety integrative and flexible care models. Adding several methodological approaches served to shed light on various aspects of their outcome and process evaluation.

CONTRIBUTING SPEAKERS ABSTRACTS

1 - Methods and first results"EVA64"

Authors: Anne Neumann

Introduction
From 2015 to 2025, the evaluation EVA64 will investigate 18 model projects based on §64b SGB V established in Germany between 2013 and 2016.

Objectives
To evaluate the effectiveness, costs and efficiency of 18 model projects based on §64b SGB V in Germany.

Methods
A health insurance data-based controlled cohort study is used. Data from more than 75 statutory health insurance (SHI) funds for a period of 7 years will be analyzed. All patients insured by any of the participating SHI funds and treated in one of the model hospitals will be compared with patients in routine care. Sick leave (primary outcome), utilization of inpatient care (primary outcome), utilization of outpatient care, continuity of contacts in (psychiatric) care, physician and hospital hopping, re-admission rate, comorbidity, mortality, disease progression, and guideline adherence will be analyzed. Cost and effectivity of model and routine care will be estimated. Up to 10 control hospitals for each of the 18 model hospitals were selected according to a pre-defined algorithm.

Results
First interim reports based on the first 13 model projects and a first meta-analysis across model projects are available. First results point to a reduced duration of completely inpatient care, to a reduced duration of sick leave among model hospitals with model-like history and to first tendencies towards a more cost-effective care within model hospitals compared to routine care.

Conclusions
The evaluation will yield important new evidence to guide the future provision of routine care for mentally ill patients in Germany and possibly beyond.

2 - Methods and results"EvaMod64b"

Authors: Sebastian v. Peter

Background
Evaluation of flexible and integrative treatment models in Germany according to §64b SGB V.

Objectives
The multi-centre and mixed method evaluative study EvaMod64b aimed to assess the implementation of flexible and integrative treatment models according to §64b Book V German Social Law in several German mental health hospitals.

Methods
Processes and effects of FIT projects from a patient and a staff oriented point of view were assessed using quantitative (routine clinic data, standardized surveys of 383 patients and 585 staff) and qualitative (34 focus groups, and 16 expert interviews) methods in 13 German-wide mental health departments.

In order to assess the implementation of treatment models, FIT specific components using Grounded Theory Methodology were developed. These components were integrated into a sum FIT score. The associations between FIT sum score, FIT components, experiences and assessments of patients and staff were evaluated using linear regression analyses (LRA) and non-parametric methods (Kruskal-Wallis respectively Man-Whitney test).

Results
The projects differed widely. 11 operationalized and quantifiable specific components could be identified. The sum FIT score was positively associated with patient's experiences. The cumulated patient's FIT experiences were associated with positive assessment of continuity of care component, length of treatment and grade of implementation of FIT models. Whereas doctors and psychologists showed positive assessments of FIT, the assessment of nurses was rather negative.

Conclusions
The variety of German FIT projects can be described through specific components. Most patients assessed FIT positively. However, the therapeutic staff was more ambivalent.

3 - Design and first results "PsychCare"

Authors: Andrea Pfennig

Introduction
"PsychCare" represents the combination and extension of the two projects "EVA64" and "EvaMod64b" presented within the symposium. It is funded by the Innovation Fund of the Federal Joint Committee (G-BA).

Objectives
The project aims at comparing effects, costs and cost-effectiveness of psychiatric integrative, continuous and patient-centered to routine care. The perspectives of patients, relatives and care providers and for cost-effectiveness of the society are taken. Additionally, quality indicators for this innovative psychiatric care will be developed and tested and an implementation strategy of effective care elements formed.

Methods
A multi-center controlled prospective cohort study was started in intervention and well-matched control hospitals in Germany, assessing children, adolescents and adults with substance dependence, affective and schizophrenia spectrum disorders, behavioral disorders and eating disorders. Quantitative and qualitative research methods as well as primary (from questionnaires, interviews, observation) and secondary (routine health insurance) data are combined. Recruitment of patients and baseline assessment will be finished in March 2019, follow-up is planned at nine and fifteen months. Primary endpoints include health-related quality of life and treatment satisfaction.

Results
First interim results will be presented and discussed.

Conclusions
With the controlled prospective study design integrating (a) the perspectives of patients, relatives and care providers, (b) different methodological access routes and c) different data sources, the results will allow vital inferences for the optimization of care for psychiatric patients. Take home scientific information: The study results should inform the process of re-structuring psychiatric care in Germany.

10:00 - Parallel Session VI - Symposium 27 - Managing systemic complexity
Room 6

Theme(s): Managing systemic complexity

SY-027

(10810) - THE GLOBAL/LOCAL MENTAL HEALTH ATLAS PROJECT: APPLYING THE HEALTHCARE ECOSYSTEMS APPROACH TO MENTAL HEALTH PLANNING

Chair: Nerea Almeda (Spain)[1]

Presenters: Carlos R. García-Alonso (Spain)[1]; Mencía R Gutiérrez-Colosía (Spain)[1]; Nerea Almeda (Spain)[1]; José A. Salinas-Pérez (Spain)[1]

1 - Universidad Loyola Andalucía

SYMPOSIUM PROPOSAL

Introduction to the subject
Healthcare ecosystems work as a hierarchy of interrelated systems and entities that cannot be understood in isolation, such as social and natural environments, services, providers and regulations. Thus, the health ecosystem approach facilitates the study of health systems as a whole allowing for capturing their complexity, uncertainty, dynamism, non-linearity and multi-dimensionality. The Global/Local Mental Health Atlas Project uses a range of tools for the study of health ecosystems in mental health including standardised description of mental health services, analysis of the mental health service provision, national and international comparisons, demographic and socioeconomic analysis to detect health-related needs. In addition, relative technical efficiency analysis, causal modelling of mental health systems, and epidemiological and service spatial analysis and maps are also included. The knowledge provided by this project intends to be useful for information-based health policy-making in the local context. A network of researchers from different academic institutions collaborate in this project, such as the Universidad Loyola Andalucía and the University of Cadiz (Spain), the Australian National University and the University of Sydney (Australia) or the University of Concepcion (Chile).

Main objectives
This symposia aims to present several studies embedded in the framework of the Global/Local Mental Health Atlas Project. Thus, the symposia includes the review of the use of the ESMS/DESDE system for long-term care service description and classification around the world, and how the ESMS/DESDE is used to design a model of mental health provision and carried out spatial analysis on service utilisation and provision data.

CONTRIBUTING SPEAKERS ABSTRACTS

1. A systematic review of the use of ESMS/DESDE in the World: an international coding of care provision for mapping mental health care.

Authors: Cristina Romero-López-Alberca, Mencía R. Gutiérrez-Colosía and Maryanne Furst

Introduction
Evidence-informed including context analysis is essential for the understanding of health areas as complex systems. Comparative description of national and international mental health systems plays a relevant role in identifying critical differences and significant care gaps. Meaningful international comparisons need a common consensus-based terminology to improve health, strength health systems and provide essential health for all.

Objectives
To identify, describe and analyze the use and dissemination of the ESMS/DESDE system for health service evaluation and systems research, and 2) to acquire knowledge on the utility of the evaluation of services in specific areas and its impact in health policy and decision-making.

Methods
Systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The search strategy was carried out in June 19, 2018.

Results
The search performed in our review retrieved a total of 1.109 references. After removing duplicates and papers not used for the assessment of mental health or health services/systems a total of 68 records were included for further study. ESMS/DESDE system has been used in 34 countries to provide a standard description of a total of 751 catchment areas including urban and rural areas. It has been translated into eight languages and has been used within national and international projects and networks.

Conclusions
ESMS/DESDE system has been identified as a key element of context analysis. This classification system provides a common terminology, a standard coding of health services, a standard procedure for data collection and meaningful comparisons across and within countries.

2. Use of ESMS/DESDE data for developing a real world global model of mental health care provision.

Authors: Nerea Almeda, Carlos García-Alonso and Luis Salvador-Carulla

Introduction
Bayesian Networks (BNs) models identify the essential components (variables, domains and constructs, nodes in general) of a system and their cause-effect relationships, usually represented in a graph. These structures can be included in sophisticated decision support systems for Mental Health (MH) planning. Nevertheless, until now, there is no a BN model that encompasses the structure of an integrated MH-care ecosystem. The ESMS/DESDE-LTC is a standard codification system for classifying MH services that let us to make international comparisons.

Objectives
To develop a theoretical BN model for representing the basic elements (and their causal relationships) of an integrated MH-care ecosystem based on ESMS/DESDE-LTC (Evaluation and Classification of Services for Long Term Care in Europe) structure and expert knowledge.

Methods
The constructs and domains of the BN were identified using the ESMS/DESDE-LTC elements. The variables and relationships were recognized and described by using explicit expert knowledge from MH managers worldwide (Spain, United Kingdom, Finland, United States and Australia) and two previous systematics reviews on MH service and management.

Results
Focusing our attention on the targeted MH care five construct nodes based on the ESMS/DESDE-LTC model are identified: Self-help & Voluntary help, Information for Care, Outpatient Care, Residential Care and Day Care. These five interrelated nodes are considered the nucleus of the BN. These constructs were described by specific domains and variables (103 DESDE-LTC codes).

Conclusions
This is the first theoretical BN model that shows how integrated MH care should be provided in any MH ecosystem.

3. Use of the ESMS/DESDE data for conducting Comparative Effective modelling in Mental Health.

Authors: Carlos García-Alonso, Nerea Almeda and Luis Salvador-Carulla

Introduction
Currently, high and medium-income countries try to deliver an integrated Mental Health (MH) care combining community and hospital; nevertheless, how to provide a balanced care is still a complex question. For this, it is required to identify the minimum elements of MH systems (variables, domains and constructs, nodes in general) and its causal relationships in a formal way, usually a Bayesian Network (BN). Some standard codification systems, like the ESMS/DESDE-LTC (Evaluation and Classification of Services for Long Term Care in Europe), can be used to design a basic BN but, due to the complexity of the MH ecosystem, additional expert knowledge is needed to identify new elements and causal relationships.

Objectives
To develop an integrated and interoperable MH care theoretical model (BN) including expert-based elements and relationships.

Methods
Different types of MH care were standardized by using the ESMS/DESDE-LTC codification system. Expert knowledge was elicited by using the Expert-based Cooperative Analysis (EbCA) model.

Results
The basic BN, that included five levels of care provision (Self-help & Voluntary help, Information for Care, Outpatient Care, Residential Care and Day Care) and 103 ESMS/DESDE-LTC codes, was completed by including new elements (e-MHCare, Primary Care, Social Care and Community Pharmacy) and their potential causal relationships.

Conclusions
The present model is able to identify the elements (and their causal relationships) that should be included in any MH systems worldwide from a comprehensive and integrated perspective. It also evidences the interoperability and integration of previous recognised MH care models.

4. Combining ESMS/DESDE data with spatial analysis to inform policy and planning.

Authors: Jose A. Salinas-Perez, María Luisa Rodero-Cosano, Nerea Almeda, Mencía R. Gutierrez-Colosia, Pilar Campoy, Mary Anne Furst, Nasser Bagheri and Luis Salvador-Carulla

Introduction
The ESMS/DESDE system aims to classify and describe long-term care services of a specific geographical area. Its section C collects service utilisation data, while its section D provides a range of service information, such as geographical location, type of care, or placement and workforce capacity.

Objectives
To show several spatial analysis applications using ESMS/DESDE data on mental health services, and know their usefulness to inform policy and planning.

Methods
Geographic Information Systems (GIS) provide a set of spatial techniques to analyse any geo-referred data. These methods comprise from the simple cartographical representation of the data based on geographical coordinates or catchment areas, to complex spatial data analysis to carry out cluster analysis.

Results
Spatial analysis is embedded in the Integrated Atlases of Mental Health. Spatial techniques are used to overlap the location of the services with socioeconomic indicators to know the characteristics of the context where the services are provided. Moreover, the accessibility is studied generating time service areas based on the driving speeds. In addition, spatial clustering allows identifying geographical areas with significant high (hot spot) or low (cold spot values of any health indicator, such as treated prevalence rates or referrals rates to a specific care program.. And, finally, the relationships between health indicators and risk factors are studied through spatial regression models.

Conclusions
The combination between the service data collected by the ESMS/DESDE system and the GIS analysis provides decision-makers of useful evidence to inform mental health planning and policy from a territorial approach.

12:45 - Lunch & Poster Presentation II - Poster Presentation II - Monitor 1

Theme(s): Mental health care from theory to outcome

PO-031

(10680) - WHY IS PSYCHOTHERAPY MISSING FROM THE MENTAL HEALTH FIELD, AND WHAT VALUE DOES IT HOLD?

Noam Riemer (Israel)[1]; Galia Moran (Israel)[1]

1 - Ben Gurion University, department of social work, Beer-Sheba, Israel.

Introduction
The psychoanalytic approach for treating mentally ill patients has been virtually abandoned, despite having known contributions.

Objectives
The purpose of this study is to examine the absence of psychodynamic treatments from the field of mental health using the perspectives of senior practicing therapists.

Methods
interviews were collected and analyzed, using grounded theory approach, in order to analyze the experiences of the therapists. By building on these experiences, the research assesses the current significance of psychotherapy in this field as well as reasons for its lack there-of.

Results
Findings revealed fear to be a recurrent basic experience in attending the treatment of people with psychiatric disorders. This fear produces and sustains a categorical perspective towards individuals with psychotic characteristics. This perspective, which classifies into 'insane' and 'sane', may create a situation of exclusion towards them, constituting a barrier to the relationship and treatment, even among longtime experienced therapists. At the system-related level – the interviewed point to a connection between this basic fear and the lack of institutional resources.

Conclusions
Psychodynamic therapy for individuals with psychiatric disabilities contributes to meaning making and prolonged authentic connection which are crucial for recovery processes. Therapists' fear and reticence regarding patients with severe psychiatric disorders, needs to be acknowledged and addressed both on personal and system level.

Psychodynamic therapy for individuals with psychiatric disabilities contributes to meaning making and prolonged authentic connection which are crucial for recovery processes Psychodynamic therapy for individuals with psychiatric disabilities contributes to meaning making and prolonged authentic connection which are crucial for recovery processes

PO-032

(10775) - THE LIVED EXPERIENCE OF RECOVERY IN INDIVIDUALS WITH BORDER LINE PERSONALITY DISORDER

Fiona Ng (United Kingdom)[1]; Michelle Townsend (Australia)[2]; Caitlin Miller (Australia)2; Mahlie Jewell (Australia)[3]; Brin Grenyer (Australia)[2]

1 - School of Health Sciences, Institute of Mental Health, University of Nottingham;
2 - School of Psychology, Illawarra Health and Medical Research Institute, University of Wollongong;
3 - Project Air Strategy Consumer and Carer Advisory Committee, Wollongong

Introduction
Recovery in borderline personality disorder (BPD) has been described using clinical and personal recovery perspectives. The possibility of symptom remission in BPD is well documented in longitudinal studies. Yet the perspectives of service users and comparisons between individuals at varying stages of recovery have been minimally explored.

Objectives
To study the lived experience of individuals with BPD at different points of recovery, to understand the conceptualisation and develop a model to describe the stages and processes.

Methods
The narratives of 14 individuals who self-reported having a diagnosis of BPD were analysed using qualitative interpretative phenomenological analysis. Individuals were grouped as recovered (self-identified with being recovered and no longer meeting diagnostic criteria) or not recovered (not recovered and meeting criteria).

Results
Recovery in BPD was described as an ongoing and fluctuating journey, which occurred across three stages; 1) Being Stuck, 2) Diagnosis, and 3) Improving Experience; and involved four recovery processes; 1) Active Engagement in the Recovery Process, 2) Hope, 3) Treatment, and 4) Meaningful Activities and Relationships. There were differences between individuals in the recovered and not recovered group, particularly in the extent to which individuals had progressed through the improving experience stage.

Conclusions
Recovery in BPD involved the interaction between clinical and personal aspects to facilitate growth. Whilst clinical aspects are targeted through specialist clinical interventions, greater consideration is required in monitoring an individual's personal motivation, hope and engagement in relationships and vocational activities.,

PO-033

(10803) - PSYCHOSOCIAL REHABILITATION: BRASIL AND ITALY

Maria Stella Brandão Goulart (Brazil)[1]

1 - Universidade Federal de Minas Gerais

Introduction
Psychosocial rehabilitation is a relevant challenge in Mental health. This study reports the results of research carried out under an international cooperation agreement on Brazilian and Italian practices, based on the study of the experiences of Belo Horizonte (Brazil) and Bologna (Italy) with the support of *Fundação de Pesquisa do Estado de Minas Gerais.*

Objectives
The main objective was to explore the current models and the characteristics ofthe psychosocial rehabilitation, involving patients, family members, mental health workers and volunteers, in the sociocultural and political contexts of the cities Belo Horizonte (Brasil) and Bologna(Italy).

Methods
The methodology was the participant observation, associated with the use of semi-structured interviews, from the monitoring the activities of *Centri Diurni,* Residences and Projects of Work Reinsertion, in Bologna, and of *Centros de Convivência* and cultural events, in Belo Horizonte.

Results
The differences and similarities concern the methodological conceptions, structures and the teams: Bologna emphasizes autonomy and prevention; Belo Horizonte emphasizes adherence to treatment and building of social bonds. The similarities lead us to reflect on the possibilities of exercising citizenship in several contexts of implementation of the psychiatric reform that emphasizes care in freedom.

Conclusions
The conclusion points to the contradictions and relevance of comparative studies. Psychosocial rehabilitation is understood as a device for social reintegration and inclusion of a transdisciplinary nature and its main evaluative parameter is that flexibility and dialogical capacity. The research resulted in the mutual knowledge of the practices (trips of operators and users) and generation of reflective environment.

PO-034

(10727) - EXPLANATORY MODEL OF DISABILITY IN A POPULATION WITH SEVERE MENTAL DISORDERS ATTENDED IN A SPECIALIZED INSTITUTION IN CALI, COLOMBIA

Elvis Siprian Castro-Alzate (Colombia)[1,2]; Laura Milena Cardona-Marín (Colombia)[3]; Claudio Bustos-Navarrete (Chile)[4]; Robinson Pacheco-López (Colombia)[3]; Sandra Saldivia (Chile)[4]

1 - Universidad del Valle (Cali, Colombia);
2 - Doctorado en Salud Mental, Universidad de Concepción (Chile);
3 - Maestría en Epidemiología, Universidad Libre (Cali, Colombia);
4 - Departamento de Psiquiatría y Salud Mental, Universidad de Concepción (Chile)

Introduction
In Colombia, according to the National Mental Health Survey (2015), the lifetime prevalence of major depression, bipolar affective disorder and schizophrenia are 9,1%, 1,3%, and 1%, respectively. These Severe Mental Disorders (SMD) are characterized by being assumed from a nosographic stance that does not incorporate the interaction between the context and the person.

Disability is a dimension of SMD, which needs to be investigated using tools such as International Classification of the Functioning of Disability and Health (ICF, 2001). Knowing their frequency and personal and environmental factors that explain it, can facilitate the implementation of strategies to improve the quality of life of this population.

Objectives
Determine an explanatory model of the disability profile of people with Severe Mental Disorder in Cali, Colombia

Methods
An exploratory, observational, cross-sectional study was conducted to determine the prevalence and describe the contribution of sociodemographic, clinical and psychosocial variables in an explanatory model of disability in people with SMD who was attended in Mental Health and Psychiatry services of a specialized institution in Cali.

Results
65,9% of the sample shows some degree of disability. 28,6% have mild disability, 46,2% moderate disability, 19,4% severe disability, and 0,4% extreme disability. The explanatory model includes sociodemographic, clinical and psychosocial variables.

Conclusions
The frequency of disability in the population with SMD is recurrent, and apparently little studied linking performance from each domain that is part of daily life. The results of the investigation allow to identify the contribution of personal and environmental factors in the disability experienced by this population in Cali.

PO-035

(10898) - UEPG ABRAÇA PROGRAM OF THE STATE UNIVERSITY OF PONTA GROSSA, BRAZIL: SHARING MENTAL HEALTH WITH THE UNIVERSITY COMMUNITY

Lara Simone Messias Floriano (Brazil)[1,2]; Justine Aparecida Vurobi Wiecheteck (Brazil)[1]; Jussany Cristine Miranda (Brazil)[1]; Luciane Patrícia Andreani Cabral (Brazil)[1]; Suellen Viencoski (Brazil)[3]; Celso Bilynkievycz Dos Santos (Brazil)[3]

1 - State University of Ponta Grossa, Paraná , Brazil.;
2 - América;
3 - Universidade Estadual de Ponta Grossa

Introduction
The Abraça UEPG Program, created in October 2018 by the rectory of the Ponta Grossa State University, located in the State of Paraná, Brazil, is a free service that aims to offer psychosocial support and care, aimed at students, teachers and university agents. The program has a multidisciplinary team that performs differentiated listening and support for coping with mental disorders, problematic use of alcohol and other drugs and suicide prevention, as well as health education actions.

Objectives
Develop alternative health care proposals such as therapeutic tapping, integrative and complementary Mental Health practices for the university community of UEPG, family and community.

Methods
Educational lectures, wheels of horizontal conversations, use of active methodologies and debates, through the approach of three thematic ones: "Knowing and facing the mental disorders", "The use and abuse of alcohol and / or other drugs" and "Prevention of suicide".

Results
Participation of two hundred and eighteen students, teachers and stakeholders who shared knowledge and built strategies of social inclusion and citizenship for people with mental disorders in the university context.

Conclusions
It is fundamental to discuss Mental Health within universities, as well as to prevent, welcome and promote the psychosocial attention of university communities. Also, the relevance of the Program is in great demand that the UEPG has received from students and servants, requiring psychosocial attention. The UEPG Abraça Program has the challenge of guaranteeing health education actions and quality psychosocial care, for social inclusion and improvement of the quality of life of its university community.

PO-036

(10820) - USING A NETWORK META-ANALYSIS APPROACH TO UPDATE THE WHO ESSENTIAL MEDICINES LIST ON LONG-ACTING ANTIPSYCHOTICS

Giovanni Ostuzzi (Italy)[1]; Federico Tedeschi (Italy)[1]; Davide Papola (Italy)1; Chiara Gastaldon (Italy)[1]; Marianna Purgato (Italy)[1]; Cinzia Del Giovane (Switzerland)[3]; Kavitha Kolappa (United States of America)[4]; Carolina Echeverri (Switzerland)[2]; Corrado Barbui (Italy)[1]

1 - WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy;
2 - MSF Operational Center Geneva;
3 - Head of Statistics and Methodology, Institute of Primary Health Care (BIHAM), University of Bern;
4 - Massachusetts General Hospital, McLean Psychiatry Residency, Harvard Medical School, Boston, USA

Introduction
Long-acting injectable antipsychotics (LAIs) are increasingly recognized as a valid therapeutic approach to improve medication adherence, to prevent relapse, and to ease patient's daily routine. National and international guidelines recommend their use as an evidence-based alternative to oral antipsychotics. Currently, the WHO Essential Medicines List (EML) includes fluphenazine decanoate or enantate as the only LAI, however, in recent years its availability seriously dropped due to industrial production policies.

Objectives
In order to select which LAI should be added to the WHO EML, a network meta-analysis (NMA) will be carried out to assess the comparative acceptability and efficacy of LAIs.

Methods
NMA allows to incorporate evidence from both direct and indirect comparisons, and to comprehensively rank interventions for each outcome of interest. We will systematically search for randomized controlled trials comparing LAIs with placebo, other LAIs, and oral antipsychotics. The primary outcome will be acceptability (overall dropouts). Secondary outcomes will include relapse, efficacy, quality of life, and tolerability. In order to thoroughly inform possible modifications of the WHO EML, the certainty of evidence will be assessed with the GRADE approach.

Results
The protocol of the study will be registered in PROSPERO. Likely, a NMA approach, being able to incorporate indirect evidence, will allow to produce a reliable base of evidence on a topic that is limited by few available head-to-head studies.

Conclusions
The main results and their certainty will be presented and critically discussed in view of their possible implications for future updates of the WHO EML.

PO-037

(10910) - PARTNERS2: TRIAL OF AN INDIVIDUALISED COLLABORATIVE CARE MODEL FOR PEOPLE WITH DIAGNOSES OF SCHIZOPHRENIA, BIPOLAR OR OTHER PSYCHOSES

Charley Hobson-Merrett (United Kingdom)[1]; Bliss Gibbons (United Kingdom)[2]; Max Birchwood (United Kingdom)[3]; Richard Byng (United Kingdom)[1]

1 - University of Plymouth;
2 - University of Birmingham;
3 - University of Warwick

Introduction
Psychoses diagnoses are associated with poorer physical health. In the UK a third of patients are seen only in primary care and many seen in secondary care receive minimal support (Reilly et al, 2013). Many primary care practitioners feel underequipped and under-resourced in regards to these patients. Collaborative models of care might improve health outcomes for patients, but existing trials have mostly taken place outside of Europe.

Objectives
To test PARTNERS2, a collaborative care model where a secondary care worker (a 'care partner') is placed in the primary care setting. 1. A feasibility trial to ascertain acceptability and refine the model. 2. A randomised control trial assessing impact of the service on quality of life. 3. A realist process evaluation. This presentation will focus on the process evaluation of the feasibility study and the main trial.

Methods
The realist process evaluation will use interviews with the intervention group, their carers, care partner, supervisors and GP practitioners, along with tape assisted recall and quantitative analysis of contracts, to assess model fidelity and understand mechanisms of change.

Results
The feasibility trial showed a need to for more training to ensure model fidelity, and was used to further develop the programme theory. The mechanisms in this model will be explored further in the process evaluation; preliminary data will be presented alongside the feasibility study findings.

Conclusions
Collaborative care models are acceptable to patients; improvements to practitioner training are required for fidelity. Process evaluation data will add to understanding of the mechanisms of change involved in collaborative care.

PO-038

(10905) - OUTCOME MAPPING WITH A TRAUMA INFORMED ORGANISATION: A USEFUL APPROACH TO MONITORING AND EVALUATION

Melvina Robbin (United Kingdom)[1,2]; Ailsa Cook (United Kingdom)[3]

1 - Penumbra;
2 - Future Pathways;
3 - Matter of Focus

Introduction
The legacy of historic abuse in Scotland is an issue that the Scottish Government has been addressing. Future Pathways is part of the Scottish Government's wider strategy, and is a new model for the provision of support for people who experienced abuse or neglect whilst in care as children in Scotland. A scoping study by Cook and Grant (2018) was commissioned by Future Pathways to support them in establishing their future approach to monitoring and evaluation. Their study found that, overall Future Pathways makes "meaningful contributions" to the lives of survivors of abuse and neglect in childhood, while "operating in a challenging context" (Cook & Grant, pg.4) that is political and social, and operating in a trauma informed way at an individual level.

Objectives
Cook and Grant (Matter of Focus) used their software OutNav to map Future Pathways' outcomes, upload, analyse the progress and robustness of their data and evidence. The objective in this study is to understand how outcome mapping can effectively be used as an approach to monitor and evaluate the provision of trauma-informed support, such as Future Pathways, at an organisational level.

Methods
Action Research informs the data collection methods which are: interviews focus groups, observations, workshops and reflective logs.

Results
Key findings of this study will be discussed within the context of complexity and the use of outcomes mapping.

Conclusions
These findings will contribute to existing knowledge, where this approach of monitoring and evaluation can be used as an example that future service providers can learn and model themselves alongside.

PO-039

(10911) - THE CHALLENGES OF IMPLEMENTING AND TESTING A COLLABORATIVE CARE SERVICE FOR PEOPLE WITH PSYCHOSIS: REFLECTIONS AND ADVICE FOR TRIALISTS

Bliss Gibbons (United Kingdom)[1]; Charley Hobson-Merrett (United Kingdom)[2]; Richard Byng (United Kingdom)[2]; Max Birchwood (United Kingdom)[3]

1 - University of Birmingham;
2 - University of Plymouth;
3 - University of Warwick

Introduction
Primary care-embedded services for mental health are becoming increasingly common due to pressures to better meet patient needs and maximise cost-effectiveness. However, the process of implementing and testing services like collaborative care is challenging.

Objectives
To inform trialists of collaborative care services of the potential barriers and methods to overcome these, to guide them in trial and intervention design and provide practical solutions to issues. Potential large-scale solutions of changes to governance, guidelines and regulations to enable such services to be easier implemented and tested will be suggested.

Methods
Reflection upon the challenges encountered within the PARTNERS2 study, a trial of a new collaborative care service for people with psychosis, and the solutions utilised to overcome barriers to implementation and testing.

Results
During PARTNERS2, we have faced complex issues not previously encountered by experienced trialists. This is a result of collaborative care bridging the gap between primary and secondary care, regional variations in organisational structures,and new limitations on researcher permissions.

Conclusions
It is important to account for issues which may arise in trials of complex interventions during the design process to avoid these. A pragmatic approach is needed to overcome organisational and process barriers, and regional variations in different contexts. It is recommended that researchers work closely with organisations facilitating research to create the flexibility required to successfully implement and trial collaborative interventions. There is a need for wider changes in governance and regulations to account for the changing structure of healthcare systems, to enable easier implementation and trialling of such services.

PO-040

(10865) - ADOLESCENT TIME USE AND MENTAL WELL-BEING: PHASE 1 OF A MIXED METHOD INVESTIGATION TO DEVELOP A SPECIALISED OCCUPATIONAL THERAPY INTERVENTION.

Jackie Parsonage (United Kingdom)[1]; Helen Dawes (United Kingdom)[1]; Mona Eklund (Sweden)[2]

1 - Oxford Brookes University;
2 - Dept of Health Sciences, Lund University

Introduction
The prevalence of mental health problems among adolescents in the UK is increasing. Onset of mental health problems during the critical adolescence developmental phase is associated with 'occupational deprivation' and 'occupational alienation', and has an impact on transition to adult. Occupational therapy uses activity therapeutically to promote health, well-being and reduce occupational alienation and deprivation. A multiple phased, mixed method feasibility study is underway to develop an evidence based occupational therapy intervention for this population.

Objectives
To disseminate new insights from phase 1, which explored emotional well-being and time-use in school cohort samples of UK adolescents and was designed to inform the development of the logic model underpinning the intervention.

Methods
Two questionnaires were administered to 2 school cohorts of 16-17 year olds in London and Oxfordshire. The first was the Strength and Difficulties Questionnaire (SDQ) – a brief behavioural questionnaire and the second was a 24 hour retrospective time-use diary adapted from the Harmonised European Time Use study (HECTUS). Using the statistical program 'SPSS' and the software 'Daily life 2011' relationships and patterns between SDQ scores and summative time use were explored.

Results
130 questionnaires were completed and analysed. Patterns and added time use will be presented by subgroups (gender, socioeconomic background) and in relation to SDQ scores.

Conclusions
This study provides valuable insights into the activities and occupations of a small cohort sample of UK adolescents in relation to their reported emotional well-being, thus informing the subsequent stages of the intervention development.

PO-041

(10024) - THE IMPACT OF OBTAINING REACCREDITATION IN A LARGE TERTIARY MENTAL HEALTH INSTITUTE

Daniel Poremski (Singapore)[1]; Irene Lim (Singapore)[1]; Wei Xing (Singapore)[1]; Elizabeth Seow (Singapore)[1]; Boon Shie Lim (Singapore)[1]; Tina Fang (Singapore)[1]

1 - Institute of Mental Health

Introduction
Despite the industry's commitment to achieving a high standard of accreditation, little research has been completed to determine if reaccreditation affects clinical practices and outcomes in psychiatric institutes.

Objectives
Determine the impact of obtaining and maintain accreditation on clinical practices and outcomes at the largest national tertiary psychiatric institute in Singapore.

Methods
This sequential mixed methods project involved 3 phases. The first phase sought to obtain general qualitative input from 21 key informants. The second used the results of the first to develop a questionnaire and obtain structured feedback from 333 general staff. In the third, we conducted interrupted time series analysis to determine if dates related to reaccreditation initiatives corresponded with changes in the key outcomes and processes identified during phases 1 and 2. We used 8 years of hospital-wide administrative data to test these specific hypotheses.

Results
Phase 1 identified common themes related to the beneficial guiding impact of reaccreditation, but also highlighted several deleterious effects related to sustainability. Phase 2 highlighted that staff satisfaction, time spent with patients, and readmission rates were believed to have worsened because of reaccreditation. Respondents believed that patient and staff safety improved. They also attributed decreases in self-harm and suicide to reaccreditation. These variables are currently being quantitatively tested in phase 3. Staff did not believe that length of stay and general treatment outcomes were influenced by reaccreditation.

Conclusions
Maintaining reaccreditation improves patient and staff safety, has no perceived impact on psychiatric clinical outcomes and takes a toll on mental health service providers.

PO-042

(10874) - PREVENTIVE MENTAL HEALTH INTERVIEW – INTEGRATED IN THE WORKERS MEDICAL SURVEILLANCE PROCEDURE IN THE CITY COUNCIL OF LISBON

Raquel Barnabé (Portugal)[1]; Ana Lameiras (Portugal)[1]; Almerinda Nascimento (Portugal)[1]; Dina Oliveira (Portugal)[1]; Domingos Ribeiro (Portugal)[1]; Gabriel Soares (Portugal)[1]; Maria Costa (Portugal)[1]; Paula Cristina Ferreira (Portugal)[1]; Rui Borges (Portugal)[1]; Rosa Sá (Portugal)[1]; Ana Gi (Portugal)[1]

1 - Câmara Municipal de Lisboa, Direção Municipal de Recursos Humanos, Departamento de Saúde, Higiene e Segurança, Lisboa

Introduction
Promoting a good mental health in the workplace means motivated workers that influence strongly productivity. Mental health problems are the fourth most frequent cause of incapacity for work.

The psychology office of the Occupational Health Department, of the City Council of Lisbon, promotes and enhances the need to prevent mental health problems in order to create positive and healthy workplaces. The Preventive Mental Health interview – integrated**in the workers** medical surveillance procedure is a program that was implemented in 2016.

Objectives
Inform and raise awareness about Mental Health issues as part of the workers global health; tackle stigma related to mental health issues; to acknowledge eventual psychosocial risks and work-related stress issues of the workplace and help towards the resolution of these issues.

Methods
The worker is summoned to the Preventive Mental Health Interview when near to his/her occupational health appointment. The interview is conducted by a clinical psychologist that assesses the mental state of the worker, informs and raises awareness about the importance of taking care of our mental health, and also assesses the mental health of the worker related to the workplace.

Results
The city has 8141 workers and 864 (of 4 different Departments) have been assessed by this interview.

Conclusions
There has been a greater awareness to this topic and more head Departments have seeked for help to deal with mental health issues in the workplace. We intend to keep doing this interview and to reach more departments of the city council.

PO-043

(10902) - UEPG ABRAÇA PROGRAM OF THE STATE UNIVERSITY OF PONTA GROSSA, PARANÁ, BRAZIL: A TOOL FOR PSYCHOSOCIAL CARE

Lara Simone Messias Floriano (Brazil)[1,2]; Danielle Bordin (Brazil)[4]; Guilherme Arcaro (Brazil)[4]; Luciane Patrícia Andreani Cabral (Brazil)[1]; Justine Aparecida Vurobi Wiecheteck (Brazil)[4]; Jussara Carvalho Dos Santos (Brazil)[3]

1 - State University of Ponta Grossa, Paraná , Brazil.;
2 - América;
3 - School of Nursing, University of São Paulo;
4 - Universidade Estadual de Ponta Grossa

Introduction
The Abraça UEPG Program was created in October 2018 by the Rector of the State University of Ponta Grossa, in the State of Paraná, Brazil. It is a free service that aims to offer psychosocial support and support for students, teachers and university agents. The program has a multidisciplinary team that performs differentiated listening and support for coping with mental disorders, use / abuse of alcohol and other drugs and suicide prevention, as well as health prevention actions. The service has a great demand of students and servers in waiting lists, being in all a hundred and thirty five people.

Objectives
Develop online scheduling tool for hosting in the UEPG Program Embrace and Encourage the student to respond to tests for Identification of Problems Related to Alcohol Use and anxiety and depression scales.

Methods
An online questionnaire was developed to identify and characterize people for psychosocial care, as well as to send by email two tests recommended by the Brazilian Ministry of Health, the AUDIT, which calculates problems related to alcohol abuse and the HAD scale, which measures levels of anxiety and depression.

Results
The online registration platform accelerated the collection of information, minimizing possible errors in these data and enabled the evaluation of the most urgent cases through the scores obtained by the tests applied to the scheduling of face-to-face hosting and monitoring of the university community

Conclusions
Efficiency of the scheduling tool for psychosocial care of the UEPG Abraça program to promote the mental health of the university community.

PO-044

(10757) - SEXUAL ABUSE OF MINORS BY CLERICS OF THE CATHOLIC CHURCH IN GERMANY – EPIDEMIOLOGY AND MENTAL HEALTH CONSEQUENCES

Hans Joachim Salize (Germany)[1]

1 - Central Institute of Mental Health Mannheim, Germany

Introduction
Sexual violence against minors is a global problem with massive mental health consequences problems for affected persons. There is a worldwide focus on the Catholic Church as a specific environment with increased risk for sexual offences against minors.

Objectives
To determine the overall prevalence of sexual abuse of minors by clerics of the Catholic Church in Germany, to characterize the mental health and other consequences for abused minors.

Methods
38.156 personnel files and employee records of clerics of the Catholic Church were screened for recorded allegations of sexual abuse of minors between 1946 and 2014. Details of cases were anonymously taken from the files and recorded for analyses.

Results
Information regarding allegations of sexual abuse of minors was found in files of 1,670 clerics, representing 4.4 percent of all clerics from 1946 to 2014 whose personnel records and other documents were reviewed. Affected were 3,677 minors, suffering from a multitude of social, health and mental health problems even decades after the abuse.

Conclusions
Mental health and other consequences of sexual offences against minors are massive and devastating. Although the problem is insufficiently addressed so far by the mental health sector, there is a responsibility of mental health care to be part of the multisector collaboration to prevent and respond to sexual abuse of minors in clerical or other societal sectors.

PO-045

(10022) - THE PREVALENCE OF VITAMIN D DEFICIENCY AND INSUFFICIENCY IN SEVERAL LONG- STAY INSTITUTIONALIZED SETTINGS IN SINGAPORE.

Daniel Poremski (Singapore)[1]; Tarun Suri (Singapore)[1]; Sandeep Suri (Singapore)[1]

1 - Institute of Mental Health

Introduction
People residing in institutional settings, including mental health institutes, have been shown to be at risk of vitamin-D deficiency, a finding replicated in several geographic locations. Deficiencies may negatively impact several mental health outcomes.

Objectives
Determine the prevalence of vitamin-D deficiency and insufficiency in several long stay psychiatric wards at a tertiary mental health institute in Singapore, an equatorial country with high sun exposure.

Methods
Vitamin-D levels and calcium levels were tested as part of routine health monitoring in the long-stay wards of the institute. Internationally accepted criteria for vitamin-D blood serum cut-off levels were applied to the test results of 308 inpatients to classify deficiency.

Results
Vitamin-D sufficiency was observed in nine percent of inpatients residing in long stay wards at the institute. Nineteen percent were classified as vitamin-D insufficient and 72% were classified as deficient. The sample's mean vitamin-D level was 16.3 ng/mL (SD 10.0), with a median 14 ng/mL (IQR 9-21). Sufficiency corresponds to levels above 30.0 ng/ml.

Conclusions
Vitamin-D deficiency and insufficiency are more prevalent amongst inpatients residing in long term care facilities in Singapore than in other institutional settings. Screening for deficiency may be necessary to choose a suitable course of supplementation. Those with deficiency may be treated with a 3 month-course of 2000 IU of cholecalciferol and 1250 mg of calcium carbonate, and those with insufficiency may be treated with 1000 IU of cholecalciferol, and 625 mg of calcium carbonate daily. The effect of addressing deficiencies on fracture rates will be discussed.

12:45 - Lunch & Poster Presentation II - Poster Presentation II - Monitor 2

Theme(s): Other

PO-046

(10651) - FAMILY VIOLENCE AND HEALTH SERVICE USE ON SELF-RATED QUALITY OF LIFE AMONG PRIMARY CARE OLDER ADULTS

Farhat Saidi (Canada)[1]; Helen-Maria Vasiliadis (Canada)[1]

1 - Université de Sherbrooke

Introduction
Up to 22% of older adults experience family related violence. The effect of family violence perpetrated from spouses and children on health service use and quality of life is unclear.

Objectives
To document the relationship between family violence (from a spouse and children) and health services use on self-rated quality of life of community living older adults recruited in primary care.

Methods
This was a secondary analysis of data collected during the « *Enquête sur la santé des aînés* » (ESA) - Services health survey (2011-2013). The study consisted of a convenient sample of n= 1658 older adults recruited while waiting in primary care clinics in Quebec having completed the home survey and that gave consent to access their provincial medical administrative file on medical services used. Multilevel regressions were used to test the interactions (9 terms tested) between family violence and health service use (outpatient and ED visits and hospitalizations) on self-rated physical and mental health (Excellent/very good/good vs moderate/poor) and life satisfaction (0-100).

Results
There was no significant interaction between family violence and health service use on self-rated mental health. There was a significant interaction between family violence and outpatient visits, but not with ED and hospitalisations, on self-rated physical health. There was a significant interaction between family violence and outpatient visits, and spousal violence with ED, on satisfaction with life.

Conclusions
The association between family violence and health service use on quality of life highlights the importance of the detection in primary care of violence experienced by older adults.

PO-047

(10706) - THE ROLE OF GENDER AND HOUSEHOLD INCOME IN THE RELATIONSHIP BETWEEN LONG WORKING HOURS AND SUBJECTIVE WELL-BEING

Cora Fernández-Natal (Spain)[1,2]; Maria Cabello (Spain)2,3; Dario Moreno-Agostino (Spain)[2,3]; Marta Miret (Spain)[1,2]; Somnath Chatterji (Switzerland)[4]; Josep Maria Haro (Spain)[5]; Matilde Leonardi (Italy)[6]; Beata Tobiasz-Adamczyk (Poland)[7]; Seppo Koskinen (Finland)[8]; Jose Luis Ayuso-Mateos (Spain)[2,3]

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7 - Department of Medical Sociology, Jagiellonian University Medical College, 31-034 Krakow, Poland.;
8 - Ageing, Disability and Functioning Unit, National Institute for Health and Welfare, 00271 Helsinki, Finland.

Introduction
An increasing number of studies report the negative effect of long working hours on the worker's well-being. However, few of them have included different measures of well-being and participants from different countries.

Objectives
To check whether the number of working hours per week is related to well-being including gender and country-specific household income as moderators.

Methods
A total of 37335 participants who were full-time workers (≥30 hours/week) were selected from the World Health Organization's SAGE study (Mexico, India, Ghana, China, Russia and South Africa) and from the COURAGE in Europe Study (Spain, Finland and Poland). Weekly working hours were calculated for each participant by multiplying the daily working hours and the number of working days. Life satisfaction was measured by the WHOQOL-AGE. Positive and Negative affect was measured by an Abbreviated version of the Day Reconstruction Method.

Results
After controlling for country, years of education and age, longer working hours per week was related to lower life satisfaction and to higher negative affect. In addition, participants who worked longer hours and had higher household income (4th and 5th quintiles) showed higher life satisfaction than their counterparts raking at 1st, 2nd and 3rd household income quintiles. Finally, men reported lower negative affect and higher life satisfaction than women working similar weekly hours.

Conclusions
Long working hours is a threatening factor of workers' well-being worldwide. The negative impact of long working hours on well-being is lower for men and for people with higher household income. Further studies should analyze possible mediators that explain these differences.

PO-048

(10633) - ANTIDEPRESSANT NON-RESPONSE AND ASSOCIATED FACTORS IN OLDER ADULTS WITH ANXIETY AND DEPRESSION

Helen-Maria Vasiliadis (Canada)[1]; Raymond Milan (Canada)[2]

1 - Université de Sherbrooke;
2 - McGill University

Introduction
Up to 55% of older adults with common mental disorders do not respond to antidepressant (AD) therapy.

Objectives
The aim was to identify the clinical and lifestyle factors and beliefs about medicines associated with perceived nonresponse.

Methods
The sample consisted of n=91 older adults (≥65 years) recruited in primary care reporting AD use and participating in Quebec's ESA-Services longitudinal study (2011–2016). Self-perceived AD non-response was ascertained with the following: improvement in symptoms while on the antidepressant good/excellent versus not at all, partial response, had response but lost it (while on AD) and whether AD was added to increase effectiveness (yes/no). Multivariate logistic regression analyses were carried out to study nonresponse as a function of age, sex, chronic physical conditions, physical activity, psychological distress, HRQOL, class of AD, # of AD treatment episodes in past 6 years and medication adherence and beliefs about medicines.

Results
AD therapy nonresponse included # of times exercised per week (0.77 OR; 95 % CI: 0.63-0.96), severity of depression (1.16 OR; 95% CI: 1.05-1.27) and anxiety (1.22 OR: 95% CI: 1.01-1.49), HRQOL (0.97 OR; 95 % CI: 0.94-0.99), having had 2 or more AD treatment episodes in past 6 years (5.90 OR; 95% CI: 1.60-21.71), beliefs about medicines with regards to necessity and concerns (0.89 OR; 95 % CI: 0.79-0.99).

Conclusions
AD nonresponse modifiable factors include patient beliefs about medicines and lifestyle factors such as exercising. Future research should further elucidate the moderating or mediating effect of these factors when assessing the effectiveness of AD therapy in older adults.

PO-049

(10909) - LIVING BOOK": DRAFTING AN INCLUSION STRATEGY

Maria Stella Brandão Goulart (Brazil)[2]; Juliana Antunes (Brazil)[1]; Leandro Fiuza (Brazil)[1]

1 - Programa de Pós-Graduação em Psicologia, Universidade Federal de Minas Gerais, Brasil.;
2 - Departamento de Psicologia, Universidade Federal de Minas Gerais, Brasil.

Introduction
This study reports an experience of construction and operation of a university extension activity called "Livro Vivo" (Human Library), that took place in the campus of the Federal University of Minas Gerais - Brazil.

Objectives
Inspired by a model of the European Union, the event aimd to create an reflective space about the stigma and social exclusion to the participants, as part of the V Mental Health Week, a bigger event in the same university, promoted by the its Mental Health Network.

Methods
The method was carried out in several countries and for different contexts. It is a real library, with librarians - people responsible for the care of space and its subjects and objects; with a catalog of available titles open to potential readers. Like paper books, Living Books are "borrowed" for a certain period. However, the works available are real people, willing to share their own experiences, marked by processes of stigmatization and exclusion.

Results
The event had 134 readers: number higher than the organization's initial expectations. The age range of the public ranged from 17 to 69 years, with the majority being 17- to 21-year-old students. Many professors and servants of UFMG also attended, as well as people with different professions.

Conclusions
The Living Book became an effective tool for inclusion and denaturalization of the processes of stigmatization and exclusion that we discussed earlier, producing interpersonal reflective spaces where the people involved could find a welcoming space for the recognition of another (im) possible place in social relations.

PO-050

(11094) - PUBLIC STIGMA IN THE NETHERLANDS: PREDICTORS AND TARGET GROUPS

Suzan Oudejans (Netherlands)[1]; Jaap Van Weeghel (Netherlands)[2]; Masha Spits (Netherlands)[3]

1 - Phrenos/Mark Bench/Amsterdam UMC;
2 - Phrenos/Tranzo tilburg university/Parnassia mental health;
3 - Mark Bench/Amsterdam UMC/Verslavingskunde Nederland

Introduction
A substantial part of people suffering a mental disorder experience public stigma (the disapproval or rejection of the general population towards people with mental disorders), which is hindering recovery. Interventions mitigating stigma and promoting more positive attitudes among citizens alleviate this problem. This study aims to identify most appropriate target groups of citizens for these interventions.

Objectives
To identify predictors of stigmatizing attitudes towards people with mental disorders in the general public, in order to identify most appropriate target groups for anti-stigma interventions for citizens.

Methods
A sample of 2376 Dutch respondents answered questions on mental health literacy, level of contact and social distance towards Jeroen, a fictional persona suffering a mental disorder (i.e. depression or a psychotic disorder). Potential target groups based on demographic characteristics, level of mental health literacy and level of contact were identified employing linear regression.

Results
Men expressed more social distance towards Jeroen as well as respondents with lower levels of mental health literacy. Notably, only very close levels of contact with persons with mental disorders were associated with less social distance. Additional analyses on extra characteristics of respondents (i.e. occupational profession, regional differences) as well as differences per mental disorder and clusters of potential target groups will be presented.

Conclusions
Targeting men with lower mental health literacy might be a valuable strategy for stigma reduction – a finding consistent with international studies. Only the closest levels of contact were predictive of less stigmatizing attitudes. In order to target interventions more precisely, analyses on additional characteristics are required.

PO-051

(10658) - TACKLING THE MENTAL ILL-HEALTH PEOPLE IN THE KINGDOM OF SAUDI ARABIA: DOES THE FUTURE LIE IN A COMBINED APPROACH?

Nada Al-Attar (United Kingdom)[1]

1 - The University of Nottingham

Introduction
Mental ill-health presents a global challenge, complicated by the fact that cultural beliefs and behaviours associated with mental ill-health can stand between patients and their treatment. This study considers potential barriers to mental health care and treatment arising from lay beliefs/ cultural models of mental illness and distress in the KSA

Objectives
To explore people's experiences of mental ill-health in KSA, in particular barriers to treatment and the effects and influences of stigma, spiritual and religious factors on access to treatment and lived experience.

Methods
Qualitative interview study using a narrative inquiry research method, incorporating critical narrative analysis, to gather and analyse respondents' experiences and accounts.

Results
Key themes concerning access to mental health care in KSA were the influence and importance of faith healers as a mental health resource and cultural artefact in; widespread stigmatisation; socio-economic problems, including financial and social issues; psychological distress and mistrust or suspicion of medical assistance; the lack of belonging and absence of family assistance and support and family relationships and support.

Conclusions
Conclusions: Findings suggest that in KSA, a culturally-tailored approach that takes account of religious/traditional elements as well as modern/conventional western medical treatment may optimise outcomes in Saudi residents requiring mental health care.

PO-052

(10834) - A COLLABORATIVE APPROACH TO EVALUATION OF CLUBHOUSES IN SWEDEN- RECOVERY STORIES OF CLUBHOUSE MEMBERS

Jenny Hultqvist (Sweden)[1]

1 - Lund University

Introduction
Although clubhouses have existed in Sweden since 1980 and they have been described as an alternative, or complement, to society's services for people with mental illness there is no research in a Swedish context that evaluates participation in clubhouses in terms of the individual's perception of personal recovery. Increased knowledge in this respects can form an important basis for the planning of rehabilitation and support within community mental health services.

Objectives
The purpose of the study was to undertake a collaborative evaluation in order to explore first person accounts of personal recovery in relation to clubhouse participation.

Methods
An expert panel was recruited consisting of ten members from five different clubhouses in Sweden. The expert panel collaborated with the researcher in formulating open-ended questions for the qualitative interviews aiming to explore the individual's recovery process in relation to qualities of the clubhouse programme. The participants (N=37) were 18 men and 19 women recruited from 11 different clubhouses. The interviews were audiotaped, transcribed verbatim and analyzed with content analysis.

Results
The preliminary results showed that the participants before entering the clubhouse programmes generally led a life of inactivity, isolation, and with inadequate social resources. Since entering the clubhouse programme the participants reported that the clubhouse qualities contributed to a process of finding meaningful occupations within and outside of the clubhouse, recovering more positive personal identities and developing new supportive relationships.

Conclusions
Implications for practice and further research will be discussed.

PO-053

(10839) - COGITO ACADEMY OF LEADERS - MOVEMENT OF EXPERTS THROUGH EXPERIENCE

Anna Liberadzka (Poland)[2]; Andrzej Cechnicki (Poland)[1]; Jan Godyń (Poland)[2]

1 - Association for the Development of Community Psychiatry and Care;
2 - Cogito Academy of Leaders

Introduction
Despite progress in so many areas of life: education, technology, medicine, and growing social awareness, the stigma placed on the mentally ill is still present and afflictive.

Objectives
To depict the genesis, foundation and activities of the Cogito Academy of Leaders – a movement of experts through experience, gathering people who have undergone a psychotic crisis themselves and are acting for the mentally ill in Poland.

Methods
Cogito Academy of Leaders was established three years ago, and gathers the most active and engaged individuals, representing beneficiaries' organisations in Poland. Its activities include integration of the communities acting for the mentally ill, counteracting stigma, representing the ill in public life, empowering them, giving a chance for inclusion in the society, and holding defined social roles.

Results
CAL may boast of many achievements in the field of education on mental illnesses, media-reports, publications and research. CAL contributed to the constitution of a new profession – Assistant in Recovery – in Poland, which gives a chance for ex-patients and experts through experience to work and help others with their own example – an example of leading a good life in spite of the illness.This way, the CAL members intend to inspire other psychiatric patients and deliver the message of hope.

Conclusions
It is possible to lead a good life despite the experience of a mental illness; moreover – it is possible to help others on the basis of one's own experience. New roles are emerging for the persons with 'lived experience' (educator, researcher, Assistant in Recovery).

PO-054

(10754) - COMPREHENDING THE PERSONAL DIMENSION OF MENTAL WELLBEING FROM THE EXPERIENCES OF THE OLDEST OLD POPULATION: A QUALITATIVE STUDY

Elvira Lara (Spain)1; Natalia Martín-María (Spain)[1]; Johanna Cresswell-Smith (Finland)5; Marian Ådnanes (Norway)[2]; Francesco Amaddeo (Italy)[3]; Valeria Donisi (Italy)[3]; Anna Forsman (Finland)[4]; Jorid Kalseth (Norway)[2]; Jannike Kaasbøll (Norway)[2]; Linda Nyholm (Finland)[4]; Line Melby (Norway)2; Johanna Nordmyr (Finland)[4]; Laura Rabbi (Italy)[3]; Kristian Wahlbeck (Finland)[5]; Chiara Castelletti (Spain)[1]; Marta Miret (Spain)[1]

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5 - Mental Health Unit, National Institute for Health and Welfare (THL), Finland

Introduction
Considering the current demographic transition, developing policy actions which promote, maintain, and improve mental well-being (MWB) into oldest old age may have considerable public health benefits.

Objectives
This study aimed to examine the influence of the personal dimension of MWB through the experiences of the oldest old population in four European countries.

Methods
Data were collected within the European Welfare Models and Mental Wellbeing in Final Years of Life (EMMY) project. Participatory focus groups (FG) were held with people aged 80+ years. Respondents were recruited from senior community centres, adult day care centres and nursing homes. All FGs were audiotaped, transcribed verbatim and translated into English. Analysis of the transcripts was conducted following the "content analysis" approach using NVivo software.

Results
Overall, 23 FG were conducted including 117 individuals (73.5% females; mean age 85.6). Analysis of the participants' perspectives revealed the heterogeneity and complexity of personal components ranging from within-person (e.g. self-realization, autonomy, positive outlook) to between-person subcategories (e.g. being active and socially engaged). Participants conceptualized MWB in terms ofacceptance and adjustment of one's life circumstances and described engagement with life in terms of personal growth and enjoyment.

Conclusions
Our results reinforce the dynamic state of MWB and its multidimensional nature. Being able to engage in stimulating and fruitful activities was found to be important for MWB in oldest old age. Developing and implementing policy actions which strengthen personal capabilities and self-esteemallows for a more resource based approach to fostering MWB into oldest old age.

PO-055

(11120) - INFLUENCE OF STIGMA, CLINICAL AND SOCIODEMOGRAPHIC CHARACTERISTICS ON THE USE OF MENTAL HEALTH SERVICES AND RELATED COSTS AMONG YOUNG PEOPLE?

Wagner Ribeiro (United Kingdom)[1]; Renee Romeo (United Kingdom)[2]; Derek King (United Kingdom)[1]; Shanise Owens (United States of America)[3]; Petra Gronholm (United Kingdom)[1]; Helen Fisher (United Kingdom)[4]; Kristin Laurens (Australia)[5]; Sara Evans-Lacko (United Kingdom)[1]

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3 - U.S. Department of Health and Human Services (HHS);
4 - Social Genetic & Developmental Psychiatry, King's College London, Institute of Psychiatry, Psychology and Neuroscience;
5 - Faculty of Health, School - Psychology and Counselling

Introduction
To reduce the treatment gap among young people with mental health problems it is important to understand which factors, beyond psychopathology, drive not just use of services but also costs.

Objectives
To identify correlates of mental health-related service use and costs, beyond psychopathology.

Methods
Analysis of cross-sectional data from an ongoing longitudinalinvestigation of young people and their caregivers recruited through convenience samplingin ethnically diverse inner-city areas of Greater London, UK (N=407).Young people were 9-18 years old at the assessment. The main outcomes are: use of mental health related services and associated costs. As potential correlates, we looked at socio-demographic characteristics and additional characteristics that might influence mothers' help-seeking (caregivers' own use of mental health services and stigma). We controlled the association for psychopathology.

Results
After controlling for psychopathology, young people were more likely to use services if they had persistent psychopathology relative to none/transient symptoms, and lived in socioeconomic disadvantage. They were less likely to use services if their caregivers reported high levels of stigma. Being 14 years or older relative 9-13 years, socioeconomic disadvantageand high levels of caregivers' stigma were associated with higher costs.

Conclusions
Our results show how caregiver characteristics and socioeconomic circumstances contribute to service use and related costs, beyond psychopathology. There were differences in how factors influenced access to and cost of treatment, which may reflect differences in intensity of use, suggesting that socio-economic circumstances and stigma are related to higher frequency of use, or utilisation of more expensive services.

PO-056

(8969) - ATTITUDES OF STAFF AND CONSUMERS TOWARD HUMAN RIGHTS OF PERSONS WITH PSYCHOSOCIAL AND MENTAL DISABILITIES, EVIDENCE FROM SUDAN

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2 - NOVA Medical School

Introduction
The new era of Recovery oriented mental health practice is based on human rights, and culminating by the convention on the rights of persons with disabilities (CRPD, 2008) and WHO QualityRights ToolKit, 212.

Objectives
This study was designed to address attitudes of staff and consumers toward human rights of persons with psychosocial and mental disabilities including their inclusion into community

Methods
A questionnaire was distributed to participants who were 104 staff members and 100 consumers at the three main psychiatric hospitals in Sudan. Included in the questionnaire was the Human Rights of persons with psychosocial disability attitude questionnaire (HRQ_6) which was designed by the researcher based on (CRPD) as well as Community Living Attitudes Scale Mental Retardation - Short Form (CLAS), demographic items and one question about recovery in mental health. Scores on the HRQ_6 and the 4 CLAS subscales were reported. Analyses of variance were performed to identify factors associated with each subscales score. The consumers' scores were compared with staff's scores. The HRQ_6 scores were correlated with the 4 CLAS subscales.

Results
The participants of both groups had negative attitudes towards human rights of persons with psychosocial and mental disabilities. The participant's attitude scores favored Empowerment and Similarity over Exclusion and Sheltering. Some different groups responded differently. There was correlation between the HRQ_6 and the 4 CLAS subscales.

Conclusions
Staff and consumers in Sudan hold attitudes toward human rights of persons with psychosocial and mental disabilities that were inconsistent with the recovery oriented mental health practice. So human rights training highly recommended.

PO-057

(10814) - LONGITUDINAL ASSOCIATION BETWEEN PROBABLE PANIC DISORDER AND HEALTH CARE COSTS IN OLDER ADULTS

Johanna Katharina Hohls (Germany)[1]; Hans-Helmut König (Germany)[1]; Dirk Heider (Germany)[1]; Hermann Brenner (Germany)[2,3]; Friederike Böhlen (Germany)[4]; Herbert Matschinger (Germany)[1,5]; Kai-Uwe Saum (Germany)[2]; Ben Schöttker (Germany)[2,3]; Walter Emil Haefeli (Germany)[6]; André Hajek (Germany)[1]; Beate Wild (Germany)[4]

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6 - Department of Clinical Pharmacology and Pharmacoepidemiology, Heidelberg University Hospital, Heidelberg, Germany

Introduction
Panic disorder (PD) has been associated with increased health care use as well as costs in previous studies using mostly cross-sectional data and younger samples. However, less is known specifically on the longitudinal association between PD and health care costs in older adults.

Objectives
The aim of this study was to analyze the longitudinal association between probable PD and health care costs in people aged 65 and over.

Methods
Data from people aged 65 and older from two waves of a large, prospective cohort study (ESTHER) were used (nt1= 2,348, nt2= 2,090). Health care use was assessed in self-report and monetarily valued by means of German unit costs to obtain sectoral and total health care costs. Probable PD was screened by means of the brief panic module from the Patient Health Questionnaire (screened positive according to modified algorithm that allows a maximum of two of the first four questions to be answered with "no"). Covariateadjusted fixed-effects panel regressions were used to analyze the association between probable PD and logtransformed costs.

Results
After adjusting for sociodemographic and clinical covariates, probable PD was associated with a significant increase in total outpatient costs (= 0.49, $p < 0.05$). There was no significant association between probable PD and any other cost category.

Conclusions
Our results emphasize the economic consequences of probable PD in older adults, particularly in the outpatient care sector. Addressing and reducing PD symptoms in older adults may reduce the associated economic burden in the outpatient care sector.

PO-058

(10862) - NATIONAL POLICY AND LOCAL RESPONSE: AN IMPLEMENTATION STRATEGY TO AIM AT A BROADER MENTAL HEALTH PERSPECTIVE IN SWEDEN

Maria Fjellfeldt (Sweden)[1]; Urban Markstrom (Sweden)[2]

1 - Dalarna University;
2 - Umeå University

Introduction
The increase of mental ill health is globally described as alarming. The trend has led to a development of new policy frameworks within the field focusing on public mental health and advocating preventive interventions.

Objectives
The aim of this study was to explore the implementation process, in terms of local response to a national policy, proposing a substantially broadened understanding of mental health within the Swedish welfare system.

Methods
To explore the implementation process a multiple in-depth case study was conducted. Four key policy documents were included. Local key informants were interviewed.

Results
The results showed an experimental implementation process. Contextual factors were of outmost importance concerning how the broad policy was translated into practice. In the *small rural municipality,* the mental health of one specific vulnerable group was prioritized. In the *middle-sized municipality,* a broad understanding of public mental health was applied. In the *large metropolitan municipality,* persons with severe and complex needs were prioritized. Concerning working strategies, one way to use the money was to integrate mental health interventions into the regular everyday work, such as in the primary care. Another strategy was to create temporary projects and project positions within the organizations, in addition to regular structures. Informants experienced both pros and cons associated with the temporary and ordinary aspects of the two strategies.

Conclusions
The implementation process meant that the mental health field developed in three various ways. The policy seemed to lead to increased variations in welfare system supply and support between different places.

PO-059

(10892) - THE USE OF PSYCHODRAMA IN THE TREATMENT OF AUDITORY HALLUCINATIONS

Anna Bielanska (Poland)[1]; Andrzej Cechnicki (Poland)[2]

1 - Asscoiation for Development for Community Psychiatry and Care, Krakow, Poland;
2 - Deaprtment of Community Psychiatry, Jagiellonian University, Krakow, Poland

Introduction
Jacob Moreno who had created the psychodrama method, began his work with psychodrama with clients who were deeply mentally disturbed and worked on the stage with their psychotic symptoms Psychodrama transfers internal conflicts, symptoms and problems to the stage, into a space of 'surplus reality'.

Objectives
The aim of this case study was to check if psychodrama together with cognitive–behavioural method can reduce auditory hallucinations.

Methods
The subject was a patient with ICD-10 schizophrenia diagnosis, treated in Community Treatment Program in Cracow. The patient remained in a stable therapeutic relationships and had a small but stable support network in the community. The half year intervention consisted of ten monodrama sessions including some cognitive behavioural exercises. The sessions was led by psychodrama therapist. The psychodrama was aimed at regaining the sense of control over the "voices" by the patient, opposing them, confronting them, as well as finding those personality aspects, which could empower the sense of self-worth and constitute a resource for the process of recovery.

Results
The results were assessed by interview, three and six month after intervention; the auditory hallucinations were significantly reduced. The voices, which had been heard every day, started appearing only from time. Both the patient and the therapist experienced the voice's gradual loss of authority over the patient - it lost its omnipotence and omniscience.

Conclusions
The results of applying psychodrama along with cognitive-behavioural techniques in the treatment of auditory hallucinations are promising. The authors plans further and more objective research on this kind of therapy for auditory hallucinations.

PO-060

(12139) - ROLE OF COGNITIVE FUNCTIONING IN RESPONSE TO METACOGNITIVE TRAINING IN PATIENTS WITH A RECENT ONSET OF PSYCHOSIS

Isabel Ruiz Delgado (Spain)[1]; Berta Moreno Küstner (Spain)[2]; Susana Ochoa Guerre (Spain)[3]

1 - U. G. C. Salud Mental. H. R. U. Carlos Haya. Málaga;
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3 - Parc Sanitari San jOAN de Deu (Barcelona)

Objectives
MCT is an effective intervention for reducing symptoms in people with schizophrenia and for improving insight in people with firs-episode psychosis (Moritz et al., 2013, Ochoa et al., 2017)However less it is known about the effect of MCT over the cognitive function. So, the aims of the study are to explore changes in cognitive function after the MCT implementation

Methods
A clinical trial was performed. Patients were randomized to MCT group or psych educative group. A total of 122 outpatients with DSM-IV diagnoses of schizophrenia spectrum disorders were enrolled.

MCT(Moritz and Woodward, 2007) is a psychological intervention that focuses on work problems and cognitive biases present in psychosis. Patients were assessed at baseline, post-treatment, 6 months follow-up. The patients were assessed with a complete neuropsychological battery.

Results
Preliminary results shows some changes in cognitive function in MCT comparing with the psychoeducational group. People in the MCT group improve significantly more than other group regarding Stroop interference (p=0.056) and Stroop words (p=0.041) and CPT hit index (p=0.015). Moreover considering the three time points together (baseline, post-treatment and follow-up) people in the MCT improve in non perseverative errors in the WCST (factor p=0.024 and interacction factor and group p= 0.041).

Conclusions
MCT improves some specific areas of cognition over other psychological treatments, although initially it was not designed with this aim.

14:00 - Parallel Session VII - Symposium 28 - Access inequities
Auditorium

Theme(s): Access inequities

SY-028

(10847) - UNDERSTANDING THE VARIATION IN RATES OF INVOLUNTARY HOSPITALISATION BOTH INTERNATIONALLY AND NATIONALLY

Chair: Sonia Johnson (United Kingdom)[2]

Presenters: Luke Sheridan Rains (United Kingdom)[1]; Tatiana Zenina (United Kingdom)[1]; Susan Walker (United Kingdom)[1]; Brynmor Lloyd Evans (United Kingdom)[1]

1 - University College London;
2 - Faculty of Brain Sciences, University College London

SYMPOSIUM PROPOSAL

Background
Involuntary hospitalisation is a legal process requiring an individual to remain in hospital, and often to comply with treatment, due to the presence of a mental disorder. Rates of involuntary hospitalisation vary widely across Europe, and while they are rising in England and some other higher income countries, they are falling in others. Reasons for this pattern are, however, unclear.

Objective of the symposium
We will present the results from a programme of research that investigated 1) variations in rates of involuntary hospitalisation internationally and the relationship with legislation and other factors, 2) the social and clinical predictors of being hospitalised involuntarily, and 3) the effectiveness of compulsory community treatment to reduce relapse and future detentions The symposium will be divided into four sessions, each presented by a member of the NIHR Mental Health Policy Research Unit.

Methods
We obtained data on rates of involuntary hospitalisation for 21 countries across Europe, Australia, and New Zealand, and the relationship with relevant legislation as well as demographic, economic, and healthcare indicators was explored. Secondly, evidence on the social and clinical predictors of involuntary hospitalisation as well as the effectiveness of compulsory community treatment was synthesised as two systematic reviews.

Results
Results from this current work will be presented in the symposium.

Conclusions
Our results help understand the variations in involuntary hospitalisation rates internationally and what the risk factors are for being detained. This is an important issue for exploring whether involuntary hospitalisation is being used consistently between countries, whether its use is always justified, and whether more needs to be done to ensure coercion is minimised

CONTRIBUTING SPEAKERS ABSTRACTS

1. Variations in patterns of compulsory hospitalisation and legal frameworks: an international comparative study

Authors: Luke Sheridan Rains

Background
Rates of involuntary hospitalisation in England have risen significantly over the last 10 years, but the reasons for this are unclear. The present study investigated the relationship between legislation and rates of involuntary hospitalisation internationally, and explored the role of socioeconomic factors and level of health care provision.

Methods
Involuntary hospitalisation legislation was compared for 21 countries across Europe, Australia, and New Zealand. Data on rates of involuntary hospitalisation per 100,000 population were also obtained, along with socioeconomic and healthcare provision data for those countries from 2008 to 2017. Socioeconomics included GDP, rates of inequality and poverty, and the percentage of population foreign-born, ethnic minorities, and living in urban settings. Health service data included healthcare spending and rates of psychiatric beds and Mental Health staff.

Findings
Results are currently under review, but will be presented at the conference.

2. Compulsory community treatment to prevent readmission and increase engagement with community care: a systematic review and meta-analysis

Authors: Tatiana Zenina

Background
Compulsory Community Treatment (CCT) aims to reduce readmissions in patients with mental illness. However, research examining the usefulness of CCT is inconclusive. We will present the results of a systematic review and meta-analysis that assessed the effectiveness of CCT in reducing readmission and length of stay, and increasing community service use and treatment adherence.

Methods
The systematic review included quantitative studies with both randomised and non-randomised designs, and pre-post designs comparing patients before and after imposition of CCT, with no limit of date of publication. Data on relevant outcomes were extracted from published studies and pooled for meta-analysis. .

Findings
Forty-one studies were identified. Pre-post comparisons demonstrated significant large effects (standard mean difference) on readmission (0.8, CI:0.53-1.08), use of community services (0.83, CI:0.46-1.21) and treatment adherence (2.12, CI:1.69-2.55), and a medium effect on length of stay (0.66, CI:0.46-0.85), while contemporaneous controlled comparison studies (randomised and non-randomised) demonstrated no significant effect on readmission, length of stay, or treatment adherence, but a moderate effect on community service use (0.38, CI:0.19-0.58).

Interpretation
Findings suggest no consistent evidence that CCT reduces readmission or length of inpatient stay, although it may have some benefit in enforcing use of outpatient treatment and/or increasing service provision. Shortcomings of this review include high levels of variability between studies and variation in study quality.

3. Social and clinical correlates of involuntary psychiatric detention: a systematic review and meta-analysis

Authors: Brynmor Lloyd Evans

Background
The number of involuntary admissions to psychiatric hospital are rising in the UK, France, and some other European countries. Involuntary psychiatric detention is clinically and ethically problematic and may lead to poorer outcomes

than less coercive care. Despite evidence for social determinants of severe mental illness, there is a paucity of research into the social determinants of involuntary care. This systematic review and meta-analysis assesses the risk factors for being admitted to psychiatric hospital involuntarily.

Method

A systematic review was conducted to identify quantitative studies in which individuals admitted to hospital involuntarily are compared to those admitted voluntarily, control groups or source populations, with no limit on date of publication. Data on relevant outcomes were extracted from published studies and pooled for meta-analysis where possible, and otherwise analysed through narrative synthesis.

Interpretation

Results are still forthcoming, but will be presented at the conference. We believe the findings will contribute to evidenced-based policy decisions and research agenda regarding the use of Mental Health legislation related to involuntary admission and associated service provision, with the ultimate aim of lowering the burden of involuntary psychiatric detention for service users.

14:00 - Parallel Session VII - Symposium 29 - Mental health care from theory to outcome
Room 1

Theme(s): Mental health care from theory to outcome

SY-029

(10710) - EVALUATION OF A MULTI-INTERVENTION EMPOWERMENT PROJECT FOR PEOPLE WITH SELF EXPERIENCE AND FAMILIES "GET ACTIVE FOR MENTAL HEALTH"

Chair: María Jesús San Pío (Spain)[1]

Presenters: Emilio Rojo Rodés (Spain)[2]; Jordi Sanz (Spain)[3]; Gemma Marcet (Spain)[1]; Francisco José Eiroa-Orosa (Spain)[4]

1 - Federació Salut Mental Catalunya;
2 - Departament de Salut Generalitat de Catalunya;
3 - Ivalua;
4 - Federació Veus

SYMPOSIUM PROPOSAL

Get active for mental Health is a multi-intervention project aimed at making people with mental health problems, and their families, become active agents in their own process of recovery and wellbeing enhancement. More than 4.500 people from 13 cities in Catalonia have participated in its activities. It started as a pilot project aimed at creating a new public service.

Activities and interventions included are: information and advice services, psychoeducation training programs, empowerment training, Mutual Support groups, trainings in Mutual Support, and information tools (videos, leaflets, website...).

Different evaluation methods have been used: an external impact evaluation consisting in a randomised controlled trail with 224 family units (composed of an affected person and one relative), evaluation of the implementation with qualitative and quantitative methods, satisfaction questionnaires, surveys and different focus groups. These impact evaluation offer information on outcomes such as recovery level, family burden and use of services and medications. Evaluation has led to conclusions on the needs for improving the project in its implementation as a public service (length, flexibility, stakeholders' implication, target groups, changes in some activities' contents) and to reflections on the evaluation methods, and possibilities for research and ongoing revision.

Main objective
Present the multi-intervention project, its evaluation methods and results, and discuss the learnings.

Contributions
Analysis of results and implementation offer key reflections on how to improve and evaluate mental health services aimed at users' and families' empowerment.

CONTRIBUTING SPEAKERS ABSTRACTS

1. The project and the different evaluation and monitoring strategies

Authors: Gemma Marcet

We will introduce the project "Get Active for Mental Health" (Activa't per la salut mental) and its evaluation strategies.

It is aimed at making people with mental health problems and their relatives, become active agents in their own process of recovery and wellbeing enhancement. It has been implemented in 13 points of Catalonia in collaboration with local mental health public services and family and users advocacy associations, with more than 4.500 participants.

It includes interventions addressed to people with mental health problems and families: information and advice services, psychoeducation training programs, empowerment training, Mutual Support groups, trainings in Mutual Support, and information tools (videos, leaflets, website…)
It has been evaluated with different evaluation methods:

- randomized controlled trail with 224 family units (composed of people with mental health disorder and their relatives) carried out by an external organization.

- implementation evaluation, with qualitative and quantitative methods, and satisfaction questionnaires to collect improvement proposals.

- evaluation of the information and advice service, carried out by an external organization

- A self-managed tool for improving the functioning of self-help groups

- A congress to reflect on the improvement proposals (prior to scaling up the project), with the participation of different profiles: people with own-experience in mental health, relatives and professionals.

Analysis of evaluation strategies and results offer practical knowledge on how to evaluate and improve mental health services aimed at empowerment of users and families.

2. The external evaluation: The experimental design and the evaluation of the implementation

Authors: Jordi Sanz

Improvements in the treatment of mental disorders have led to a decrease in the use of hospital services, which have been replaced by a community-focused approach. Even if this new approach has been able to improve the life of people suffering from mental disorders, this has also implied a greater co-responsibility for relatives who take care of the affected person.

In the benchmark of the project Activa't (Get Active!), a randomly selected a group of 111 families with a person with a mental disorder (out of 224 candidate families) were offered threefold support services for the patient and her main caregiver – psychoeducation, a module aimed at empowering families and, finally, peer support groups.

Six and twelve months after the completion of the program, people with mental disorders in families who were randomly selected to participate in the bundle of activities were, on average, in a better situation with respect to their personal recovery process. Besides, the program has improved the perception of care within families. However, no significant effects were found on the care burden and in the use of healthcare services.

One weakness of this program has been the low participation of selected families in the whole bundle of activities, in part given its length and intensity. Therefore, we suggest that a more flexible, modular approach which would allow families to design their own bundle of support services according to their needs could be a more suitable alternative itinerary – for instance, combining 'telepsychiatry' with traditional face-to-face programs.

3. The evaluation of Activa't within the mental health system in Catalonia

Authors: Emilio Rojo

Introduction
Mental health is a goal for any government and must include patients and their families as health agents. Catalonia has federations of users and caregivers associations (Salut Mental Catalunya, Veus).

Activa't program involves the integration between different tools and agents of the territories included in the pilot phase (2015-2018) and has as main objectives to improve the participation, integration and recovery of people with mental disorder and their caregivers as citizens of full duties and rights.

Goals
Determine the improvements and modifications before its inclusion in the Public Services.

Methods
An evaluation of the policy focused on the impact on the target population has been carried out, with quantitative and qualitative data on implementation process and individual outcome variables (recovery level), relatives (objective and subjective burden, support social) and system (public services using..).

Results
The integration between networks (health, social and civic), the realization of a common program agreed between different territories with mechanisms of continuous improvement, the recovery achievement of patients and in some aspects of the emotional load perceived by care givers are strong points. The level of final participation is a weak point.

Conclusions
The evaluation process has influenced the development of the pilot program but has provided basic information for the final design of the program that should continue and be extended but structured in the form of small modules that facilitate participation and individual use.

4. Learnings and reflections from the point of view of the research on Activa't

Authors: Francisco José Eiroa-Orosa

The Activa't project has meant a large-scale implementation of public policies aimed at introducing the recovery model in a highly but sparsely populated territory, as complex as Catalonia. The process of implementation of this project and other sister initiatives, has gone hand in hand with a rebirth and strengthening of the first-person mental health movement. The Veus federation, a union of organizations born of this new wave, has participated in the project trying to assert the voice of people who experience mental health problems in their own skin.

Our goal is to influence all phases of mental health project evaluations, from design to analysis, that today, unfortunately, continue to be evaluated from a top-down point of view, much more interested in preserving internal validity than in committing to the external or ecological validity of the interventions that might allow knowing what people really want.

In this presentation we will discuss the issues, contradictions, struggles, victories and defeats of the vision of the people with mental health problems within the "Get Active" (Activa't) project.

14:00 - Parallel Session VII - Symposium 30 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

SY-030

(10793) - THE RECOVERY COLLEGES: INTERNATIONAL MOVEMENT

Chair: Catherine Briand (Canada)[1]

Presenters: Catherine Briand (Canada)[1]; Myra Piat (Canada)[2]; Sara Meddings (United Kingdom)[3]; Waldo Roeg (United Kingdom)[4]; Mike Slade (United Kingdom)[5]; Claire Henderson (United Kingdom)[6]

1 - Montereal Mental Health University Institute;
2 - Douglas mental Health University Institute;
3 - Recovery and Wellbeing, Sussex Partnership NHS Foundation Trust;
4 - Central North West London NHS Foundation Trust Recovery and Wellbeing College;
5 - Mental Health Recovery and Social Inclusion, School of Health Sciences, Institute of Mental Health, University of Nottingham;
6 - King's College London

SYMPOSIUM PROPOSAL

Recovery Colleges are a new approach to supporting people living with mental health problems. They are collaborative, strengths-based, person-centred, inclusive (i.e. available to all) and community-focused. A Recovery College provides support to students (mainly mental health service users but also family members, staff and other community members) through adult education rather than through clinical approaches. The first Recovery College opened in England 2010, and there are now 77 in England and many others in 22 countries around the world. In this symposium, we will present an overview of the most up-to-date data on the Recovery College model from literature to real world implementation challenges.

The overall objective is to present the scale and scope of the international movement as well as the state of knowledge.

Presentation #1 will describe the international development of Recovery Colleges and some implementation issues experienced.

Presentation #2 will present a review of the literature on the effects of the model and the development of a theoretical model of outcomes.

Presentation #3 will describe the RECOLLECT Study, an important study in UK on Recovery Colleges, and present results and tools.

In presentation #4, we will present the Canadian co-development experience and specifically, the training program for trainers. A senior peer trainer will present the challenges of the training of trainers, his recommendations as well as his vision for the future of Recovery College in the world.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Recovery College Developments Internationally

Authors: Sara Meddings, Toni King & Waldo Roeg

Introduction
Recovery Colleges are a relatively new phenomena and which in the last ten years have been developed in countries around the world.

Objective
The aim of the presentation is to introduce Recovery Colleges and to describe their development internationally.

Methods
The presenters draw on their own experience of developing Recovery Colleges and facilitating the ImROC Recovery College network in the UK. Information about Recovery Colleges internationally was obtained through a survey using a snowballing technique to map colleges.

Results
Recovery Colleges were identified in 22 countries in five continents. There are over 80 Recovery Colleges in the UK alone. They are developed to serve the needs of the community and to transform organisations and attitudes. Recovery is an overarching theme. Recovery Colleges discuss common themes of both pride and implementation challenges around co-production, lived experience, education, inclusivity, culture change, sustainability. Most colleges have conducted often-unpublished local evaluations finding positive results.

Conclusions
Not many approaches translate to different countries and cultures – this does. This is one of the few approaches that seems to translate and work across the world. There is a need for more robust research as described in the other presentations.

2. Recovery College Impact: literature review and theoretical modeling

Authors: Myra Piat, Catherine Briand, Sara Meddings & Mike Slade

Introduction
One of the key features of the transformation of mental health services to recovery-oriented system is the emergence of Recovery Colleges worldwide. Although the majority of research conducted to date has focused on the evaluation of the effects of Recovery Colleges on students, research designs and methodologies used differ greatly and the implementation strategies are often either not specified or imprecise. In order to better understand the effects of Recovery Colleges and the principles guiding their development and implementation a synthesis of the most recent research was undertaken.

Objectives
The aim of this presentation is to present a review of the specific outcomes of Recovery Colleges and to identify the principles and theoretical model guiding their development and implementation processes.

Methods
A rapid review of the literature was undertaken. An online search was conducted using Medline and Scopus electronic databases for the years 2008 to 2018. Each article selected was extracted according to the positive outcomes of the Recovery Colleges, and to the principles and mechanisms of action of the model.

Results
Both quantitative and qualitative studies on Recovery Colleges report positive outcomes on: (1) the development of knowledge and skills; (2) capacities for self-management; (3) sense of hope and wellbeing; (4) recovery and (5) engagement in work and/or studies. It is important to note that this rapid review revealed that Recovery Colleges are not implemented to the fidelity of the initial model's principles. The construction of a theoretical model proved necessary.

Conclusion
The effects of Recovery Colleges are well documented, but most empirical data derive from qualitative methodologies. Studies with a full evaluation based on experimental design with control groups are required. Also, a valid and reliable fidelity measure of the Recovery College model needs to be developed to ensure the positive effects and sustainability of Recovery Colleges implemented internationally.

3. Researching Recovery Colleges: the RECOLLECT Study

Authors: Mike Slade, Claire Henderson & Sara Meddings

Introduction
Recovery Colleges are a global initiative, and becoming a focus of research. They are a complex intervention, which poses challenges for evaluative research.

Objectives
The aim of the RECOLLECT Study was to develop a fidelity measure and a change model for Recovery Colleges.

Methods
The fidelity measure was developed by systematised literature review, international expert consultation (n=77), interviews with managers of 10 Recovery College, and interviews with 44 Recovery College students, trainers and managers. It was evaluated with managers of 39 Recovery Colleges and 11 clinicians and 10 adult education lecturers. A change model was developed by systematized literature review, inductive collaborative data analysis of 10 key publications, deductive analysis of 34 further publications, and 33 stakeholder interviews.

Results
A 12-component fidelity measure was developed, comprising seven non-modifiable components (Valuing equality; Learning; Tailored to student; Co-production; Social connectedness; Community focus; and Commitment to recovery) and five modifiable components (Available to all; Location; Course distinctiveness; Strengths-based; and Progressive). The fidelity measure demonstrates adequate internal consistency, test-retest reliability, content validity and discriminant validity. Four student-level mechanisms of action for recovery colleges were identified: empowering environment, enabling different relationships, facilitating personal growth and shifting the balance of power. Outcomes were change in the student and changes in the student's life. A coproduced change model mapping mechanisms of action to outcomes was created. Candidate mechanisms of action and outcomes were also identified at staff, services and societal levels.

Conclusions
Further information including the downloadable fidelity measure is at researchintorecovery.com/recollect.

4. The Canadian Perspective: Co-development of a Training Program for Trainers

Authors: Catherine Briand, Myra Piat & Waldo Roeg

Introduction
From the outset, when implementing the Recovery College (RC) model, consideration must be given to the training of trainers. To support the co-development of an RC training program that allows for the integration of knowledge, the recognition of experiential knowledge, and knowledge sharing in the context of social inclusion, the pairs of trainers must reflect on their role as facilitators and the type and methods of facilitation that support learning.

Objectives
Present the competency framework and training program for trainers developed in Quebec (Canada) and start a discussion on the competencies required of pairs of trainers for the successful implementation of the RC model.

Methods
Approximately ten partners from the health and education communities, involved in implementing the RC model in Quebec (Canada), co-developed and defined a competency framework (competencies required of pairs of trainers) and training program for trainers.

Results
The competency framework involves 18 expected behaviours classified under 5 categories of competency: (1) Getting to know yourself and mobilizing your own knowledge; (2) Communicating with and listening to one another; (3) Facilitating discussions and sharing their own experiences; (4) Working as a pair and complementing one another; (5) Mobilizing integrated knowledge and supporting change. The 4-day training program reviews the basic concepts of the RC model while also facilitating the development of these competencies.

Conclusions
Pairs of trainers who co-develop and co-facilitate RC training sessions must be supported and guided as they develop their expertise to ensure that they work within the recovery paradigm and achieve the expected results.

14:00 - Parallel Session VII - Symposium 31 - Cross-cultural learning in mental health
Room 3

Theme(s): Cross-cultural learning in mental health

SY-031

(10797) - USING PEER SUPPORT IN DEVELOPING EMPOWERING MENTAL HEALTH SERVICES (UPSIDES)

Chair: Bernd Puschner (Germany)[1]

Presenters: Ashleigh Charles (United Kingdom)[2]; Alina Grayzman (Israel)[3]; Candelaria Mahlke (Germany)[4]; Ramona Hiltensperger (Germany)[1]

1 - Department of Psychiatry II, Ulm University;
2 - School of Health Sciences, University of Nottingham;
3 - Department of Social Work, Ben Gurion University of the Negev;
4 - Center for Psychosocial Medicine, University Medical Center Hamburg Eppendorf, Germany;

SYMPOSIUM PROPOSAL

Introduction
The global shortage of human resources for mental health is an important driver of the care gap for people with mental illness. Peers, or people with lived experience of mental illness, are an under-used resource in global mental health. UPSIDES is an international community of research and practice for peer support, including peer support workers, mental health researchers, and other relevant stakeholders in six countries in Europe, Africa and Asia. UPSIDES will scale-up peer support interventions for people with severe mental illness in high-, middle- and low income countries.

Objectives
Papers in this symposium will present findings from formative research during the first phase of UPSIDES with a focus on identifying current stage of implementation of peer support and on developing a culturally appropriate peer support intervention.

Contributions and the Take Home Message
First, Annabel Müller-Stierlin (Ulm, Germany) will present UPSIDES' conceptual framework of peer support and results of the current stage assessment. Second, Ashleigh Charles (Nottingham, UK), will report finding of a systematic review to identify facilitators and barriers to implementation of formal mental health peer support work. Third, Eden Idelson and Alina Grayzman (Beer Sheva, Israel) will shed light on challenges to the sustainable implementation of peer support in Israel from the perspectives of peer support workers and mental health staff. Finally, Candelaria Mahlke (Hamburg, Germany) will describe steps in the development of a global peer support intervention and training manual.

This symposium will give crucial insights in cross-cultural learning and first results of a multinational study drawing upon the unique expertise of people with lived experience of mental illness to strengthen mental health systems in various ressource settings.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Using Peer Support In Developing Empowering Mental Health Services – first insights into the UPSIDES project

Authors: Annabel S. Müller-Stierlin; Ramona Hiltensperger; Mike Slade, Donat Shamba, Bernd Puschnerl

Introduction
Peer support is an established intervention in which peers offer support to others with mental illness. Peers are an untapped resource in global mental health and there is a burgeoning body of evidence for the effectiveness of peer support. The international multicentre UPSIDES will scale-up peer support interventions for people with severe mental illness, generating evidence of sustainable best practice in high-, middle- and low-resource settings.

Objectives
To present background, rationale and methodology of the UPSIDES study.

Methods
UPSIDES takes place over a five-year period (2018-2022) and is divided into two phases. In phase 1 (2018-2019), surveys, interviews and focus groups will be conducted to identify in each study site local stakeholders viewpoints and current stage of peer support interventions and to inform the development of a training and intervention manual. In phase 2 (2020-2022), the finalised peer support intervention will be implemented and evaluated using a mixed-methods approach at the levels of service users, peer support workers, services, and implementation.

Results
We will report about our experiences and challenges within the early project phase. We will provide first insights into the conceptual framework of peer support and the current stage assessment.

Conclusions
The major challenge is that the current stage of peer support implementation and the key features of peer support vary between sites. At the same time, UPSIDES will benefit from this variance, as all sites will learn from each other.

2. Influences on implementation of peer support work: systematic review

Authors: Ashleigh Charles, Dean Thompson, Nashwa Ibrahim, Bernd Puschner, Mike Slade

Introduction
Peer support work in mental health is an international innovation, and studies in diverse settings have evaluated implementation. This provides an opportunity to synthesise evidence about implementation influences.

Objectives
To conduct a systematic review to identify influences that facilitate or are barriers to implementation of formal mental health peer support work.

Methods
The search strategy used 6 sources: electronic bibliographic databases (n=11); journal table of contents (n=2); peer support websites (n=2); conference proceedings (n=11); forward and backward citation tracking; and expert consultation (n=20). Publications were included if they reported on adults with a mental health problem receiving support from a peer support worker in any of English, French, German, Hebrew, Kiswahili, Luganda or Spanish. Data were analysed using narrative synthesis. The review protocol was pre-registered (PROSPERO:CRD42018094838)

Results
The search strategy identified 5,813 unique publications, with 53 publications included in data abstraction and analysis. The most common types of facilitators of PSW implementation reported in the literature were training for peer support workers, establishing a clear role definition, staff willingness and skills in working with peer support workers, an organisational culture that values the role, and adequate resource availability.

Conclusions
The findings were synthesised to develop a measure of influences on peer support work implementation, which identified facilitators and barriers for each of eight influences. This measure has been used in all UPSIDES recruitment sites.

3. Peer support in Israel - present status and future considerations at both the organizational and individual levels: peer providers' and mental health staff perspectives

Authors: Alina Grayzman, Eden Idelson, Paula Garber-Epstein, Max Lachman, Galia S. Moran

Introduction
Peer support workers (PSW's) are people recovering from mental illness and employed to support others with mental illness. Although peer support is rapidly integrated into mental health services world-wide, high quality evidence regarding its effectiveness and the conditions to create best-practice are lacking. Furthermore, there are multiple challenges to its successful sustainable implementation in organizations.

Objectives
As part of the UPSIDES study, this study focuses on the perspectives of PSW's and mental health staff in order to gain a deeper understanding of the gaps and needs that currently exist in peer support services in Israel. We aim to: (a) describe the current stage of development of peer support in Israel; (b) introduce peer support worker's key qualities from the perspectives of peer providers and mental health staff; (c) identify PSWs' unique contribution; (d) detect optimal conditions for the expression of this contribution; (e) identify organisational and cultural considerations of the PSW role; and (f) understand local applicability, missing elements and points of cultural adaptation of the PSW role.

Methods
An expert panel by local advisory board members was conducted, followed by two focus groups with PSWs and multidisciplinary mental health directors and workers which either do or might employ PSW in Israel.

Results
Preliminary analyses yielded 6 main themes including: (a) a review of current peer roles in Israel; (b) a state of confusion regarding PSWs' responsibilities in designated positions; (c) principles which underpin peer provider's role; (d) unique qualities that are desired for peer providers; (e) a call to address PSWs' needs such as preparation and accommodations when in crisis; and (f) depiction of organizational readiness, barriers, and work-environment conditions expected to provide optimal grounds for successful implementation of peer support.

Conclusions
We identified destigmatization at the personal and system level as a crucial component successful implementation for PSW. Furthermore, we identified specific needs for: (a) clarification of job descriptions and definitions for peer workers role; (b) preparing for difficult times as means for sustainability of peer support; (c) self-help groups and peer group supervision; (d) long-term training and supervision for all employees at all levels of the organization emphasizing the value and role of PSWs; and (e) a system for monitoring and evaluating the employment of PSW (e.g. conducting periodically feedback questionnaires to peers, staff and directors).

4. Development of a global peer support intervention and training manual

Authors: Candelaria I. Mahlke, Rebecca Nixdorf, Julie Repper

Introduction
Peer support has shown promising results in the recovery and empowerment of persons with mental health problems. The UPSIDES project is a cooperation of eight international study partners in Africa, Asia, and Europe, to develop, implement, and scale up peer support in different contexts. Therefore, an intervention and training manual were developed.

Method
A situational analysis was conducted at each study site to evaluate the current stage of peer support and the culturally specific conditions. At each site, additional expert panels and focus groups were held to discuss the preliminary framework of peer support, opportunities, and challenges. Furthermore, systematic literature reviews on peer support interventions, implementation challenges and trainings were conducted. Based on this information gathering, a preliminary intervention and training manual were developed. All materials were discussed in local focus groups at each study site, to ensure the culturally appropriateness of the planned intervention.

Result
The UPSIDES intervention and training manual, exemplary materials as well as the developmental process will be presented.

Discussion
To develop a peer support intervention that is globally applicable, it was important to take the perspective of all study partners into account. In order to guarantee the comparability of the intervention across all study sites, important core elements of peer support were identified. At the same time, to account for regional flexibility, additional intervention elements were developed.

14:00 - Parallel Session VII - Symposium 32 - Mental health care from theory to outcome
Room 4

Theme(s): Mental health care from theory to outcome

SY-032

(10713) - PATIENT REPORTED OUTCOMES IN SCHIZOPHRENIA: MEASUREMENT, AGREEMENT BETWEEN PROFESSIONALS AND PATIENTS AND AS AN INSTRUMENT FOR PLANNING MENTAL HEALTH CARE

Chair: Berta Moreno-Küstner (Spain)[1]

Presenters: Cristina Romero-López-Alberca (Spain)[2]; Susana Ochoa (Spain)[3]; Jordi Cid (Spain)[4]

1 - Faculty of Psychology, University of Malaga;
2 - Department de Psicología. Facultad de Ciencias de la Educación, University of Cádiz;
3 - Parc Sanitari Sant Joan de Deu, Sant Boi de Llobregat, Barcelona;
4 - Mental Health & Addiction Care Management Institut d'Assistència Sanitària Health Department | Generalitat de Catalunya, Girona

SYMPOSIUM PROPOSAL

Introduction to the subject
Schizophrenia is a particularly complex disease for the evaluation of patient-centered outcomes, the symptoms and experiences associated with this disease that personally and directly disturb the patient represent the essential characteristics that must be defined.

The contributions and the take home scientific information of the symposium
In a multicenter study in Spain (Barcelona, Girona, Cádiz and Málaga) we have developed a study with the main objective to develop and analyze the validity and psychometric properties of the Subjective Impact of Reported Symptoms in Schizophrenia scale (SIRS.S) in Spain. Secondly, we aim to assess the overlap between objective and subjective measures of psychotic symptoms and insight in a sample of first-episode psychosis. Finally, we update of the use of patient-oriented clinical assessment in mental health care. In conclusion our results will offer us an instrument to assess the subjective, measured and evaluated symptoms in schizophrenia for decision-making about better prevention, diagnosis and treatment.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Development And Validation Of A Scale For Subjective Impact Of Reported Symptoms In Schizophrenia (Sirs-S). A Preliminary Report

Authors: Cristina Romero-López-Alberca; Regina Vila, Carlos del Olmo, Susana Ochoa, Juan Luis González-Caballero, Luis Salvador-Carulla, Jordi Cid, Juan Carlos García-Gutiérrez, Berta Moreno-Küstner

Introduction
Although schizophrenia is a particularly complex disease for the evaluation of patient-centered outcomes, the symptoms and experiences associated with this disease that personally and directly disturb the patient represent the essential characteristics that must be defined, measured and evaluated for decision-making about prevention, diagnosis and treatment.

Objectives
This study aims to develop and analyze the validity and psychometric properties of the SIRS-S, Subjective Impact of Reported Syptoms in Schizophrenia scale in Spain.

Methods
SIRS-S scale has been built adapting PANSS items for measuring personally disturbing experiences caused by clinical symptoms in patients with schizophrenia. 200 patients with schizophrenia diagnosis, following treatment in 4 public mental health services located in Malaga, Cadiz, Gerona and Barcelona, was evaluated. Patients were interviewed with

the SIRS-S scale and and other instruments that measure clinical symptoms (PANSS), two items of the SANS Scale and level of functioning (WHO-DAS), to analyze construct validity and convergent/divergent validity.

Results
SIRS-S is a 30 items scale that measures personally disturbing experiences caused by clinical symptoms in patients with schizophrenia in terms of its level of worry and interference in daily life. The level of worry and interference in daily life is scored using a visual scale that includes emoticons with 5 options. Data from pilot study showed that 80% of patients found the questionnaire easy. 60% of patients presented 2 or more positive symptoms; 66,6% 3 or more negative symptoms and 40% general psychopathology symptoms.

2. Agreement between professionals and people with a first-episode psychosis in their assessment of psychotic symptoms and insight

Authors: Susana Ochoa, Raquel López-Carrilero, Jordi Cid, Isabel Ruiz, Esther Pousa, Eva Grasa, Ana Barajas, Maria Luisa Barrigón, Fermín González, Esther Lorente, Irene Birules and the Spanish Metacognition Group.

Introduction
The importance of personalizing treatments towards people with psychosis is one of the most important goals for the mental health attention in the next years. In this line measures of symptoms and functioning should be stated by the patient. In this framework our aim is to assess the overlap between objective and subjective measures of psychotic symptoms and insight in a sample of first-episode psychosis.

Method
A total sample of 121 patients with a first-episode psychosis was recruited from 9 public mental health centres from Spain. Patient's criteria were diagnostic of non-affective psychosis spectrum, less than 5 years from onset of the illness and age between 18 and 35 years. Psychotic symptoms were assessed with the PANSS by the professional and PDI by the patient. Insight was assessed by the professional with the SUMD while cognitive insight was assessed by the patient with BCIS. Pearson correlation was used in order to relate objective and subjective variables.

Results
A correlation was found between total numbers of psychotic experiences (assessed by PDI) and Positive symptoms of the PANSS ($r=0.499$; $p<0.001$) but no relationship was found with negative and general symptoms of the PANSS. Regarding anxiety and preoccupation of these psychotic experiences was related with positive PANSS ($r=0.587$, $p<0.001$;$r=0.691$, $p<0.001$, respectively) and general symptoms of the PANSS ($r=0.363$, $p<0.001$; $r=0.343$,$p<0.001$). Finally, conviction degree of these experiences was related with positive ($r=0.679$, $p<0.001$) negative ($r=0.21$,$p=0.022$), and general symptoms of the PANSS ($r=0.4$, $p<0.001$). Considering objective and subjective measures of insight the results show that unawareness of the secondary effects of medication assessed by the SUMD is related with BCIS ($r=-0.247$; $p=0.006$) and unawareness of social consequences of the disease of the SUMD is related with BCIS ($r=-0.262$; $p=0.004$).

Conclusions
Our results suggest that there is a great correlation between presence of positive symptoms assessed by the patient and the professionals and the anxiety, preoccupation and conviction of degree of these experiences and positive symptoms. The relationship between these experiences and negative and general symptoms is weaker than with positive symptoms. Regarding insight, an overlap was been found between two measures, although the effect size of these relations is weaker than the one found regarding symptoms. Assessments of patients and professionals are in the same line, although both should be performed in order to collect as much information for the treatment.

3. Use of patient-oriented clinical assessment in planning mental health care

Authors: Jordi Cid

Aim of this communication is to do an update of the use of patient-oriented clinical assessment in mental health care. Last years, mental health has introduced a patient-oriented approach to be more sensitive to the patients' own views of their health status and benefits experienced from receiving health services. Recently, this approach has been proposed to assess the quality of health services and plan mental health services. We will propose an analysis of available data in function of previous communications of these symposia using Passively Received Experiences (PRE) and The Subjective Impact of Reported Symptoms in Schizophrenia (SIRS-S). Finally, we show a SWAT process based in strengths, weaknesses, opportunities, and threats related to use of this assessment to plan mental health care.

14:00 - Parallel Session VII - Symposium 33 - Managing systemic complexity
Room 5
Theme(s): Managing systemic complexity

SY-033

(10732) - EVALUATING MENTAL HEALTH SYSTEM : USING ADMINISTRATIVE COMPLETED BY QUALITATIVE APPROACHES

Chair: Viviane Kovess-Masfety (France)[1]

Presenters: Viviane Kovess-Masfety (France)[1]; Sara Fernandes (France)[2]; Coralie Gandré (France)[3]; Murielle Villani (France)[4]

1 - EHESP Paris Descartes University;
2 - Centre d'Études et de Recherche sur les Services de Santé et la Qualité de Vie, Université Aix-Marseille;
3 - Institut de recherche et documentation en économie de la santé (IRDES);
4 - Fondation Deniker Paris, Paris Descartes University;

SYMPOSIUM PROPOSAL

Introduction
France has a complex mental health care system, catchment area based for public psychiatry, plus a large and uneven private system made of clinics and private based psychiatrists rendered accessible by a largely available insurance system. Regional and local differences are huge as urban rural.

Main objectives
The symposia aimed to present some attempts to evaluate the mental health system from different angles using different methodologies completing each other:

-Hospital claims data will be used to evaluate coordination by network analysis of patient flows between hospitals and health professionals in one area of France and to assess the impact of somatic comorbidity on heath statute of patients suffering from psychiatric disorders.

-Dimensions of quality of mental healthcare will be identified through face-to-face semi-structured interviews with patients include care environment, information, respect and dignity, access and care coordination, drug treatment, psychological care and interpersonal relationships on a set of pertinent items. Another presentation will present healthcare system patient reported experiences trough measurement of illness negative perceptions and causal attributions comparing patients with schizophrenia and bipolar disorders.

Expected contributions and take home scientific information of the symposium
Appropriate and equally accessible mental health care is due to every person who needs it, to evaluate and monitor usage of mental health resources is mandatory. Qualitative data have to complete usage of administrative data which could be used in a creative way to evaluate quality of care

CONTRIBUTING SPEAKERS ABSTRACTS

1. Care coordination in psychiatry: a network analysis using exhaustive claims data in France

Authors: Coralie Gandré, Laurent Beauguitte and Magali Coldefy

Introduction
Coordination between health professionals is a key dimension of mental healthcare, as they are chronic disorders mobilizing a plurality of actors (specialized care, primary care, social care...). Patients' outcomes are likely to result from the combined actions of all those actors. They have been little described so far due to the complexity of qualifying or quantifying coordination.

Objectives
In this context, our objectives were to explore new methods to characterize coordination for mental disorders at a large scale and to link it to quality of care.

Methods
In order to identify existing formal or informal coordination networks, we applied network analysis to patient flows between hospitals and health professionals extracted from exhaustive health claims data in one area of France. Multivariate analysis methods were conducted to identify the different types of coordination models which were confronted to local actors' knowledge. Indicators of quality of care were computed across the networks and linked to their structural characteristics.

Results
The data of 18,774 patients, hospitalized in 48 hospitals, were included in our analysis. Multivariate analysis methods distinguished differing coordination models which were associated to differences in quality of care.

Conclusion
Our findings have important implications for healthcare planning as these informal relationships may serve as an entry point to develop more formal relationships to increase coordination and quality of care.

2. Approaches to assess quality of mental health care in France

Authors: Sara Fernandes and Magali Coldefy

Introduction
Measuring the quality and performance of healthcare is a major challenge for improving the efficiency of the health system, but this approach was less investigated in the field of mental healthcare.

Objectives
To identify and describe complementary approaches to assess quality of mental healthcare in France.

Methods
Firstly, a multicenter and cross-sectional study based on a mixed method approach performed following two phases: 1. Item bank and Computerized Adaptive Testing (CAT) development for adults with severe and persistent mental illness (schizophrenia, bipolar disorders and major depression), including (1.1) conceptual work and definition of the domain mapping; (1.2) item selection; (1.3) calibration of the item bank and CAT simulations; (1.4) CAT validation; and 2. Qualitative study exploring the acceptability and conditions of diffusion and use of this tool by patients, professionals and health authorities. Secondly, a complementary quantitative approach was mobilized using data from the French national data system (SNDS) to build a set of relevant indicators.

Results
Dimensions of quality of mental healthcare identified through face-to-face semi-structured interviews with patients include care environment, information, respect and dignity, access and care coordination, drug treatment, psychological care and interpersonal relationships. Other dimensions measured using SNDS data supplement those from patients' perspective to ensure a complete picture of the quality of mental healthcare.

Conclusion
This project contributes to supporting decision-making for policy makers, transparency and improved care organization for health facilities, improvement of professional practices and appropriate patient care, in the light of scientific knowledge, while meeting their expectations and needs.

3. Comparing mental healthcare system experience, illness negative perceptions and causal attributions in patients with schizophrenia and bipolar disorders

Authors: M. Villani and V. Kovess - Masféty

Introduction
Persons experiencing schizophrenia and bipolar disorders form perceptions of their illness which, when negative, are associated with low functioning and poor medical adherence.

Objectives
Our study aims to explore and compare illness negative perceptions of persons experiencing schizophrenia and bipolar disorders, along with their respective mental healthcare system experience.

Methods
Population: 20 persons experiencing schizophrenia, and 20 persons experiencing bipolar disorders. We used a semi-structured interview exploring the experience of the mental healthcare system and allowing us to build clinical cases in order to illustrate our research, as well as 2 standardised questionnaires: the Brief Illness Perception Questionnaire, and the Stigma Scale.

Results
Our 2 groups share a relatively similar experience of the mental healthcare system, to the exception of diagnosis divulgation and outpatient care type of access. However, persons with schizophrenia feel more discriminated and understand less their illness, while persons with bipolar disorders seem more conscious of the future duration of their illness and its causes.

Conclusions
Persons with schizophrenia seem to need more information about their illness and report a high perception of discrimination. Capitalising on what has been developed for persons with bipolar disorders, who seem better informed and feel less stigmatised, could be a promising path to upgrade mental healthcare policies for them.

4. Assessing the impact of somatic comorbidity on heath statute of patients suffering from psychiatric disorders.

Authors: K.Chevreul and V. Kovess - Masféty

People suffering from mental disorders are in poorer somatic health that the general population. This is due in part to poor quality of care in primary care settings, which can in turn have a major impact on hospitals and healthcare systems, in particular in terms of costs.

Our objective was to assess the economic burden of acute care admissions for somatic diseases in patients with a mental illness compared to other patients and analyse the factors associated with it.

An exhaustive study using French hospital discharge databases was carried out between 2009 and 2013. Total acute hospital costs were calculated from the all payer perspective (statutory health insurance, private health insurances and patient out-of pocket payments). A multivariate regression modelled the association between mental illness and hospital costs while adjusting for other explanatory variables.

37,458,810 admissions were included in the analysis. 1,163,972 patients (6.54%) were identified as mental ill. Mean total hospital costs at five years per patient were €8,114. Costs per mentally ill patients were on average 34% higher than costs per non-mentally patients (€10,637 vs. €7,949). A longitudinal analysis of costs showed a widening of the gap between the two groups as time went by, from 1.60% in 2009 to 10.51% in 2013. In the multivariate model, mental disorders were significantly associated with increased costs.

Improving quality of primary care and health promotion in people with a mental illness, both for their own sake and to decrease the economic burden on the healthcare system, is of vital importance.

14:00 - Parallel Session VII - Symposium 34 - Managing systemic complexity
Room 6

Theme(s): Managing systemic complexity

SY-034

(10716) - USING BIG DATA FOR ASSESSING THE QUALITY OF MENTAL HEALTH CARE AND FOR DEFINING A NEW FUNDING MODEL

Chair: Antonio Lora (Italy)[1]

Presenters: Antonio Lora (Italy)[1]; Angelo Barbato (Italy)[3]; Lucia Ferrara Junior (Italy)[4]

1 - Department of Mental Health - Azieenda Sociosanitaria Territoriale di Lecco;
2 - Unit for quality of care and rights promotion in mental Health IRCCS Istituto di Ricerche Farmacologiche "Mario Negri";
3 - CERGAS, Research Centre for Health and Social Care Services Bocconi University

SYMPOSIUM PROPOSAL

Introduction
In 2014, the Italian Ministry of Health identified a set of clinical indicators designed to evaluate the quality of clinical pathways for severe mental illnesses. In 2018, the QUADIM project, financed by the Italian Ministry of Health, assessed this set of clinical indicators in four Italian Regions (Lombardy, Emilia-Romagna, Lazio and Sicily), which account for about 40% of the Italian population.

These clinical indicators were applied to the regional health care utilization (HCU) databases covering publicly-funded mental health activities, non-psychiatric hospital admissions, health interventions and medical diagnostic tests at the ambulatory level, and pharmaceutical prescriptions. The data, extracted from different administrative information sources available at the regional level, were merged through a record-linkage procedure, using unique, blinded patient identification codes. The Mental Health Departments of the four participating Regions identified a final cohort of about 200,000 patients with schizophrenic, bipolar, personality disorders or depression among all individuals accessing mental health services in 2015. These selected patients were followed for one year in order to assess the above-mentioned clinical indicators, evaluate the quality of care delivered and measure the use of resources.

As suggested by OECD (2015), in an era of deinstitutionalisation, the challenge for mental health policy makers is to implement payment systems that are not tied to a particular setting, but that can promote high-quality, efficient and integrated care. Implementing a payment system that spans care settings requires a classification that goes beyond diagnosis to fully account for cost differences. The QUADIM project aimed to define a bundled payment model for mental health that spans multiple services and providers in order to cover the whole episode of care, using the Mental Health Clustering Tool to assess disease severity.

The main objectives of the symposium
1. To assess and evaluate the quality of mental health care delivered to patients with severe mental illnesses in four Italian Regions

2. To describe the severity of the patients' mental disorders and how it relates to the quality of care delivered

3. To define a model for financing mental health services in Italy based on the bundled payment approach.

The take home messages
1. It is possible to evaluate the quality of routinely delivered mental health care using big data
2. The quality of mental health care varies dramatically between Regions and their Mental Health Departments
3. There is a need to use robust information for addressing quality improvements
4. The bundled payment approach presents opportunities to overcome the problems related to fee-for-services and improve the cross-continuum system of care and the outcome.

CONTRIBUTING SPEAKERS ABSTRACTS

1. The quality of clinical pathways delivered to patients with severe mental illness in italy

Authors: A. Lora & A. Gaddini

Introduction
Data from administrative healthcare utilization (HCU) databases can be useful to assess the quality of the mental healthcare delivered.

Objective
To assess the quality of mental healthcare provided to patients with severe mental illness (schizophrenic, bipolar and depressive disorders) in four Italian regions (Lombardy, Emilia-Romagna, Lazio and Sicily).

Methods
The data used for the study were retrieved from the HCU databases of the regions involved, From these data (on mental health services, hospital admissions, pharmaceutical prescriptions, outpatient procedures) was selected a cohort of about 100,000 patients with severe mental illness assisted, in the year 2015, by the Departments of Mental Health (DMH). A set of clinical indicators was applied to these patients to evaluate their adherence to the clinical pathways delivered.

Results
The indicators analysed the continuity and the intensity of the healthcare delivered in different subgroups of patients (prevalent or incident cases, patients discharged from psychiatric wards). Regarding the intensity of the mental healthcare, the focus was on the amount of clinical and psychosocial care provided to patients and their family. As contnuity, we addressed the overall continuity of care among the mental health facilities, on the alternance between inpatient and outpatient assistance. Moreover, adherence to a psychopharmacological treatment, and its safety, was assessed. Some of these indicators evaluated outcomes as hospital admission, and re-admissions, to psychiatric wards, and mortality.

Conclusions
Clinical indicators are useful to highlight strengths and weaknesses of the mental health system and to assess of the quality of mental healthcare delivered.

2. Allocation of users of mental health services to care clusters: an italian multicenter study

Authors: A. Barbato

A care cluster is a global description of a group of people with mental disorders sharing similar characteristics in terms of severity and needs. Allocation of a single service user to a care cluster is defined as a result of a comprehensive problem-oriented assessment and should predict the resources required for effective care.

Cluster allocation is done by trained mental health professionals using the Mental Health Clustering Tool.

Clustering was introduced in the United Kingdom to allow the identification of people's needs overcoming the drawbacks of the diagnostic psychiatric classification. Clustering is intended to be the background of an innovative way of funding services not in relation to the amount of single interventions but in relation to complex packages of care.

Few data area available on use of care clustering in mental health services outside the United Kingdom.

This presentation will describe a project aimed at testing the clustering in a sample of Italian mental health services. Nine departments of mental health from four regions participated in the project. Training was provided to 450 professionals and a convenience sample of patients attending the community services during three months was assessed. The results of the cluster allocation of 12,938 patients will be presented. The potential utility and the critical aspects of care clustering will be discussed.

3. The bundled payment model for mental health

Authors: Lucia Ferrara

Introduction

Bundled payments models have come to the forefront of the international discussion on improving coordination and communication across multiple providers and combating rising healthcare costs. Despite the copious discussion on health care payment reform in recent years, there has been little focus on mental health and, with few exceptions, the application of bundled reimbursement models has lagged in mental health compared with other specialties.

Objectives

The QUADIM project aimed to define a model for financing mental health services in Italy based on the bundled payment approach.

Methodology

We employed mixed methods approach. Descriptive statistical analysis explored the variability in resources utilization and costs as measured by health care utilization and claim data for a cohort of about 200,000 patients. In addition, qualitative research, including document analysis and interviews, was conducted to explain the possible underlying reasons of cost variability and to adjust the payment approach to regional variation in healthcare services organization and financing. Bundled payment were also adjusted for differences in patient demographics, comorbidities, age.

Results

Costs were estimated for episodes of care and constituent service components using setting-specific case mix methodologies and regional fee schedules. Episodes of care were created based on the 21 mental health currencies of the MHCT following the approach developed by NHS England.

Conclusions

The bundled payment approach presents opportunities to overcome the problems related to fee-for-services and improve the cross-continuum system of care and the outcome

16:45 - Parallel Session VIII - Symposium 35 - Managing systemic complexity
Auditorium

Theme(s): Managing systemic complexity

SY-035

(10666) - PHYSICAL CO-MORBIDITIES OF MENTAL HEALTH DISORDERS: THE HIDDEN BURDEN

Chair: Judit Simon (Austria)[1]

Presenters: Judit Simon (Austria)[1]; David Mcdaid (United Kingdom)[2]; Dennis Wienand (Austria)[1]

1 - Department of Health Economics, Center for Public Health, Medical University of Vienna;
2 - PSSRU, London School of Economics;

SYMPOSIUM PROPOSAL

Introduction
The prevalence of mental health disorders has sharply increased within the last decades, posing a significant burden to individuals as well as the society. People with severe mental health problems have worse physical health and life expectancy than the general population and poor mental health probably exacerbates the impact of physical health problems (and vice versa). Comorbidity has a big impact on the healthcare system: 46% of people with mental health problem have chronic condition and 30% of those with chronic diseases have mental problems. The impacts of comorbidity go beyond health as it increases the risk of exclusion from work and poor work performance. Whilst previous research has focused on the assessment of the economic burden of mental health disorders, there is yet a need for research on the costs arising from physical comorbidities of mental illnesses.

Main objectives
1) To highlight the current state of affairs based on an ongoing international evidence synthesis project
2) To present co-morbidity networks of patients with severe mental health disorders and resulting excess economic burden based on national level administrative and survey data
3) To discuss policy and practice relevance

Contributions and take home scientific information
Most of the studies on the economic impact of co-morbidity come from the US. Further European research in this field is pertinent and is likely to have a high impact. There is a potentially strong clinical and economic case to be made for investment in interventions that promote the physical health of people with mental illness.

CONTRIBUTING SPEAKERS ABSTRACTS

1. The excess resource use and costs of physical comorbidities in patients with mental disorders: A systematic literature review

Authors: Dennis Wienand; A-La Park; Guy Goodwin; David McDaid; Judit Simon

Introduction
The burden of mental disorders have increased in recent decades. Previous international economic burden studies focused on the direct impact of mental disorders with little attention on physical comorbidities.

Objectives
To systematically review recent evidence on excess resource consumption and costs of physical comorbidities in patients with mental disorders.

Methods
This systematic review on mental disorders was part of a broader, non-disease specific comorbidity review (PROSPERO: CRD42017075319). The databases MEDLINE, PsycINFO, CINAHL, Econlit, EconPapers and NHS EED were searched for longitudinal, cross-sectional, model-based or cost-of-illness studies published since 2007.

Results
Among 10,545 initially identified comorbidity studies, 719 were mental health related. Applying final inclusion criteria, 136 studies were subjected for data extraction and final eligibility check. Preliminary analysis of a sample of these studies showed that most published literature focuses on mental disorders such as depression (38%), schizophrenia (23%) and substance abuse (19%). Most commonly investigated physical comorbidities were diabetes (50%), hypertension (35%) and obesity (15%). A significant increase in resource consumption and costs was found in 80% and 93% of the sample studies, respectively.

Conclusions
Prevalence of physical comorbidities appear to be a main driver for excess resource use and costs of mental disorders. More integrated approaches may enable earlier identification, management and treatment to accomplish health gains and cost savings both from the health care and societal perspectives. Synthesis of current evidence will be used to identify methods suitable for future modelling of comorbidity costs across Europe.

2. Identifying physical comorbidity patterns and excess resource use of patients with mental disorders: national evidence from Austria

Authors: Judit Simon, Dennis Wienand, Jakub Cerveny

Introduction
So far studies on the physical comorbidities of mental disorders have focused on the higher prevalence of common chronic conditions such as diabetes, hypertension and obesity. Evidence on the resulting excess health care use and increased costs have so far been not systematically assessed or included in economic burden studies. Furthermore, it is commonly not possible to determine the direction of association from existing prevalence studies and hence provide robust evidence for this hidden economic burden.

Objectives
To establish the excess resource use of patients with selected mental disorders in Austria.

Methods
An analysis of routine administrative health care data available since 2005 is ongoing for all hospitalized patients aged 16 or above in Austria. Primary diagnoses of depression, bipolar disorder, schizophrenia, alcohol use disorder or PTSD are considered. Physical comorbidity patterns over time are established using ICD codes. Resource consumption is calculated and compared among thee matched groups: (1) Mental health disorder and physical comorbidities, (2) mental health disorder only, (3) physical disorder only. Multivariate regression modeling is used to assess impacts of primary diagnosis, secondary diagnosis and sociodemographic covariates on resource consumption.

Results
Results of the analysis will be compared to those from a concurrent general population survey to explore the impact of disease severity. Overall findings will be presented at the conference and serve as input parameters to a national-level physical comorbidity cost model.

Conclusions
This national-level evidence will also contribute to a harmonized, European-wide estimate of the physical comorbidity costs of mental disorders.

3. Counting the cost of physical co-morbidities of mental disorders: how is it influencing policy and practice?

Authors: David McDaid, A-La Park, Dennis Wienand, Guy Goodwin, Marion Leboyer, Judit Simon

Introduction

The increased risks of physical comorbidities in people with mental health problems are well documented, yet historically little attention has been focused on identifying the economic benefits of investing in policies aimed at reducing / alleviating the impacts of these comorbidities.

Objectives

To document how evidence on the avoidable costs of physical co-morbidities has been used in the development of mental and general health policy documents in Europe and beyond since 2010 and to identify any estimates of the economic payoff from these policy reform.

Methods

This analysis draws on the systematic review on the costs of comorbidities presented in this symposium. In addition to the direct findings of this review, policy reviews, methods papers and policy relevant citations of literature are examined. Text mining software is used to search for discussion of the cost and actions to address physical co-morbidities in mental health policy documentation in selected countries.

Results

Increasingly national and/or local mental health policies highlight the importance of measures to promote better physical health management for both common as well as more severe mental disorders in Europe. However, the excess costs of physical comorbidities are rarely mentioned. This may be one reason for limited translation of policy rhetoric into explicit policy actions to tackle this issue.

Conclusions

Our review indicates that there is a growing literature on the costs of physical comorbidities. Generating more awareness of this issue in policy makers is likely to help promote the development of policy and practice to address this inequality.

16:45 - Parallel Session VIII - Symposium 36 - Other
Room 1

Theme(s): Other

SY-036

(10720) - PSYCHIATRIZATION OF SOCIETY – A CALL FOR DEBATE

Chair: Sebastian Von Peter (Germany)[1]

Presenters: Timo Beeker (Germany)[1]; China Mills (United Kingdom)[2]; Sanne Te Meerman (Netherlands)[3]

1 - Medical School Brandenburg Theodor Fontane;
2 - University of Sheffield / City University London, Department for Public Health;
3 - University of Groningen, Faculty of Behavioral and Social Sciences

SYMPOSIUM PROPOSAL

Introduction
Over the last decades, there has been a marked increase in diagnosed psychiatric disorders worldwide, causing a growing burden for health-care systems and societies. We identify this process as progressing psychiatrization of society, which causes as well as reflects the rising diagnoses of mental disorders.

We define psychiatrization as a complex interaction between individuals, society and psychiatry, in which psychiatric knowledge and practice affect the life of a growing number of people, encroach on more and more social spheres and gain importance in society as a whole. Psychiatrization is increasingly relevant in the light of profound social changes, which coincide with a reshaping of psychiatric services (e.g. digitalization, home-treatment). Individuals can be harmed by psychiatrization through adverse effects of unneeded medication, changes to their identity and the creation of dependencies on professional help. On a societal level, psychiatrization predetermines preferences for individualistic medical interventions to cope with political problems. Psychiatrization might also undermine mental health-care provision by promoting the adaption of services to the needs of the "worried well".

Objectives
Our aim is to stimulate debate and research about psychiatrization as a highly complex, diverse, global process of great importance for society as a whole.

Take Home Message
Psychiatrization affects society as a whole and can be a threat to individuals' well-being and entire health-care systems. There is an urgent need to raise awareness for its dangers and side-effects, especially when the most vulnerable members of society (children, senior citizens) or the global south become targets of psychiatric expansion.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Psychiatrization of society - A theoretical framework

Authors: Timo Beeker

Introduction
The rising incidences of diagnosed mental disorders worldwide, whether relying on valid epidemiologic methods or not, indicate that an increasing number of people are affected by psychiatry either directly or indirectly. In Germany, mental disorders have become the most frequent reason for early retirement. In the USA, half of the population is claimed to meet the criteria for a DSM-IV disorder over the course of their lives. This 'ne epidemic' of mental disorders needs to be interpreted in the context of a more general process that we identify as *psychiatrization of society.*

Objectives and Methods
A theoretically informed analysis of psychiatrization is a necessary prerequisite for further research and debate and also to counter its negative consequences. As introduction for the whole symposium, a comprehensive model of psychiatrization of society will be provided, mapping its various sub-processes, protagonists and drivers as well as its effects on the individual, political and public health level. A special focus will lie on the role of bottom-up psychiatrization, which is mainly advanced by lay people without professional ties to the healthcare system. As a case in point, the mechanisms of psychiatrization will be illustrated with the example of the expanding field of digital psychiatry.

Results and Conclusions
Psychiatrization is a highly complex, diverse and global process of great importance for society as a whole. Various protagonists with different motivations are involved. Digital psychiatry might have the potential to catalyze the further psychiatric permeation of individual life worlds.

2. Deconstructing ADHD – The psychiatrization of childhood

Authors: Sanne te Meerman

Introduction
One of the new "psychiatric epidemics" seems to be Attention Deficit Hyperactivity Disorder. In the United States, up to 15 percent of elementary school children are estimated to meet the DSM-criteria, most of them receive pharmaceutical treatment with unclear benefits and unknown long-term effects. Besides extensive media coverage and unprecedented drug company marketing, spreading the idea that ADHD is a disease entity itself and not only a heuristic category for various symptoms has played a key role to promote the diagnosis and available treatments. This kind of logic error can be tackled by applying the philosophical concept of reification.

Objectives and Methods
Reification is a key concept to deconstruct ADHD and prevent further expansion of this already inflated diagnostic category. Reification means the strong and widespread tendency to believe, "that whatever received a name must be a separate entity or being, having an independent existence of its own" (J.S. Mill). The concept of reification will be followed through a close-reading of academic textbooks and an analysis of scientific publications and media representations of ADHD.

Results and Conclusions
Reification can be a powerful mechanism for the promotion of psychiatric diagnosis and treatments. Critically applying the concept of reification on hyper-inflated disease entities such as ADHD might help preventing the further pathologization of normal individual variation and thus contributing to tame diagnostic inflation, which is a core process of psychiatrization.

3. The psychiatrization of the Global South – The role of digital Psychiatry and the WHO

Authors: China Mills

Introduction
In 2017, the World Health Organization launched a new product as part of its mhGAP (mental health Gap Action Programme) portfolio – a smartphone app (e-mhGAP) said to be 'built for expansion'. This app is a digitised development of the WHO's mhGAP Intervention Guide 2.0 (2016): an algorithmic clinical decision-making tool with protocols for diagnosis and condition management, designed for use by those framed as 'non-specialists' in low and middle-income countries.

Objectives and Methods
It will be explored how quantification of mental health (through prevalence and burden) makes possible the construction of mental disorder as amenable to technological, and particularly digital, interventions. Drawing upon own ethnographic research, the 'social life' (including, conditions of possibility, funding architecture, symbolism, and performance) of the mhGAP-IG and associated products will be traced. The research explores the techniques of circulation of mhGAP, and the ways different people and organizations understand, enact, appropriate and/or resist this diagnostic algorithm.

Results and Conclusions

Whereas psychiatrization is a global process, many of its mechanisms in the Global South differ from those in the Global North. Ethnographic research on MhGAP-IG and e-mhGAP can shed a light on the role of international organizations such as the WHO in psychiatrization and show how psychiatrization may occur zhrough 'task-sharing' (the redistribution of tasks usually carried out by psychiatrists to 'non-specialists').

16:45 - Parallel Session VIII - Symposium 37 - Mental health care from theory to outcome
Sala: Room 2

Theme(s): Mental health care from theory to outcome

SY-037

(10659) - FROM DEINSTITUTIONALIZATION TO REHABILITATION AND COMMUNITY CARE – TEN YEARS OF RESILIENCE

Chair: António Gamito (Portugal)[1]

Presenters: Vanessa Vila Nova (Portugal)[1]; Henrique Costa (Portugal)[1]; Vanda Simão (Portugal)[1]

1 - Departamento de Psiquiatria e Saúde Mental do Centro Hospitalar de Setúbal

SYMPOSIUM PROPOSAL

Introduction
In Portugal, the Mental Health Law from 1998 already established the general principles of mental health policies, namely that mental health care should be community-based and should be less restrictive in its approach. Only in 2007, these initial intentions were starting to be implemented by the creation of the Portuguese National Mental Health Plan. Therefore, the Department of Psychiatry and Mental Health of the *Centro Hospitalar de Setúbal (CHS)* – a District Hospital outside of the country's capital - Lisbon - was able to implement profound structural changes, despite the severe Portuguese economic crisis occurring simultaneously. The implementation of these measures rests on three main actions: Deinstitutionalization of chronic patients, the creation of Outpatient Rehabilitation Facilities, and the launch of an Assertive Community Care Program. The achieved results were done with scarce human and financial resources and little institutional support. For this reason, partnerships with community structures, primary health care services, and multidisciplinary work were crucial to the success of the measures mentioned above.

Objectives
The general objective of this symposium is to describe the path followed by the Psychiatry and Mental Health Department of CHS, during the last ten years, focusing on three fundamental applied measures: The administrative and clinical procedures associated with the deinstitutionalization of twenty-five chronic inpatients; the creation of an outpatient rehabilitation facility; and the launch of a Community Care Unit, which includes a close Collaboration between Psychiatry and General Medicine in Primary Care Services and an Assertive Community Care Program. Other specific objectives, together with the clinical and financial outcome indicators of the applied measures, are to be equally presented.

Contributions and Take Home Message
The current approach shows that patients' quality of life and quality of care can be improved, even facing few resources, by focusing on a network of community partners and multidisciplinary work.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Residental Alternatives to a Long Stay Unit - Overview

Authors: Vanda Simão

Introduction
According to the guidelines of the Portuguese National Mental Health Plan 2007-2016, the Department of Psychiatry and Mental Health of *Centro Hospitalar de Setúbal (CHS)* deinstitutionalized 25 residents of the extinct long-stay psychiatric unit *(UDEP)*. The project of deinstitutionalization of patients began in 2010 which consequently triggered measures to create adequate residential alternatives regarding the clinical and social profile and degree of autonomy of patients residing in this unit.

Objectives

- Multi-disciplinary reassessment of all residents: social, family, economic and legal, taking into account their qualifying or disabling situation;
- Patient referral and follow-up according to clinical and social profile;
- Creation of alternative solutions to institutionalization in partnership with organizations from the community.

Methods

- Reassessment of all patients from the medical point of view;
- Assessment of the functionality of patients (GAF Global Assessment of Functioning
- Social economic characterization
- Elaboration of Social Diagnostics
- Analysis of Residential Alternatives in the community
- Negotiate support networks in the Community

Results

To this end, solutions were defined in partnership with Nursing homes and a Social Welfare Organizations. These Residential Alternatives relied, on one hand, on formal contracts between CHS and the Organizations, where the number of vacancies and the budget were negotiated and, on the other hand, on the adaptation of two apartments leased by CHS to work as residential facilities, in partnership with a Community Institution-Association of Mental Health Doutor Fernando Ilharco. .

Conclusions

- 2 patients were discharged from the Hospital (2 different Organizations);
- 13 patients were transferred to Nursing Homes (2 different Organizations);
- 2 patients were transferred to one Social Welfare Organization;
- 8 patients were transferred to residential facilities, in partnership with a Community Organization - Association of Mental Health (divided in two apartments).

2. Vocational Day Care Hospital Effectiveness – results from a pilot program

Authors: Henrique Costa

Introduction

It is known that vocational programs are one of the most effective type of interventions for people with psychiatric disorders in an early stage of recovery. Community integration is associated with the reduction of psychiatric symptomatology and situations of isolation, providing opportunities for individual empowerment.

Objectives

This study measures the community integration rate of patients submitted to the Day Care Hospital Program (DCHP).

Methods

This study conceived as a single armed trial involved the participation of 143 adult patients with mental illness, who were considered clinically stable and demonstrated the potential to integrate the labor market or a significant activity in the community. These patients enrolled in specially designed, evidence based, DCHP established between 2011 and 2018. This program lasted 8 weeks (1st stage), organized in different groups of a maximum 10 users and composed by a multidisciplinary team that combined modular group sessions and individual planned interventions. In the 2nd stage (Follow Up), the patients were followed, monthly, for 1 year after the end of the 1st stage.

Results

After the DCHP 33,57% of the patients were integrated in the labor market or in a significant activity, 20,28% terminated the DCHP, 4,89% remained unemployed, 21,67% were retired and 19,59% ended the program on a paid sick leave.

Conclusions

The observed results highlight the effectiveness of this specific DCHP, supporting community integration. Although this was a non randomized control trial, it is suggested to apply this type of program in other contexts in order to contribute to stronger scientific evidence in this matter.

3. Assertive Community Treatment - An Uprising Project

Authors: Vanessa Vila Nova

Introduction

The Department of Psychiatry of Mental Health (DPSM) of Centro Hospitalar de Setubal (CHS) has made efforts to deinstitutionalize chronic mental health patients and to develop psychosocial rehabilitation programs. Nevertheless, during the last years, the DPSM has verified high rates of hospitalizations, avoidable re-hospitalizations, high occupancy rates and compulsory admissions in the acute ward, unnecessary emergency episodes and patients lost to follow-up. In order to address these issues which compromise clinical and social outcomes, the DPSM of CHS won a funding from the National Health Service, with a project for the development of an Assertive Community Treatment Program (ACT) – the community care approach with the best cost-effectiveness evidence – which was launched recently.

Objectives

Promote a personalized mental health care approach focusing on outpatient patients' clinical stability and autonomy, preventing unnecessary hospitalization and other clinical and social negative outcomes.

Methods

To create a multidisciplinary team comprising one psychiatrist, two nurses, one occupational therapist and one social worker. The participant-to-staff ratio will be 1:12. Interventions should be carried out in patients' homes.

Results

Preliminary results will be showed regarding: hospitalization rates; days of hospitalization; emergency episodes of high users; and treatment adherence.

Conclusions

The TCA program will be an important resource for the population served by CHS, considering that it will allow a holistic mental health care approach that ensures clinical stabilization and social reintegration of individuals with severe mental health disorders.

16:45 - Parallel Session VIII - Symposium 38 - Managing systemic complexity
Room 3

Theme(s): Managing systemic complexity

SY-038

(10736) - CREATING PRIMARY CARE AND COMMUNITY MENTAL HEALTH SERVICES WHICH ARE BALANCED, COHERENT AND ADDRESS INEQUALITY

Chair: Richard Byng (United Kingdom)[1]

Presenters: Carolyn Chew-Graham (United Kingdom)[2]; Matteo Pizzo (United Kingdom)[3]; Ian Maidment (United Kingdom)[4]; Dan Robotham (United Kingdom)[5]

1 - University of Plymouth;
2 - Keele University;
3 - Camden and Islington NHS Foundation Trust;
4 - Aston University;
5 - McPin Foundation

SYMPOSIUM PROPOSAL

Creating primary care and community mental health services which are balanced, coherent and address inequality.

In the UK and elsewhere: individuals with mixed mental health problems (including self-harm, emotional lability) are deemed too complex for 'anxiety and depression services' and not reaching criteria for community mental health teams – often ending up with just medication; individuals in areas of deprivation, can be seen as having social rather than mental health problems; individuals with less severe psychosis have disjointed care not addressing physical health problems.

Traditional trial methodology is inappropriate for supporting development of a coherent system amid such complexity.

We propose an interactive symposium with presentations of innovations addressing these issues and ideas about how to create knowledge while improving care:

1. Theory: a) extending collaborative care theory (e.g. to include social interventions);
b) acting now with current knowledge but learning from innovation, and testing measures for a balanced system.
2. Team working: a) The Islington Practice Based Mental Health Team with flexibly deployed mental health workers focusing on relationship and shared understanding of complexity; b) The Partners2 practice based coaching collaborative care intervention for less severe psychosis.
3. Clinical management: Optimising evidence based practice including medication and physical health review involving patients, prescribers, carers and pharmacists.
4. Creating a non stigmatising community network of health generating psycho-social and educational opportunities not requiring referral or diagnosis.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Collaborative working between communities, services and academics to extend collaborative care to enhance the whole system

Authors: Carolyn Chew-Graham, Stewart Mercer, Richard Byng

Background
In many health systems, primary care and community mental health services are fragmented, with people falling through the gap. Services fail to address inequalities. A number of models, such as the Collaborative Care framework, offer hope to those wishing to improve care for people with mental health problems.

Objective
To articulate how understanding and adaptation of existing Collaborative Care theory, combined with multi-method evaluation techniques, can support development of whole system approaches to addressing the complex problems facing communities and service users.

Method
Reflections on underpinning theory and recommendations for implementation and evaluation.

Results
The Collaborative Care framework offers a model to support practitioners working together across teams with the patient at the centre. Trials of Collaborative Care consistently show moderate effects on health outcomes as well as processes of care, and models are acceptable to patients. Collaborative principles can be extended to cover a wider range of patient groups (including dementia, medically unexplained symptoms, complex trauma), and to develop links to community based resources (such as benefits advice, peer support, psycho-education, etc) to create a coherent system. However, traditional trial methodology is inappropriate for evaluating whole system change requiring attention to complexity. Iterative approaches combining theory synthesis, learning from innovation, embedded researchers using ethnographic techniques, and developing quantitative measures of a balanced system, have been combined to both build theory about 'how to' and demonstrate likely effectiveness.

Conclusions
Working together – communities, services and academics – is required to address complex health system deficits.

2. Team working between mental health and primary care professionals – working across organisations as a team around the patient.

Authors: Matteo Pizzo, Charley Hobson-Merrett, Richard Byng

Introduction
As multiple community mental health teams have developed to carry out more specialist work for specific diagnoses, some health systems have gone against this trend to create flexible multi-professional working based in general practice.

Objectives
To describe The Islington Practice-Based Mental Health Team (north London) and its work and contrast it with the Partners2 model which uses a collaborative care model for individuals with psychosis.

Methods
Descriptive and reflective evaluation of practice

Results
As small multi-disciplinary teams we are co-located with general practice staff, immersed in the world of primary care. We cover a patient population of 260,000 people registered with 34 GP practices, and receive c5000 requests a year. Our task is to ask ourselves 'what is going on?' Building and fostering relationships is central to our work. We make use of shared consultations with GPs, clinical case discussions, and reception staff workshops to learn together. In doing so we increase our capacity to respond to the marginalisation and disconnectedness of life in metropolitan London.

Conclusion
Our dialogue with colleagues who have developed the Partners2 service, now subject to an NIHR funded trial, is that similarities exist: both respond to the narratives presented by diverse individuals and aim to work as a team. Partners2 however, based on collaborative care is more structured, and focused on physical or social issues; where as the Islington work, with a less differentiated mixed group of patients, is often about how to bear distress which may not have clear solutions alongside GP colleagues.

3. Developing and evaluating integrated primary and secondary care reviews in the West Midlands for people with severe and enduring mental health disorders – an exemplar of collaborative work to ensure evidence based practice

Authors: Safi Afghan, Ian Maidment, A Shanker

Introduction
Ensuring optimal implementation of Evidence Based Practice (EBP) requires the sharing of responsibilities and resources, better communication, coordination and integration between primary and secondary care. The need for efficient, integrated and single point of care for people with severe and enduring mental health problems has been highlighted in the UK.

Objectives
To develop and evaluate an integrated approach to managing the health and social needs of people with severe mental health problems.

Methods
People with severe and enduring mental health problems were reviewed in primary care (approx. N=50). Reviews of mental, social and physical wellbeing involving the GP, Psychiatrist and Care-Coordinator included:

1. Physical health: a review of all physical health indicators, based on the Lester tool, by the practice pharmacist/nurse, including lifestyle, body weight, BMI and blood pressure.

2. Individualised changes to management including prescribing, health promotion and social referrals. Stable patients could be discharged from secondary care.

Outcomes included patient satisfaction (PSQ).

Results
Satisfaction on the PSQ was rated very good to excellent. Results highlighted multiple benefits including trust generation, improved communication, physical health screening and management, patient convenience, and efficiency by reducing the number of multiple reviews.

Conclusions
Integrating reviews and decision making offers one approach to ensure optimized implementation of EBP. Local evaluation can demonstrate acceptability and implementation of the innovation, while also contributing to theory. We contrast this with a different EBP implementation (optimising medication management across a system) which requires coherent systems to be developed by organisations and more extended interprofessional collaboration (eg involving pharmacists).

4. Evaluation of a library based housing and mental health intervention as an exemplar of a community-based resource offering psychological wellbeing support.

Authors: Dan Robotham, Rose Thompson, Rachel Temple, Stewart Mercer

Introduction
We describe an evaluation of a project as an exemplar of a community-based resource offering psychological wellbeing support. The project connects healthcare and supported housing services and operates across local library networks. The resource offer consists of two hour weekly sessions within the library setting and is open to all members of the public.

Objective
To understand the impact and to build a conceptual model for how this service works.

Methods
Developing a Theory of Change to map identify potential barriers and solutions. Conducting interviews with stakeholders, observational methods at three library sites. Peer research methods were used: a researcher with lived experience co-developed and conducted the evaluation.

Results

The intervention impacts through a range of generic mechanisms which include: individuals can talk with mental health and housing professionals informally; people who would not otherwise attend services meet others in a non-threatening environment. As the evaluation continues we learn more about how this specific library-based intervention work as part of the wider health, social care and housing sectors.

Conclusions

The library-based project provides a new way of developing emotional support in a non-stigmatising way, which is non-diagnostic and not delivered through traditional health services. This model shows promising signs for the future. Further development of these types of projects may include linking with other community resources, or with link-workers that provide a social prescribing function (e.g. Glasgow scheme), could provide additional mechanisms to access such resources.

16:45 - Parallel Session VIII - Symposium 39 - Managing systemic complexity
Room 4

Theme(s): Managing systemic complexity

SY-039

(10655) - LESSONS LEARNED FROM THE IMPLEMENTATION OF VARIOUS (RESEARCH) INTERVENTIONS

Chair: Stynke Castelein (Netherlands)[1]

Presenters: Lieke Zomer (Netherlands)[5]; Jelle Sjoerd Vogel (Netherlands)[1,2]; Ellen Visser (Netherlands)[3,4]; Lukas Roebroek (Netherlands)[1,2];

1 - Lentis Psychiatric Institute;
2 - University of Groningen;
3 - Rob Giel Research Center;
4 - University Medical Center Groningen;
5 - Amsterdam UMC, location VUmc

SYMPOSIUM PROPOSAL

Lessons learned from the implementation of various (research) interventions

Introduction
In psychiatry, researchers are continuously developing new interventions and new strategies to improve the care for people with psychotic disorders. Although an admirable effort, even evidence-based interventions are not routinely broadly implemented, causing a research-practice gap. In earlier stages of this process, researchers often face many difficulties during the trial phases when they attempt to implement newly developed interventions or strategies in order to find the evidence for their effectiveness. This has major consequences for (the future of) mental health care, where potentially good and effective interventions may never make it to daily practice. Not because researchers failed to find evidence for their effectiveness, but because the process of finding this evidence failed due to implementation issues. In this symposium we discuss the unique difficulties researchers faced during four different types of interventions/strategies: 1) a new recovery oriented care model, 2) a nurse-based intervention, 3) a routine outcome monitoring program, and 4) an organization-based intervention

The main objectives of the symposium

1. Providing insight in the different implementation issues faced during different types of intervention/strategy studies.
2. Discussing circumstances and factors that contributed to these implementation issues
3. Discussing the lessons learned during the processes of implementation.
4. Providing the audience with possible solutions and/or advice on which pitfalls to avoid in (future) implementation endeavors.

Take home message
Developing a new intervention or strategy to improve care is only the beginning. In order to truly affect mental health care practice, we need better implementation strategies. Not only for interventions and strategies that are already evidence-based, but also during the trial phases when evidence is collected and researched.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Insight in the implementation process of a new model in long-term mental health care in the Netherlands: Active Recovery Triad

Authors: L. Zomer

Introduction
The 'Active Recovery Triad' (ART) model is an integral approach aiming at recovery for people with Serious Mental Illness (SMI) in long-term mental health care. For a long time, this neglected group were the 'permanent residents' of

long-term facilities in the Netherlands. ART combines an active role for professionals, service users and family (A), a focus on recovery (R), and cooperation between service user, family and professional in the triad (T).

Objectives
In a large implementation study, we investigate the implementation process of ART in 18 mental health organizations.

Methods
Group interviews were performed with 18 teams of different mental health organizations that are implementing the ART model. We investigated different aspects of the implementation process: What are the perspectives of the team regarding the ART model? How to start an implementation process? What are barriers and facilitators in this process?

Results
Preliminary results suggest that teams implement the model in a structured manner, using strategies as Scrum to support this process. It is important for teams to feel the urgency to change. However, a barrier is the shortage of housing accommodations in the Dutch public sector, which makes the transfer of service users to more individuality difficult.

Conclusion
The ART model provides a guiding framework aiming at recovery for people with SMI. We expect that implementation of the ART model will lead to an improvement of the quality of care in long term psychiatry and opportunities for recovery for service users.

2. The struggles of implementing a nurse guided eating club for patients with schizophrenia in a multicenter RCT

Authors: J.S. Vogel

Introduction
Patients with a psychotic disorder are impaired on many aspects of social functioning and self-management.

Objectives
The HospitalitY (HY) project is a home-based nurse guided peer support intervention for these patients that aims to increase social contact and life skills by combining peer support and skill training.

Methods
In the HY project, peers meet in their own environment (i.e. at home) and have dinner with each other (3 per group). A nurse provides home based support using patient centered goals, targeted at skills that empower patients to organize a dinner for their peers. Moreover, during dinner a guided peer support method is conducted by the nurse. The intervention involves 15 sessions (biweekly, eight months). After a successful pilot study, a multi-center randomized controlled trial was started in November 2016 with 21/7/2018 (N=84) as the initial recruitment end date. The primary outcome is social contact, measured with daily evaluations (Experience Sampling Method).

Results
The implementation of the RCT faced many obstacles. Four out of the six approached mental healthcare organizations are actively participating. So far, 13 nurses were trained, 21 participants have finished and 32 participants are waiting to be randomized. Low inclusion rates were reason to extend the inclusion date to august 2019.

Conclusions
Obstacles in implementation are found on several levels: the context of the Dutch health care system, recruitment of professionals for the project and internal barriers of patients in joining an eating club. This presentation will elaborate on causes and solutions for these implementation difficulties.

3. Implementing a multicenter routine outcome monitoring (ROM) program in the Netherlands: 10-year lessons learned

Authors: E. Visser

Introduction
Patients with psychotic disorders have an increased risk of developing physical illnesses and social and functional problems. As a result they have a shorter life expectancy and they are often socially excluded.

Objectives
To detect the severity of these problems the annual PHAMOUS-screening was developed. We will discuss the pitfalls and lessons learned of the implementation of the screening in four large mental health institutions in The Netherlands.

Methods
The screening consists of specific questionnaires, interviews, laboratory testing and physical evaluations to assess unmet needs, psychiatric symptomatology, physical and social problems, and quality of life of patients with psychotic disorders. The past ten years the annual screening has been embedded in electronic patient files using a ROM-application program. This enables counsellors to generate a report which can be discussed during the treatment.

Results
The infrastructure of the screening will be described emphasizing the challenges of implementing such an extensive multicenter screening program. These challenges were encountered in developing the content of the screening as well as in the logistics of enrolling the screening among different institutions and also in making the data available for researchers ensuring patients' privacy.

Conclusions
The screening is a tool for patients and their counsellors in updating their treatment plans based on shared-decision making. However, identifying problems does not automatically mean that this results in adequate treatment. Also, using screening results and combining them with patterns of care for scientific research imposes challenges on the development of a data-infrastructure with respect to patients' privacy.

4. The development and implementation of a computerized decision aid for the treatment of psychotic disorders

Authors: L.O. Roebroek

Introduction
Patients with psychotic illness have varying care needs in different areas of their life. Symptomatic, medical or psychosocial problems often go undetected and therefore remain untreated. Routine outcome monitoring (ROM) can systematically monitor these problems. Also, multidisciplinary guidelines and standards of care provide suitable evidence-based treatments for most care needs. However, the integration of ROM results with these guidelines in daily clinical care needs improvement.

Objectives
Clinical decision aids can be used to implement guidelines into daily clinical practice. Our goal is to successfully implement a clinical decision aid in psychosis care that promotes the use of evidence based treatment, based on care need identified by ROM.

Methods
TReatment E-AssisT (TREAT) is a computerized clinical decision aid that combines ROM outcomes with evidence based guidelines. A pilot study was conducted to test the feasibility of implementation in daily clinical care. Currently, a multicentre trial is conducted to investigate different aspects of the implementation of TREAT in day-to-day patient care.

Results
The pilot study showed that TREAT can be successfully implemented in daily clinical practice. We are currently analysing the results of our clinical trial. During the TREAT trial, we have encountered several implementation issues that will be discussed during this session.

Conclusions
The most important factors for successful implementation of a clinical decision aid have been met with the implementation of TREAT.

16:45 - Parallel Session VIII - Symposium 40 - Mental health care from theory to outcome
Room 5

Theme(s): Mental health care from theory to outcome

SY-040

(10715) - ASSESSING THE COSTS OF MENTAL DISORDERS: NEW RESULTS AND RECENT DEVELOPMENTS IN CONCEPTS AND METHODS

Chair: Reinhold Kilian (Germany)[1]

Presenters: Lene Halling-Hastrup (Denmark)[2]; Paul Mccrone (United Kingdom)[3]; David Mcdaid (United Kingdom)[4]; Tamara Waldmann (Germany)[1]

1 - Ulm University, Department of Psychiatry and Psychotherapy II, Ulm, Germany;
2 - Psychiatric Research Unit, Region Zealand, Roskilde, Denmark;
3 - King's College London, UK;
4 - London School of Economics and Political Science, UK

SYMPOSIUM PROPOSAL

Comprehensive cost of illness (COI) assessment is the backbone of any health economic analysis. Adequate concepts and methods of COI assessment must reflect the complexity, the variance and the dynamic nature of mental health service needs and provision at the national and the international level. Though methods for the assessment of mental health service use and costs have been internationally established and national and cross national COI studies for several mental disorders have been published there are still lacking data and methodological challenges regarding particular target groups and specific cost dimensions.

The speakers of this symposium will present the results of recent studies and literature reviews on new conceptual and methodological approaches of cost assessment. Lene Halling-Hastrup presents the first nationwide study on the societal costs of schizophrenia based on data from the Danish case register. Tamara Waldman and Reinhold Kilian assessed the COI of families with mentally ill parents in Germany as part of an RCT and present first results on service use cost distributions and cost drivers. Paul McCrone provides an introduction into the methods for the monetary valuation of patient time in economic evaluations of psychological interventions on the basis of a systematic review of literature. David McDaid discusses the methodological problems and the state of the art of estimating the costs and the health economic implications of self-harm and suicide.

CONTRIBUTING SPEAKERS ABSTRACTS

1. The societal costs of schizophrenia from a matched controlled nationwide study of patients and their partners in Denmark

Authors: Lene Halling-Hastrup

Introduction
Information on welfare cost of schizophrenia in Denmark is limited.

Objectives
To investigate factual excess costs of patients with schizophrenia and their spouses.

Methods
We used national registers to compare somatic and psychiatric health care costs, tranfer payments and lost productivity among patients diagnosed with schizophrenia during 2002-16 and spouses with matched controls.

Results
Patients with schizophrenia and their spouses differed from the general population with respect to all included cost items. Excess costs could be documented up to five years before initial diagnosis of schizoprenia.

Conclusions
The study documents increased societal costs after initial diagnosis of schizophrenia, which are significantly higher than other chronic neurological disorders. Patients with schizophrenia often have long pathways to appropriate treatment with many service contacts, which our results support, showing increased use of somatic and psychiatric contacts before first diagnosis.

2. Importance and valuation of patient time in economic evaluations of psychological interventions

Authors: Paul McCrone

Introduction
Health care interventions use scarce resources. In some countries economic evaluations focus on healthcare resources while others take a societal perspective. The latter should include the cost of patient time. This is important for determining the total cost of care, but the value of patient time is also likely to affect the uptake of time intensive treatments such as psychological therapy.

Objectives
(1) To assess the extent to which patient time costs have been included in economic evaluations of psychological interventions. (2) To suggest ways in which time costs may be related to uptake and completion of therapy.

Methods
A systematic review of the literature to identify studies that have reported individual level costs is accompanied by a conceptual model of how time costs impact on therapy uptake.

Results
The ways in which patient time costs are measured will be reported.

Conclusions
Patient time costs are seldom a focus in economic evaluations. For a societal perspective they should be included. The relationship between time costs and therapy uptake needs further investigation.

3. Understanding the costs of self-harm and suicide: state of the art

Authors: David McDaid

Introduction
Self-harm and suicidal behaviours remain challenging across Europe. Better understanding of the economic costs of avoidable self-harm and suicidal behaviour is critical when making the economic case for investment in effective preventive measures.

Objectives
Firstly, to assess the extent to which the costs of self-harm and suicidal behaviour are incorporated into evaluations of actions to prevent initial and subsequent self-harm events. Secondly, to look at how methods of capturing impacts have developed.

Methods
Systematic review of methods for costing in economic evaluations and costing studies over a ten-year period. These included measurement of direct costs and/or resource utilisation impacts to the health system, as well as wider costs to public sectors such as police, fire and rescue services, social welfare agencies and coronial services. Methods for valuing productivity losses, intangible value of lost life and consequences for family and friends were also included.

Results
More than 200 studies explicitly quantified costs associated with specific self-harm behaviours, particularly deliberate self-poisoning, but evaluations of cost effectiveness of self-harm preventive measures remain rare. While some studies look at impacts beyond health care systems almost no study looked at short or longer-term family impacts.

Conclusions
Although there is increased interest in understanding the economic impacts of self-harm and suicidal behaviour, few evaluations include more than a very narrow focus on immediate costs to health care systems. It is important to look beyond these impacts; this should include better measurement and valuation of time and other impacts for families both pre and postvention.

4. Costs of health and social services in families with children of mentally ill parents in Germany

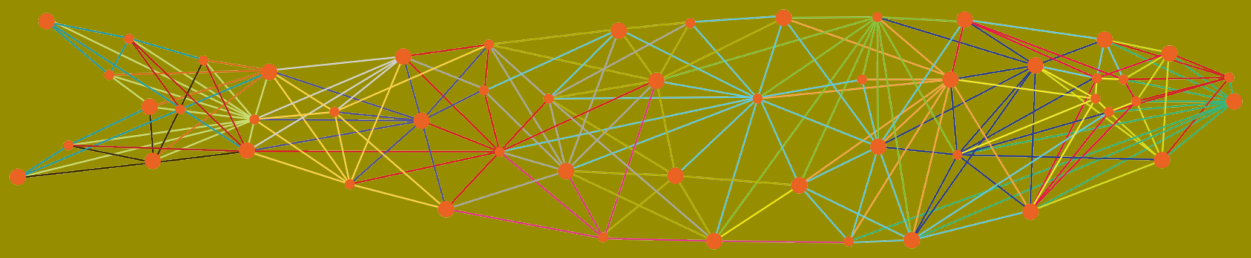
Authors: Tamara Waldmann

Introduction/ Objectives
Children of mentally ill parents have a higher risk to develop a mental illness when compared with the general population. What kind of services are used (social or health services) by parents and their children, as well as the amount and duration of service use is rarely investigated. We present cost analyses of (mental) health and social service use of families with at least one mentally ill parent, separated for children and parents.

Methods
As part of a multicenter randomized trial, use and costs of health and social services were assessed for a sample of 298 children with mentally ill parents (N = 192) in six regions of Germany. Service use was assessed by the German version of the children and adolescent mental health service receipt inventory (CAMSHRI) and the client sociodemographic receipt inventory (CSSRI) for parents. Total and service specific costs will be calculated for 12 months by diagnosis status and service user status. Cost drivers will be identified by linear regression analyses.

Results
Total mean costs for 12 months for the total sample will be presented, separated for the affected parent and children with and without diagnosis. Linear regression models will be performed separately for all participants and service users. Cost drivers and their relationships will be investigated.

Conclusions
We will estimate current and future costs of the target group and give a hint where future interventions have to focus on.



ENMESH

6-8 JUNE 2019
LISBON, PORTUGAL

Managing mental health system complexity

13th Conference of the European network for mental health service evaluation (ENMESH)

8 June 2019

11:30 - Keynote Lecture IV
Auditorium

Keynote Speaker: Crick Lund

Mental health in low and middle-income countries: How can we develop services in diverse low resource settings?

Since the publication of the Grand Challenges in Global Mental Health in 2011, a burgeoning evidence base has demonstrated the cost-effectiveness of a range of mental health treatment interventions in low and middle-income countries (LMIC), largely evaluated using randomised controlled trials. Yet little is known about how to deliver these interventions in routine low resource settings. In a partnership between researchers, Ministries of Health, WHO and non-governmental organisations, the Programme for Improving Mental health care (PRIME) has worked since 2011 to evaluate the integration of mental health into routine low resource primary care settings in five LMIC: Ethiopia, India, Nepal, South Africa and Uganda. This talk will present recently published findings on the impact of the PRIME district mental health care plans on population, health system and individual outcomes. Key lessons regarding financing, innovation, collaboration and health systems strengthening will be highlighted, together with recommendations for policy and further research.

Keynote Speaker: Bernd Puschner

Peer support and recovery from a cross-cultural perspective

Peer support, i.e. persons with a lived experience of mental illness and recovery supporting others living with mental health problems, is an empirically validated resource-oriented intervention promoting recovery. The knowledge of people with a lived experience of mental illness and their ability to de-stigmatise mental illness, to offer alternative viewpoints in understanding clients, and to strengthen a person-focused (rather than a disease-focused) discourse are untapped resources in global mental health. During the last decades, peer support has been implemented to varying degrees in mental health services of many high- income countries. At the same time, the burden of mental disorders and the care gap between those in need and those actually receiving "formal" mental health care is especially prominent in low- and middle-income countries and calls for action.

Common mechanisms driving the successful implementation of peer support are a critical number of active (former) service users and / or carers expressing clear disenchantment with existing services, and the transformation of such a "movement" into political action by exerting influence on health policy decision makers. This implies that the effect of top-down processes on implementation of recovery-oriented interventions initiated by researchers or outside "activists" may be limited. Rather, scaling up of peer support world-wide offers a rare and vital opportunity for South-North learning among service users, researchers, and mental health professionals working towards improving mental health care, systems change, and realising mental health as a human right.

In this keynote, I will tell my story of learning, joys and challenges when trying to implement an evidence-based recovery-oriented intervention in various parts of the world.

12:45 - Closing Keynote Lecture
Auditorium

Keynote Speaker: Guadalupe Morales

Human Rights First! From ill person to citizen

There is no doubt that nowadays the fight against discrimination is universally understood. That is the case of the fight for civil rights by African Americans in the 60s, of the homosexuals, of those affected by HIV, the fight against the Apartheid, and historically, much earlier, of the movement of women suffragettes at the beginning of the 20th century for their right to vote. However, as soon as we focus on the issue of the lack of rights towards the group of people with a diagnosis of mental illness, the general perception is not so clear.

The fact of having a diagnosis of mental illness, can already suppose a discriminatory label that violates our rights and makes us essentially "sick". The challenge is the transition from this conception and switching from being "sick" to becoming "citizens", transcending the diagnosis and the cruel discrimination suffered by those who have it. As a person that has mental health problems, my biography is a testimony of it.

We people with a psychosocial disability must be considered first of all as subjects with rights and not as objects of care.

The violation of human rights and even the lack of humanity, are easily recognizable when they are violated, in cases such as the current atrocities of the Burmese army that forced the exodus of this Muslim minority, the Rohingyas, or the crisis of the refugees from the war in Syria. However, when it comes to the group of those with mental disabilities, our Rights are not understood nor respected; and even less claimed and demanded. My personal experience with psychiatric torture also, from my perspective as an activist, is a testimony to this.

The achievement of the elaboration of the The Convention on the Rights of Persons with Disabilities is a milestone of such magnitude that it needs to be disseminated, understood, demanded; and above all debated with us; Nothing about us without us.

08:30 - Parallel Session IX - Oral Session 15 - Managing systemic complexity
Auditorium

Theme(s): Managing systemic complexity

OC-072

(11110) - WAYS TO AVOID REPEATED HOSPITALISATIONS - MENTAL HEALTH SERVICE USERS' PERSPECTIVES IN SIX EUROPEAN COUNTRIES

Marian Ådnanes (Norway)[1]; Johanna Cresswell-Smith (Finland)[2]; Line Melby (Norway)[1]; Lilijana Šprah (Slovenia)[3]; Raluca Sfetku (Romania)[6]; Christa Straßmayr (Austria)[4]; Valeria Donisi (Italy)[5]

1 - SINTEF;
2 - National Institute for Health and Welfare (THL);
3 - Research Centre of the Slovenian Academy of Sciences and Arts;
4 - IMEHPS.research – Forschungsinstitut für Sozialpsychiatrie;
5 - University of Verona;
6 - National School of Public Health, Management and Professional Development, Bucharest (NSPHMPD)

Introduction
Repeated psychiatric hospitalisation is considered a negative outcome both in terms of the quality and cost to the healthcare system and for the process of recovery.

Objectives
The purpose of our study was to explore service users' experiences of psychiatric hospitalisation, specifically exploring how to avoid the need for further hospitalisations.

Methods
Eight focus groups were conducted in six European countries namely; Austria, Finland, Italy, Norway, Romania, Slovenia.

Results
A total of 55 service users participated in the study. All participants had been in receipt of mental health services for at least 1 year at the time of the interview and had experienced more than one psychiatric hospitalisation. Participants emphasised the importance of preparation, information and plans already prior to discharge in order to avoid subsequent re-hospitalisations, although this was seldom done. Back in the community, participants emphasised the importance of being in close contact with local services and making use of learning strategies for self-monitoring through different structured plans. Having the opportunity to participate in the community, having access to social contacts and having meaningful activities were considered critical. Peer-support and family support was considered valuable but depending on good relations.

Conclusions
The results provide clinicians with a deeper understanding of the internal, relational and community resources which may be important for avoiding psychiatric re-hospitalisation. The results places particular emphasis on the need for psychoeducational and psychosocial interventions in the community, for example in the setting of a day- or activity centre.

OC-073

(10821) - HOW CAN WE OPTIMISE MEDICATION IN THE COMPLEX ENVIRONMENT OF MENTAL HEALTH SERVICES?

Ian Maidment (United Kingdom)[1]; Sally Lawson (United Kingdom)[1]

1 - Aston University

Introduction
Optimising medication with people with severe mental illness (SMI) is complex involving fragmented services including primary, secondary and social care. A whole system approach, with practitioners and service users sharing decision-making, is required, but challenging to achieve. Family carers have a key role, particularly if the service user has any cognitive impairment.

This presentation draws on two NIHR projects on medication optimisation, and the literature on medication optimisation in people with SMI.

Objectives
To briefly outline the potential medication optimisation challenges with people with SMI.

To propose innovative approaches to develop effective interventions.

Methods
Study one assessed the feasibility of a medication review by a specialist dementia care pharmacist with staff training to limit the inappropriate use of psychotropics in older people with dementia. Qualitative interviews explored implementation.

Study two used realism to understand how medication optimisation works in older people on complex regimens living in the community. It integrated evidence from the literature with interviews of people's experiences.

A narrative literature was conducted to further understand the challenges and inform intervention development proposals.

Results
Implementation of the specialist recommendations was challenging; themes for nonimplementationwill be presented. The ability of older people to cope with medication burden is a key barrier to effective medication optimisation.

The narrative literature identified the need to understand the mechanisms for sub-optimal medication optimisation, and the importance of the active involvement of service users in both intervention development and implementation.

Conclusions
Realism offers an innovative approach to develop an effective medication optimisation intervention with people with SMI.

OC-074

(10914) - THE IMPACT OF ANTIPSYCHOTIC TREATMENT ON PHYSICAL HEALTH IN PATIENTS WITH PSYCHOSIS: MANAGING WEIGHT GAIN AND CARDIOMETABOLIC DISTURBANCES

Rita Almeida Leite (Portugal)[1]; João Borges (Portugal)[1]; Telma Santos (Portugal)[1]; Tiago Santos (Portugal)[1]

1 - Psychiatry and Mental Health Department of Baixo Vouga Hospital Centre

Introduction
People with psychotic disorders have reduced life expectancy compared with the general population. It is primarily due to increased prevalence of cardiometabolic disturbances and modifiable risk factors, including weight gain and low exercise, partly driven by antipsychotic treatment. Paradoxically, monitoring of relevant physical health risk factors is frequently inadequate.

Objectives
The aims of this work were to estimate the prevalence of cardiometabolic disturbances and weight gain in people with psychosis under antipsychotic treatment, and to explore how general practitioners/psychiatrists manage their physical health.

Methods
This is a retrospective and descriptive study, based on a non-systematic review of relevant medical databases (such as Medline/Pubmed, Embase and PsychINFO). We reviewed the records of subjects hospitalized between January and December of 2008 with a diagnosis of psychosis (first-episode). We analyzed sociodemographic and clinical variables. At an 10-year follow up, between January and December of 2018, we compared cardiometabolic, weight gain and exercise issues.

Results
This work included 48 patients with a first episode of psychosis. This sample was collected and characterized, suggesting an high risk of cardiometabolic disturbances and weight gain in patients with psychotic disorders. Exercise was not monitored in primary care and psychiatric services.

Conclusions
This work highlights the necessity of multidisciplinary teams with integrated approaches to augment evidencebased clinical practice with measures to screen, manage and intervene in physical health. Meeting these challenges has the potential to reduce costs to government, as well as promote recovery in psychosis.

OC-075

(10780) - ACTIONS AND RESPONSIBILITIES WHEN MANAGING PHYSICAL HEALTH AMONG PEOPLE WITH SEVERE MENTAL ILLNESS

Birgitte Lerbæk (Denmark)[1,2]; Rikke Jørgensen (Denmark)[3]; Jørgen Aagaard (Denmark)[1]; Julie Nordgaard (Denmark)[4,5]; Niels Buus (Australia)[6,7,8,9]

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2 - Department of Clinical Medicine, Aalborg University, Aalborg, Denmark;
3 - Unit for Psychiatric Research, Aalborg University Hospital, Aalborg, Denmark;
4 - Mental Health Center Amager, Copenhagen, Denmark;
5 - University of Copenhagen, Copenhagen, Denmark;
6 - Faculty of Medicine and Health, University of Sydney, Sydney, Australia;
7 - St. Vincent's Private Hospital Sydney, Sydney, Australia;
8 - St. Vincent's Hospital Sydney, Sydney, Australia;
9 - Institute of Regeional Health Research, University of Southern Denmark, Slagelse, Denmark

Introduction
Life expectancy of people with severe mental illness (SMI) is shortened by 13-30 years compared to the general population, and despite extensive research, excess mortality is an unsolved issue. People with SMI are often in need support from health care givers to manage health related issues in everyday life. However, provision of health care to people with mental illness remains an area of contemporary health care in which profound health inequalities exist.

Objectives
To examine mental health care professionals' accounts of actions and responsibilities related to managing physical health issues among people with severe mental illness.

Methods
Three focus groups were conducted with 22 mental health care professionals and participants' situated accounts were subjected to discourse analysis.

Results
Participants accounted for actions and responsibilities in three typical ways; 1) by positioning people with SMI as difficult to motivate and resisting intervention, 2) as so impaired that intervention was futile, and 3) by arguing that people with SMI are undertreated for physical conditions and have physical illness that staff are not aware of because of prominent mental illness. These accounts seemed to legitimise descriptions of situations where they would not act on physical health. Further, they seemed to downplay the potential trouble related to not succeeding in facilitation lifestyle changes or compliance to treatment of physical conditions.

Conclusions
Mental health care professionals need to be aware of latent discriminating attitudes towards people with SMI. Such attitudes are suggested to reinforce barriers for people with SMI receiving physical health care.

OC-076

(10846) - THAT IS WHAT WE ALREADY DO! MENTAL HEALTH CARE PROFESSIONALS' REACTIONS TO USING AN EVIDENCE-BASED INTERVENTION IN INPATIENT CARE

Rikke Jørgensen (Denmark)[1]; Jette Christiansen (Denmark)[2]; Hanne Becker Nissen (Denmark)[2]; Karin Kristoffersen (Denmark)[3]; Vibeke Zoffmann (Denmark)[4]

1 - Aalborg University Hospital, Psychiatry, Unit for Psychiatric Research;
2 - Aalborg University Hospital, Psychiatry, Clinic South;
3 - Aalborg University Hospital, Unit for Psychiatric Research, Clinic North;
4 - Research Unit Women´s and Children´s Health, the Juliane Marie Centre, Copenhagen University Hospital, Rigshospitalet

Introduction
Implementation of evidence-based interventions in mental health care is required in order toimprove quality and outcome for patients. Health care professionals´ values and beliefs play an important role when implementing evidence-based practice in real-world healthcare settings. To prevent under-utilized delivery to patients, it is important to focus on professionals´ perception of the intervention.Thereforethere is a need to shed light on professionals' reactions to the use of evidence-based interventions to better understand and adjust the implementation process.

Objectives
To explore mental health care professionals´ reactions to using the evidence-based intervention Guided Self-Determination method in the care of inpatients with severe mental illness.

Methods
A qualitative study conducted in relation to an 8 months implementation program. Data collection: 9 qualitative interviews and field notes generated from supervision of the intervention. Thematic analysis inspired by Braun and Clarke was used to analyse data.

Results
Four themes emerged from the thematic analysis: 'The expert becomes novice', 'Theory used as a looking glass', 'Guided Self-Determination perceived as an interruption' and 'Becoming an informer of the impact of GSD'. All themes reflected the professionals' preoccupation with using the intervention together with the patients.

Conclusions
Mental health care professionals have difficulties in changing from a familiar and comfortable practice based mainly on experience-based knowledge to a new evidencebased intervention. The awareness of the distinction between traditional practice and the Guided Self-Determination method and the discovery of the emerged mutual insight about the patient, when using the Guided Self-Determination method, were important motivational forces for making changes.

08:30 - Parallel Session IX - Oral Session 16 - Access inequities
Room 1

Theme(s): Access inequities; Other

OC-077

(10038) - COSTS OF HEALTH AND SOCIAL SERVICES IN FAMILIES WITH CHILDREN OF MENTALLY ILL PARENTS IN GERMANY

Tamara Waldmann (Germany)[1]; Dinc Ümügülsüm (Germany)[1]; Saglam Gülsah (Germany)[1]; Maja Stiawa (Germany)[1]; Bonnie Filter (Germany)[2]; Silke Wiegand-Grefe (Germany)[2]; Reinhold Kilian (Germany)[1]

1 - Ulm University, Department of Psychiatry and Psychotherapy II, BKH Günzburg, Germany;
2 - Medical Center Hamburg-Eppendorf, Germany

Introduction
Children of mentally ill parents have a higher risk to develop a mental illness when compared with the general population. What kind of services are used (social or health services) by parents and their children, as well as the amount and duration of service use is rarely investigated.

Objectives
We present cost analyses of (mental) health and social service use of families with at least one mentally ill parent, separated for children and parents.

Methods
As part of a multicenter randomized trial, use and costs of health and social services were assessed for a sample of 298 children with mentally ill parents (N = 192) in six regions of Germany. Service use was assessed by the German version of the children and adolescent mental health service receipt inventory (CAMSHRI) and the client sociodemographic receipt inventory (CSSRI) for parents. Total and service specific costs will be calculated for 12 months by diagnosis status and service user status. Cost drivers will be identified by linear regression analyses.

Results
Total mean costs for 12 months for the total sample will be presented, separated for the affected parent and children with and without diagnosis. Linear regression models will be performed separately for all participants and service users. Cost drivers and their relationships will be investigated.

Conclusions
We will estimate current and future costs of the target group and give a hint where future interventions have to focus on.

OC-078

(10889) - QUALITATIVE SERVICE EVALUATION OF A WOMEN-ONLY THERAPY CENTRE

Isobel Harrison (United Kingdom)[1]; Helen Killaspy (United Kingdom)[1]; Nicola Morant (United Kingdom)[1]

1 - University College London

Introduction
The Maya Centre in London is a community-based women-only service that provides individual, group therapy and complementary therapies free of charge. A recent quantitative service evaluation demonstrated that the Centre worked effectively with women presenting with high levels of mental health needs.

Objectives
The current study sought to explore qualitatively the views of the staff and clients on aspects of the service that are most beneficial and those that may require improvement.

Methods
In-depth interviews with staff and clients about experiences of working at and receiving therapy at the Maya Centre.

Results
Seven clients and seven staff participated. Interviews were analysed using thematic analysis. Three of the six themes identified concerned the culture, processes and structures of the service which allowed direct access, engendered trust and provided varied therapies in the centre and local community. The specific expertise of the therapists formed a fourth theme. A further two themes related to challenges met by staff and how staff sought to address them.

Conclusions
The Maya Centre provides individual and group therapies which are highly valued by clients and staff. Particular strengths that enhance access to vulnerable women include its gender-sensitive ethos, the employment of multilingual therapists and the fact that it is a free service. These findings give further support to research demonstrating the effectiveness of accessible, gender-specific services for women. The community embeddedness of the centre models a service which is able to respond to the needs of diverse inner-city populations, providing a valuable addition to statutory services where access issues may exist.

OC-079

(10912) - CHARACTERISTICS OF HELP SEEKERS OF HEADSPACE- A YOUNG PEOPLE'S MENTAL HEALTH SERVICE IMPLEMENTED IN ISRAEL

Gili Hoter-Ishay (Israel)[1]; Paula Garber-Epstein (Israel)[2]; Michal Mashiach-Eizenberg (Israel)[3]; David Roe (Israel)[4]

1 - Phd student, Department of Community Mental Health, University of Haifa. Israel;
2 - PhD,.The Bob Shapell School of Social Work, Tel Aviv University, Israel;
3 - Professor, Department of Health Systems Management, The Max Stern Yezreel Valley College, Israel;
4 - Department of Community Mental Health, University of Haifa

Introduction
Research has reported that while 7%-26% of youth and young adults experience emotional difficulties, as many as 80% of them do not seek help or use mental health services. An innovative Australian model, Headspace, was developed to try to narrow this gap emphasizing accessibility and community integrated mental health service for youth at age 12-25. Recently the model has been implemented in Israel.

Objectives
To characterize the youth seeking of the Headspace program in Israel and their pathways to care

Methods
All young people applied to Headspace between March 2016 and June 2018 (N=291) and gave consent, completed an assessment, which included treatment history, reasons for referral, clinical status and the following questionnaires:The K-10 questionnaire evaluating psychological distress and the strengths and difficulties questionnaire measuring emotional and behavioural difficulties.

Results
Eighty one percent were between ages 12-18, the distribution of gender was equal and for 45% it was their first encounter with mental health services. The most common source of referral was the school counsellor (28%) whereas the main source of motivation for attending was the family (45%). Twenty two percent of the help seekers chose not to continue after the intake and displayed a statistically significant lower level of distress, and had less emotional and behavioral difficulties

Conclusions
At its start Headspace in Israel appears to attract young people with distress that had never received treatment. In addressing the documented gap between the need and use of mental health services family and school counsellor seems to have a crucial role.

OC-080

(10857) - IMPACTS OF DIFFERING POLICIES AND FUNDING MODELS ON ACCESS TO MENTAL HEALTH CARE FOR CHILDREN AND ADOLESCENT

Danielle Maloney (Australia)[1]

1 - Medicine and Health, Sydney University, NSW, Australia

Introduction
Provision of timely, effective, evidence based mental health services to children and adolescents can prevent long term impairment, but they are critically underfunded across the globe. There is an imperative to ensure this precious resource is not wasted. Governments and other relevant stakeholders need to know how best to use the scarce resources available to guide effective policy and decisions about service organisation.

Objectives
To explore the key concepts that drive intensity of level of service required in Child and Adolescent Mental Health Service (CAMHS) and how well they align with policy and funding models.

Methods
This study is exploratory involving a systematic scan of the literature with a focus on systemic, organisational and policy approaches to the organisation and commissioning of CAMHS. Only documents written in English were selected.

Results
The key concepts identified that drive intensity of level of service required include acuity, severity and complexity. These key concepts do not always align with how CAMHS is funded and services are organised.

Conclusions
The variability in resource allocation within CAMHS and the differing models of service structure indicates an inconsistency in how children and adolescents presenting to CAMHS are allocated to the care they receive. This puts into question whether children and adolescent with mental disorders are receiving a level and type of care commensurate with their needs.

OC-081

(10718) - THE ADOLESCENT CLIENT IN THE EYES OF NORWEGIAN METAL HEALTH CARE WORKERS

Tonje Barca (Norway)[1]; Marius Veseth (Norway)[2]; Gro Fjellheim (Norway)[3]; Christian Moltu (Norway)[4]; Signe Hjelen Stige (Norway)[2]

1 - Finnmark hospital trust;
2 - University of Bergen, department of clinical psychology;
3 - Bergen hospital trust;
4 - Førde hospital trust

Introduction
Adolescents are often referred to mental health care services at someone else's initiative, and many come reluctantly to treatment. The way the adolescents are met by mental health care workers will greatly affect the experience and usefulness of being in treatment. But how do mental health care workers view adolescents who come to treatment?

Objectives
The aim of the study was to explore how mental health care workers view and understand adolescents who come to treatment reluctantly, and at others' initiative.

Methods
Ten focus group interviews were conducted with a total of 51 participants, 40 women and eleven men, from seven different community-based outpatient mental health clinics for children and adolescents in Norway. We analyzed the transcribed data material following a hermeneutical-phenomenological epistemology, with thematic analysis as the practical tool.

Results
Three broad themes were formulated to describe participants' experiences: (1) *The many shapes of a suffering adolescent;* (2) *The adolescent as more than a psychiatric patient,* and (3) *Patient roles and space for adolescent engagement*.

Conclusions
Study findings are discussed in relation to existing theory and research. This explorative investigation points to how clinicians' conceptualizations and understanding of adolescents who struggle with mental health problems will influence services, and the importance of finding ways to engage adolescents in treatment and care in order for them to initiate their personal recovery process to build a good and meaningful life. A central implication of the findings is the need to develop tools and practices to successfully engage adolescents in treatment.

08:30 - Parallel Session IX - Oral Session 17 - Mental health care from theory to outcome
Room 2

Theme(s): Mental health care from theory to outcome

OC-082

(10894) - ADVANCES IN CLINICAL EPIDEMIOLOGY: ASSESSING THE CREDIBILITY OF EVIDENCE GENERATED BY UMBRELLA REVIEWS.

Davide Papola (Italy)[1]; Chiara Gastaldon (Italy)[1]; Giovanni Ostuzzi (Italy)[1]; Corrado Barbui (Italy)[1]

1 - WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy

Introduction
Umbrella review is a term applied to systematic reviews that aggregate evidence from a series of systematic reviews and metaanalyses. Along with the risk estimates generated through a meta-analytical process, assessing the quality of evidence is a key aspect, as it has an influence on the certainty of estimates.

Objectives
To suggest a comprehensive approach to assess the credibility of evidence generated by umbrella reviews.

Methods
Methods assessing the credibility of evidence have been proposed but, apart from GRADE, none of them has been formally recognized.

Results
We conducted an umbrella review to quantify the risk of the following six life-threatening medical events associated with exposure to antipsychotic drugs: stroke, ventricular arrhythmia, venous thromboembolism, myocardial infarction, hip fracture, and pneumonia. To assess the credibility of evidence, we applied both the GRADE criteria and a series of quantitative criteria that have been suggested.

Conclusions
On the basis of this case-example, we contribute to the ongoing debate with some considerations and suggestions to better define a comprehensive approach to rate the credibility of evidence generated through umbrella reviews.

OC-083

(10918) - IMPROVING THE COMMUNICATION BETWEEN HOSPITAL PSYCHIATRY AND PRIMARY HEALTH CARE – A COUNSELING PROTOCOL

Maria João Freire (Portugal)[1]; Vanessa Vilanova (Portugal)[1]; Joao Nogueira (Portugal)1; Joana Vieira (Portugal)[1]; Nuno Ribeiro (Portugal)[1]; Margarida Franco (Portugal)[1]; Ines Fonseca (Portugal)[1]; Liliana Moreno (Portugal)[1]; Sara Penedos (Portugal)[1]; Bernardo Barata (Portugal)[1]; Antonio Gamito (Portugal)[1]

1 - Centro Hospitalar de Setúbal

Introduction
In Portugal, Primary Health Care Units (PHCUs) and Hospital Psychiatry Departments (HPDs) are the health facilities responsible to manage individuals with mental health conditions. Patients with mild disorders should be treated in PHCUs and those with severe ones should have psychiatric hospital care. However, 30% of these individuals never get treatment. General Practitioners (GPs) do not feel confident to approach these conditions, the Portuguese Hospital Referral method is unsuitable concerning Psychiatry, and HPDs haven't got enough human resources to answer the demands.

In order to address these issues, the Department of Psychiatry and Mental Health (DPMH) of Centro Hospitalar de Setúbal (CHS) launched a Counseling Protocol with some PCHUs.

Objectives
To assess the effectiveness of the Counseling Protocol between the DPMH of CHS and PCHUs.

Methods
Two demographic similar PCHUs (PCHU1 – with ongoing Counseling protocol; PCHU2 – without protocol) are compared between January 2016 and December 2017 regarding number of first psychiatric appointments in DPSM, discharge rates and clinical severity. A subjective questionnaire was applied to GPs of the PCHUs with ongoing protocol.

Results
There were a total of 80 psychiatric appointments from both PCHUs. There were more psychiatric appointments (n= 56 vs n= 24) and more discharges (34% vs 21%) from PCHU2 than from PCHU1.

Conclusions
The Counseling Protocol showed to be effective, for it seems to provide a more effective screening of the more severe mental health conditions, and also because it leads to an easy communication between PCHUs and HPDs.

OC-084

(10891) - CARE NEEDS AND CARE CONSUMPTION: A LONGITUDINAL ANALYSIS OF GUIDELINE CONCORDANT CARE.

Lukas Roebroek (Netherlands)[1]

1 - Lentis Psychiatric Institute

Introduction
Patients with psychotic illness have varying care needs in different areas of their life. Symptomatic, medical or psychosocial problems can often go undetected and therefore remain untreated. Routine outcome monitoring is one way to systematically monitor these problems. Also multidisciplinary guidelines and standards of care provide suitable evidence-based treatments for most care needs. Within our psychiatric institute we are implementing active strategies to reduce unmet care needs and improve evidence-based practice.

Objectives
Our goal is to fully understand the extend of the unmet care needs that exist in our patient population aswell as the extend of the provided evidence-based care. This way we can tailor our active strategies even more to the existing needs of our patients.

Methods
By combining our ROM screening data with newly aquired care consumption data we are able to conduct a longitudinal analysis of our patients care needs and their actual care consumption.

Results
We are currently analyzing data of more than 1000 of our patients over a 4 year period. We match their symptomatic, medical and psychosocial wellbeing with their received care and analyze if their care is concordance with our existing guidelines and standards of care.

Conclusions
Our analysis shows the care needs and provided care of our patients within our institution and can serve as an example for other mental healtcare institution looking to better understand their patients care needs and care consumption.

OC-085

(10743) - IMPLEMENTATION OF MHGAP IN MOZAMBIQUE: INTEGRATING EPILEPSY CARE INTO THE PRIMARY HEALTH CARE SYSTEM

Palmira Fortunato Dos Santos (Mozambique)[1]; Cumbe Vasco (Mozambique)[2]; Capucine De Fouchier (Switzerland)[3]; Dirk Teuwen (Belgium)[4]; Dua Tarun (Switzerland)[5]; Maria Lidia Gouveia (Mozambique)[6]

1 - Center for Applied Psychology and Psychometric Tests, Mental Health Department, Ministry of Health, Mozambique;
2 - Beira Central Hospital, Provincial Health Directorate of Sofala, MoH Mozambique;
3 - Former WHO collaborator at the Mental Health and Substance Directorate;
4 - Union Chemique Belge;
5 - WHO Mental Health and Substance Directorate;
6 - Ministry of Health of Mozambique, Mental Health Department

Introduction
Epilepsy is the most frequent diagnosis in Mental Health Services in Mozambique. The WHO mhGAP Epilepsy was launched in 2013 in 16 districts of 5 provinces, covering 1.8 million populations to provide effective quality care and treatment for people with epilepsy at the primary health care (PHC). The shortage of human resources trained to address epilepsy and difficulties in the availability of antiepileptic medicines were background for implementation.

Objectives
Integrate epilepsy care at PHC level to reduce treatment gap in Mozambique.

Methods
Advocacy from the Government level to relevant stakeholders in the community was the first step for the implementation. mhGAP training materials were translated and adapted for the local context. Non-specialists health providers and community health workers were trained and supervised regularly. Population sensitizations and community involvement were made for acceptance and sustainability.

Results
After 4 years implementation, the 247 health professionals and 1.161 community health workers trainedassured the services delivery for epilepsy patients. More than 53.466 consultations (559% increase) were conducted. 9.219 new cases were attended in the third year of implementation alone. More than 60% of cases were children and adolescents. Awareness actions reached over 14.000 people. Positive results lead the Minister of Health to increase the purchase of antiepileptic drugs to 1 ton per year and improve delivery at district level.

Conclusions
implementation of adapted mhGAP strategy, the involvement of community stakeholders and commitment of Ministry of Health resulted in significant increase of number of patients with epilepsy attending outpatient services in PHC services.

OC-086

(10815) - CLINICAL AND ORGANIZATIONAL FACTORS PREDICTING READMISSION FOR MENTAL HEALTH PATIENTS ACROSS ITALY

Federico Tedeschi (Italy)[1]; Valeria Donisi (Italy)1; Damiano Salazzari (Italy)[1]; Johanna Cresswell-Smith (Finland)[2]; Kristian Wahlbeck (Finland)[2]; Francesco Amaddeo (Italy)[1]

1 - Dept. of Neurosciences, Biomedicine and Movement, University of Verona;
2 - Mental Health Unit, National Institute for Health and Welfare (THL)

Introduction
Readmission to hospital after discharge is a proposed indicator of healthcare quality. In the psychiatric setting, early readmission generally represents a negative outcome for patients and their families, a potential sign of "failure" for the clinical team and an increase in costs for the health systems.

Objectives
The aims of our study were to describe the early readmission in Italy, exploring rehospitalization in mental health services across regions, Local Health Districts (LHD's) and hospitals; and to explore the predictive power of different clinical and organizational factors.

Methods
The dataset included adult patients resident in Italy discharged from a general hospital episode with a main ICD-10 psychiatric diagnosis in 2012. Independent variables at the individual-, hospital-, LHD- and region- level were used. Outcome variables were individual-level readmission and LHDlevel readmission rate to any hospital at one-year follow-up. The associations whave been assessed through simple and multiple single-level logistic regression. Relevance of contextual effects was investigated through a series of random-effects regressions without covariates. Finally, multi-level logistic regressions with covariates at different levels were performed.

Results
The global national rate of readmission at 1 year was 43.0%. Higher readmission rates were found for admission in the same LHD as residence, psychotic disorder, length of stay (LoS) above 14 days and a higher rate of public beds in the LHD; shorter readmission rates for patients below 25 yrs and those involuntarily admitted.

Conclusions
Homogeneity of readmission rates may be considered as a positive feature in terms of equity of the mental health care system.

08:30 - Parallel Session IX - Oral Session 18 - Mental health care from theory to outcome
Room 3

Theme(s): Mental health care from theory to outcome

OC-087

(10856) - RIGHT PEOPLE, RIGHT QUESTIONS – SETTING RESEARCH PRIORITIES FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH (INTERVENTIONS AND SERVICES)

Vanessa Pinfold (United Kingdom)[1]; Rachel Temple (United Kingdom)[1]; Thomas Kabir (United Kingdom)[1]

1 - McPin Foundation

Introduction
In the UK, the adolescent psychiatric morbidity survey 2018 reported 1 in 8 young people aged 5 to 19 have a diagnosable mental health problem. Across Europe, solutions are required to address the declining mental health of young people, high rates of selfharm and death by suicide.

Objectives
We recently completed a Priority Setting Partnership to identify the top 10 unanswered questions about children and young people's mental health. We specifically focused on questions about interventions and services in order to form new research priorities to improve the mental health of children and young people.

Methods
The prioritisation exercise followed the James Lind Alliance process including two multi-stakeholder surveys, and a final workshop. Our young people's advisory group shaped the project throughout.

Results
The first survey involved 2556 people submitting over 5500 questions which were themed and checked against published literature to identify "unanswered questions". Responses were from young people, parents, teachers, mental health practitioners and interested others. 40% came from young people aged under 26. In the second survey, 753 people took part, selecting their top ten from a randomised list of 40 of the remaining 91 questions. The final phase was a multi-stakeholder workshop where 25 questions were assessed and prioritised into the final top 10 unanswered research questions on young people's mental health.

Conclusions
In this presentation we will critique the methodology used in this project. We will consider ways to improve the process and assess the applicability of the findings for other countries across Europe.

OC-088

(10849) - LET ME IN

Maria Bendtsen Kronkvist (Sweden)[1]

1 - Umeå University / Aleris

Introduction
Patient participation is still lacking in practice, still we are aware of that participation in decision making for persons in need of mental health care is a prioritized matter in recovery focused mental health care and services.

Objectives
One of nthe results of the de-initialization of psychiatry in Sweden was a larger population of persons needing outpatient care (Davis et al, 2012) Those with more complex diagnoses and more complex needs are getting support and care from specialized out-reach teams (Lindkvist et al, 2011). But except from these groups there are persons with severe mental illness that are being cared for, monitored and receiving support all day at 24-7 homes in Sweden. These homes are called Sheltered housing services (Social Services Act).

Methods
In 2017 a qualitative study was done by interviewing persons living at sheltered housing services with severe mental illness about when taking part in decisions are important and how the decision making process.
The aim was to explore the meaning of participation among persons with severe mental illness living at sheltered housing services in Sweden.

Results
The interviews was carried out with about 15 persons with severe mental illness at two different sheltered housing services units in Sweden. The interviews was recorded and analyzed by content analysis.

Conclusions
The result highlights that there is great need of letting the persons at Sheltered housing services take part when decisions about them are made.

OC-089

(10828) - COGNITIVE REPRESENTATION OF ILLNESS AMONG PARENTS OF CHILDREN WITH SERIOUS MENTAL ILLNESS: A SYSTEMATIC REVIEW

Ilanit Hasson-Ohayon (Israel)[1]; Gil Goldzweig (Israel)[2]; Adi Lavi-Rotenberg (Israel)1; David Roe (Israel)[3]; Gerdina Hendrika Maria Pijnenborg (Netherlands)[4,5]

1 - Bar Ilan University, Psychology Department;
2 - School of Behavioral Sciences, The Academic College of Tel-Aviv Yaffo, Israel;
3 - Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa,;
4 - Department of Psychotic Disorders, GGZ Drenthe, Assen, The Netherlands;
5 - Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, Groningen, The Netherlands

Introduction
The way people who have an illness as well as their relatives make meaning and construct cognitive representations of the illness is important because of its effect on outcome. While there is some research on cognitive representation of illness among people with serious mental illness (SMI) there is only a scares of studies which focused on the family. This is an important issue, however, because of the potential impact of the family's cognitive representations on family burden.

Objectives
To present the findings of a systematic review of the cognitive representations of illness held by parents of children with SMI and its association to the parents and child outcomes

Methods
Eligible studies through January 2000 to August 2018 were identified via the use of PRISMA guidelines. Two independent coders extracted all relevant data.

Results
The search resulted in 30 relevant studies which revealed that parents tended to hold stigmatizing ideas and assigned self-blame. Additional findings showed the negative implications of this selfblaming tendency as well as of other aspects of illness perception.

Conclusions
Addressing the way parents view their child's illness is important because of its association to subjective psychological outcomes. Further research should use a longitudinal design to study cognitive representations over time and explore how to help parents construct more useful and beneficial cognitive representations of their children's illnesses

OC-090

(13908) - SELF-ORGANIZED CRISIS RESPITE IN BOCHUM

Jasna Russo (Germany)[1]; Sebastian Von Peter (Germany)[1]; Julian Schwarz (Germany)[1]

1 - Medical University Brandenburg

Introduction
For 20 years, the regional association of psychiatric survivors in North Rhine-Westphalia has been running a crisis respite in Bochum. The respite can accommodate two persons for up to three months and also offers short-term overnight stays.

Objectives
Our research project seeks to understand and document the history, the working principles and the underpinning approach to psychosocial crisis within this project. Emphasising the distinctiveness of the experience and knowledge generated within autonomous organisations of psychiatrics survivors the overall goal is to disrupt the marginalisation of these approaches, and strengthen their status in the official discourse on crisis support.

Methods
The inquiry is divided into the exploratory, evaluation and developmental phase. The methods include semistructured interviews and focus groups. Our overall approach can be described as collaborative and participatory. Collaborative refers to the composition of the research team; participatory stands for the close consultation with the research partner throughout the inquiry.

Results
We will present the findings of the exploratory research phase, offering insight into the everyday life of the respite as well as in its underlying values and working principles. The latter include the understanding of project roles, fostering of personal agency, shared responsibility, co-creation of a collective space, as well as accessible and practical support.

Conclusions
Based on the preliminary findings we will discuss the compatibility of these alternative principles with mainstream services and will also tackle on the role of research in this filed.

OC-091

(10768) - THE CHILD REFLEX: A ROADMAP FOR ADULT MHC TO STRENGTHEN PATIENTS' PARENTING SKILLS AND DETECT CHILD ABUSE

Evelien Coppens (Belgium)[1]; Kathleen De Cuyper (Belgium)[1]; Chantal Van Audenhove (Belgium)[1]

1 - University of Leuven

Introduction
In 2013, the Netherlands introduced the Child Check for professionals taking care for adults. When patients struggle with serious mental problems or are victim of domestic violence, professionals are obliged to check whether patients take care for minors and whether the children are at risk for maltreatment. If professionals are worried about the safety at home, they refer the family to a center that investigates the situation further and initiates support. This initiative appeared successful to increase the detection of children who grow up in a worrisome situation.

Objectives
The Flemish government recently decided to develop a similar protocol for MHC professionals called the Child Reflex. This study examined professionals' attitudes toward this new initiative and developed in co-creation with stakeholders a roadmap conform the Flemish way of working.

Methods
We used a research approach combining document analysis, focus groups, and expert panels.

Results
MHC professionals consider the initiative as vital to prevent that children of parents with mental problems develop similar problems later on. The Flemish protocol has a broad scope, is recovery-based, consists of a six-step guide, and entails two objectives. First, professionals have a constructive talk with patients about the children, their parenting role and concerns, and help to strengthen their parenting skills. Second, professionals try to identify worrisome situations and restore safety when possible.

Conclusions
In co-creation with MHC professionals, patients and policy makers, this study resulted in the development of the Child Reflex – a protocol that is now being rolled out widely in Flanders.

08:30 - Parallel Session IX - Oral Session 19 - Mental health care from theory to outcome
Room 5

Theme(s): Mental health care from theory to outcome

OC-092

(10836) - NETWORK BASED INTEGRATED COMMUNITY CARE FOR PEOPLE WITH SEVERE MENTAL ILLNESS IN THE NETHERLANDS.

Philippe Delespaul (Netherlands)[1,2]

1 - Maastricht University;
2 - Mondriaan Mental Health Trust

Introduction
The prevalence of mental health suffering highly surpasses the resources in the mental service system, both considering available finances as the number of professionals with expertise. People are on waiting lists or underserved. In order to significantly reduce mental health related burden a change of strategy is necessary.

Objectives
Redesigning the Dutch mental health system using a bottom up strategy to better alleviate mental health suffering. In doing so, psychiatry has to expand beyond symptom alleviation and include (social) participation and personal recovery into integrated care strategies. Psychiatric care shift towards the development of resilience for the vulnerabilities that are present.

Methods
The project uses a translational strategy from scientific data (primarily, epidemiological and financial resource assessment) that are evaluated on its consequences for optimized care organization, to practice.

Results
Three books were published: one about the nature of mental health problems, one about the organization of care, and one about the didactics of professional training. They serve as a reference for local discussions and bottom-up care innovation demonstration sites. They include professionals, patients, family members and the general public. The local development sites exchange and evaluate their practices regularly.

Conclusions
The Dutch New Mental Health Movement is under development and getting momentum as a broad process that spreads innovative practices. Formal evaluation to assess whether it alleviates mental suffering is planned.

OC-093

(10863) - THE EFFECTS OF PEER SUPPORT WORKERS ON PSYCHIATRIC ENVIRONMENTS – RECOVERY ORIENTATION AS OUTCOME

David Rosenberg (Sweden)[1]; Elisabeth Argentzell (Sweden)[2]

1 - Umeå University;
2 - Lund University

Introduction
While an increasing number of studies describe the positive effects of peer support workers in mental health services, there is a call for research that targets individual outcomes which can be measured and provide evidence for their effectiveness.
Individually oriented outcomes tied to specific interventions, such as those called for in the Swedish national guidelines, may not however capture the broader effects of hiring individuals with lived experience in traditional psychiatric services.

Objectives
The aim of the study was to investigate the implementation and effects of Peer Support in Sweden, in connection with a national project developed by the national user association.

Methods
An interview study of users who had contact with peer support workers in five Swedish psychiatric outpatient services was completed as part of a broader study that also targeted staff and program managers.

Results
While the respondents confirmed many of the outcomes in the international literature regarding hopefulness, strategies for recovery, trust and mutuality, they also described their perception of the environmental implications of employing these workers. They describe the peer support workers as mediating the distance between patient and staff, as creating a more equal standing on the units, and as confirming the recovery orientation of the unit

Conclusions
These findings suggest that the outcomes of peer support are not solely individual and significantly contribute to the development of recovery-oriented services. They will be discussed in relation to the development of the national guidelines and other evidencebased recommendations, which are challenged by innovations which influence the social context of care.

OC-094

(10756) - DIGITAL APPROACHES TO DATA COLLECTION IN PEOPLE RECOVERING FROM PSYCHOSIS

Emilia Deakin (United Kingdom)[1]; Mike Slade (United Kingdom)[2]; Michael Craven (United Kingdom)[1,3]; Carol Coupland (United Kingdom)[4]

1 - School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK;
2 - Affiliation: School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK;
3 - NIHR MindTech;
4 - School of Medicine, University of Nottingham Medical School, Nottingham, NG7 2UH

Introduction
The UNFOLD study aims to identify processes involved in developing an identity as a 'person in recovery', and how recovery from mental ill health may 'unfold' over time. In this longitudinal study psychological, narrative and digital data will be collected to identify social as well as psychological components of recovery.

Objectives
To appraise digital technologies as approaches to collecting in vivo data about daily life of people living with psychosis. To identify the main classes of digital technology used for data collection in mental health and in other forms of personal data collection.

Methods
A summary of findings from a literature review will be reported, including findings from the fields of Patient Centred Healthcare, Mobile and Wearable Health, Lifelogging and Personal Informatics.

Results
A range of technologies have been used for collecting data on daily life. Consumer devices included smartphones, wearable devices such as cameras, Apps, and GPS trackers. Methods were appraised in terms of comprehensiveness and level of data capture. Consideration will be given to the level of burden placed on participants, how active participants are in the data collection process and who owns collected data.

Conclusions
Smartphones could provide novel methods of data capture from people recovering from psychosis. The wide variety of 'on board' sensors means they can be used to collect data actively and passively. Levels of smartphone ownership within the population indicate smartphones could be less burdensome and less stigmatizing to use than other devices.

OC-095

(10838) - PULSAR (PRINCIPLES UNITING LOCAL SERVICES ASSISTING RECOVERY) – PROVIDING SUPPORT FOR RECOVERY ORIENTED PRACTICE TRAINING IN VICTORIA AUSTRALIA.

Lisa Brophy (Australia)[1]

1 - Social Work and Social Policy, School of Allied Health, La Trobe University and the Recovery and Social Justice Unit, Centre for Mental Health, The University of Melbourne

Introduction
The PULSAR (Principles Uniting Local Services Assisting Recovery) project provided an opportunity to undertake an adaptation of the REFOCUS intervention developed in the UK, in collaboration with the REFOCUS investigators, in a way that considered the unique, diverse and complex Australian context for adaptation of Recovery principles, tools and methods.

Objectives
In this presentation the adaptations of the REFOCUS intervention to meet the policy and practice context in Australia will be explained and considered in the context of the project's overall findings.

Methods
PULSAR utilised a mixed-methods stepped-wedge cluster randomized control trial design to evaluate whether adults accessing secondary and primary care mental health services, where staff received purposely developed recovery-oriented practice (ROP) training, reported superior recovery outcomes compared to those accessing services where staff had not received this training. Several nested qualitative studies were also undertaken to understand the experiences of consumers and staff from the services where this training was provided.

Results
The results of this large research project suggest that the REFOCUS-PULSAR intervention can lead to a modest overall measured improvement in personal recovery, also possibly with a small effect on some measures of clinical recovery and other aspects of the experience of the participants who accessed the intervention services.

Conclusions
The adaptations undertaken by the PULSAR project may have enhanced the positive overall finding, particularly the involvement of facilitators with lived experience and offering monthly sessions to staff of involved teams to support practice-based implementation of ROP.

08:30 - Parallel Session IX - Oral Session 20 - Other
Room 6

Theme(s): Managing systemic complexity; Other

OC-096

(10881) - FOUNDRY: EARLY LEARNINGS FROM A CANADIAN INTEGRATED YOUTH SERVICE NETWORK

Steve Mathias (Canada)[1]; Karen Tee (Canada)[1]; Warren Helfrich (Canada)[1]; Pamela Liversidge (Canada)[1]; Skye Barbic (Canada)[2]

1 - Foundry;
2 - University of British Columbia, Foundry

Introduction
One quarter of Canadian youth experience a mental health issue each year. In response, there is national momentum to develop a health services model that can address the needs of this population.

Objectives
(1) To provide an overview of a new model of integrated health care in British Columbia called Foundry, and (2) describe an initial proof of concept study carried out to assess the provincial impact of this integrated health service for youth.

Methods
Over 14 months (January 2017- March 2018), data were collected from all youth visiting five Foundry centres to describe the demographic profile of patients and types of services received, and overall patient experience at Foundry.

Results
In this proof of concept period, Foundry centres provided services to 4,783 unique youth. Total visits recorded was 35,791, with 76% of youth reporting to be less than 19 years old, 66% identifying as white, and 30% as having a sexual orientation other than heterosexual. Five types of services were accessed: (1) mental health services (2) substance use services, (3) physical and sexual health services, (4) peer support services, and (5) social services, with most youth accessing services at least once. Youth reported high levels of satisfaction with Foundry services, ranging from 84-99% satisfaction on comfort, accessibility, involvement in care and staff quality.

Conclusions
The results support the feasibility of implementing Foundry in diverse settings in a Canada. Through its youth-engagement and intentional partnerships, the results suggest that Foundry is meeting current objectives to promote the health and social outcomes of youth.

OC-097

(10843) - Y.ROC: MEASURING RECOVERY IN YOUNG PEOPLE

Bridey Rudd (United Kingdom)[1]; Melvina Robbin (United Kingdom)[1]

1 - Penumbra

Introduction
Personal recovery, deeply embedded within adult mental health policy and practice around the world, remains a novel concept within young people's services. Focus is shifting towards children and young people's mental health however, highlighting the need for validated recovery tools, including measures, designed for use with a younger population. To respond to this demand, a new tool is being developed based on existing recovery measure I.ROC, a 12-item faciliated self-assessment created by Scottish mental health charity Penumbra (Monger et al., 2013). Parallel measure Y.ROC has been developed in partnership with young people with a lived experience of a mental health problem and recovery. Initial testing suggests that face and construct validity of Y.ROC are high, however further work is needed to evaluate the validity, reliability and feasibility of using this tool within practice settings

Objectives
This project aimed to further develop Y.ROC for use within child and adolescent mental health services by evaluating the psychometric properties of the tool.

Methods
Young people aged 14 – 25 accessing third sector support across England and Scotland completed Y.ROC alongside measures of recovery (ReQuest) and wellbeing (WEMWBS; Stirling Children's Wellbeing Scale). Demographic data and feedback about Y.ROC was also collected. Parents, carers and practitioners completed parallel versions of Y.ROC.

Results
Results of psychometric analyses including convergent and concurrent validity, internal consistency and factor analysis will be presented.

Conclusions
Results of psychometric analyses including convergent and concurrent validity, internal consistency and factor analysis will be presented.

OC-098

(10816) - UNDERSTANDING PATHWAYS TO RESILIENCE IN UNDERGRADUATE STUDENTS: A THEORETICAL APPROACH

Snigdha Dutta (United Kingdom)[1]; Aimee Aubeeluck (United Kingdom)[1]; Nicola Wright (United Kingdom)[1]; Maria Michail (United Kingdom)[2]; Cees Van Der Eijk (United Kingdom)[1]

1 - University of Nottingham;
2 - University of Birmingham

Introduction
Rising prevalence of depression, anxiety, and suicide in university students in the U.K. highlights the need for building resilience and promoting young adults' mental well-being. To create effective evidence-based resilience promoting interventions, it is important to understand and contextualise the development and evolution of resilience in higher education settings.

Objectives
The study's aim is to test a novel multi-faceted theoretical model of resilience, based on an ecological framework. Well-established individual, familial, and social risk and protective factors are hypothesised to predict the development of resilience processes in university students. The role of cognitive reappraisal is hypothesised to be the potential underlying mechanism leading to the development of resilience. Moreover, demographic characteristics (e.g. gender and ethnicity) are hypothesised to impact the relationship between these risk and protective factors in developing resilience.

Methods
A 2-phase longitudinal study has been conducted, and data has been collected from undergraduate students via a selfadministered online survey. Structural equation modelling will explore the data and test the hypothesised model's predictive validity.

Results
Collection of baseline (n=776; 73% females; 44% first-year students; 62% white British), and 5-month follow-up data (n≈ 403; 79% female; 36% first-year students; 72% white British) have been completed as of May 2018 and analysis is ongoing.

Conclusions
The study is the first to test an ecologically-based theoretical model of resilience processes for undergraduate students to contextualise the process of their development and evolution. Understanding this process over time may allow for the development of sensitive and theoretically-driven interventions in higher education settings.

OC-099

(11117) - EXPLORING THE CONSTRUCTS OF MENTAL WELLBEING IN THE OLDEST OLD: AN ANALYSIS OF ESS SURVEY DATA

Jorid Kalseth (Norway)[1]; Valeria Donisi (Italy)[2]; Juan Luis González Caballero (Spain)[3]; Federico Tedechi (Italy)[2]

1 - Department of Health Reseach, SINTEF Digital, Trondheim Norway;
2 - Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy;
3 - Department of Statistics and Operations Research, University of Cadiz, Cádiz, Spain

Introduction
As the longevity of the population is increasing, attention has turned to promote, maintain, and improve wellbeing among the oldest old.

Objectives
To explore the constructs of mental wellbeing in the oldest old (80+) and compare them with younger age groups (18-69, 70-79).

Methods
Mental wellbeing can be understood as a multifaceted phenomenon that can be assessed by measuring an array of subjective factors. Exploratory structural equation modelling (ESEM) and Confirmatory Factor Analysis (CFA) are used to investigate the constructs of mental wellbeing in the oldest old, based on prior instruments of subjective and personal wellbeing in the general population building on concepts of evaluative and experienced wellbeing, hedonic and eudaimonic wellbeing.

The analyses will be based on data from round 12 of the European Social Survey (ESS) including 24 countries.

Results
In the dataset used for analysis, 36,578 (84.0%) individuals were aged between 18 and 69, 4,931 (11.3%) between 70 and 79 and 2,058 (4.7%) 80 or more. Preliminary results indicate that the constructs of mental wellbeing in the oldest old differ from the ones in younger age groups. In particular, since configural invariance has not been supported, separate analyses for age groups have to be performed.

Conclusions
Specific attention needs to be given to policy measures targeting the mental wellbeing of the oldest old as opposed to measures directed towards the younger old or the working-age population.

08:30 - Parallel Session IX - Oral Session 20 - Other
Room 5

Theme(s): Managing systemic complexity; Other

OC-100

(10778) - RESOURCE USE PATTERNS, HEALTHCARE AND LOST PRODUCTIVITY COSTS AMONG ADULTS WITH AND WITHOUT MENTAL HEALTH DIAGNOSES: CROSS-SECTIONAL SURVEY IN AUSTRIA

Agata Łaszewska (Austria)[1]; Rebecca Jahn (Austria)[1]; Johannes Wancata (Austria)[1]; Judit Simon (Austria)[1]

1 - Medical University of Vienna

Introduction
In the Austrian healthcare system with its full population coverage and lack of gate-keeping mechanisms, there is a dearth of information on service use and costs attributable to mental disorders.

Objectives
The objective was to compare healthcare services use, and healthcare and lost productivity costs in those with and without mental health diagnoses (MHD).

Methods
A cross-sectional study was conducted on a representative sample of adult population in Austria (n=1008). Information on healthcare service use, medication use and lost productivity was collected for a 12-month period. Cost differences were assessed using generalized linear model adjusting for age, sex and comorbidities. Subgroup analyses were conducted for severe and non-severe MHD based on diagnoses.

Results
Respondents with and without MHD had similar healthcare services use with 82% and 80% having at least one GP visit and 89% and 90% having at least one specialist visit, respectively. Respondents with MHD had on average more specialist and GP visits. Among respondents with MHD, 36% used mental health services, compared to 7% among those without MHD. While lost productivity cost was 2.4-times higher for the respondents with MHD ($p<0.001$,95%CI:1.74-3.35), total healthcare cost was not significantly higher for people with MHD ($p=0.09$,95%CI:0.95-1.85), compared to respondents without MHD. Respondents with severe MHD had 2.61-times higher healthcare cost compared to respondents with nonsevere MHD ($p<0.001$; 95%CI:1.48-4.57).

Conclusions
Resource use patterns suggest widespread access to specialized care and relatively little use of mental health services.

Mental diseases contribute to major lost productivity cost. Severe MHD contribute to the significantly higher healthcare cost.

10:00 - Parallel Session X - Symposium 41 - Mental health care from theory to outcome
Auditorium

Theme(s): Mental health care from theory to outcome

SY-041

(11130) - HUMAN RIGHTS AND UNMET NEEDS IN PSYCHIATRIC RESIDENTIAL FACILITIES AND SUPPORTED ACCOMMODATIONS

Chair: Gian Maria Galeazzi (Italy)[1]

Presenters: Gian Maria Galeazzi (Italy)[1]; Graca Cardoso (Portugal)[2]; Helen Killaspy (United Kingdom)[3]; Mirella Ruggeri (Italy)[4]

1 - Section of Clinical Neuropsychiatry, Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia;
2 - Lisbon Institute of Global Mental Health and CEDOC, Nova Medical School, NOVA University of Lisbon, Portugal;
3 - UCL Division of Psychiatry;
4 - Section of Psychiatry, University of Verona and Verona Hospital Trust (AOUI)

SYMPOSIUM PROPOSAL

Residents of psychiatric residential facilities and supported accommodations are people who need various types of support and have different vulnerabilities, which do not allow them to live independently. Their living environment should provide them with practical, emotional, and professional support aimed at increasing their freedom, social inclusion, self-determination, and success at achieving personally relevant goals. The frameworks that can prove useful in monitoring if these environments are fit for these purposes include the protection and promotion of human rights and the attention to assessment and fulfilment of unmet needs.

The symposium aims at presenting research which, through different instruments and modalities, focuses on human rights promotion and unmet needs in these settings to show how these topics are relevant for ensuring various types of outcomes (satisfaction, quality of life, and degree of autonomy, amongst others).

Presentations will address residents' affective and sexual needs, factors associated with successful shifts to more independent accommodation, and quality standards and their assessment [for example, by means of the QualityRights toolkit and Quality Indicator for Rehabilitative Care – Supported Accommodation version (QuIRC-SA)].

CONTRIBUTING SPEAKERS ABSTRACTS

1. WHO Quality Rights assessment of institutional care for adults with long-term mental disorders in Portugal

Authors: Graça Cardoso

Introduction
People with severe mental disorders living in institutional care facilities frequently receive poor quality of care and are subjected to human rights abuses.

Objectives
To assess the quality of care and of human rights in large institutions for people with long-term mental disorders in order to propose recommendations for improvement.

Methods
The WHO QualityRights toolkit was used to assess three institutions for people with long-term mental disorders, chosen as a convenience sample covering the public, the private, and the social sectors, and with more than 40 beds. The assessment took place in 2017 in each of the institutions for three days, by a previously trained multidisciplinary team.

Results
The assessment showed insufficient quality in the housing that lacks a friendlier and cozier atmosphere, bedrooms too crowded and little privacy in the use of toilets. Food was sufficient in quantity but lacked variety and quality. Individual treatment plans were not usually available, there was no mention to recovery-oriented practices, and users were seldom involved in their treatment plans and living decisions. The number of the staff was too small to be able to develop more personalized rehabilitation programmes. Prevention programmes of physical abuse and of violence were not in place. Users were not actively supported to interact with the community and to carry out their legal duties.

Conclusions
Reforms to address the unmet needs in quality of care and to protect human rights are needed in the assessed institutions.

2. Affective and sexual needs of residents in psychiatric facilities in Modena: A focus group study

Authors: Gian Maria Galeazzi

Introduction
People with mental health problems living in residential facilities have affective and sexual needs.

Objectives
We explored affective and sexual needs perceived by residents in psychiatric facilities in the Modena Mental Health Department catchment area, and how sexuality and affectivity are expressed within these settings, by means of focus groups.

Methods
Adult service users of psychiatric residential facilities were invited to participate in the focus groups, which were audio-recorded. Transcripts were analysed using the MAXQDA software.

Results
Two focus groups were formed: overall 11 participants (8 users and 3 researchers) attended the first and 8 (5 users and 3 researchers) were present at the second. Seven main thematic areas were identified: contraception and sexual transmitted diseases' prevention; affective needs; personal experiences; sexual relations regulation; professionals' openness toward residents' affective and sexual needs; professionals' capability of considering users' sexual and affective needs; and users' proposals.

Conclusions
Affectivity and sexuality are important issues for users living in residential facilities, which are often overlooked by mental health professionals. Residents often need support to fulfil their affective and sexual needs, and staff may show lack of training in dealing with these needs. Users report professionals' uneasiness with respect to this topic, which contributes to their discomfort. In this context, greater awareness, training, and shared problem solving about affective and sexual needs of users in residential facilities is needed.

3. Human rights as a predictor of outcome in mental health supported accommodation in England

Authors: Helen Killaspy

Introduction
Mental health supported accommodation services are a crucial component of the rehabilitation care pathway, providing individualised support to around 60,000 people in England. They aim to address functional impairments by helping individuals develop community living skills.

Objectives
The QuEST research programme was conducted between 2012 and 2017 to assess service quality and outcomes for users of mental health supported accommodation across England.

Methods
The programme included a large cohort study, following service users over 30 months to investigate the proportion who moved on successfully to less supported accommodation (without subsequent placement breakdown) and the service and service user characteristics associated with this.

Results
A random sample of 87 services were recruited from 14 nationally representative regions of England (22 Residential Care, 35 Supported Housing and 30 Floating Outreach). Service quality was assessed using the Quality Indicator for Rehabilitative Care - Supported Accommodation version (QuIRC-SA). A random sample of 619 service users were recruited from these services and their clinical profile (functioning, substance use, challenging behaviours and needs) assessed. At 30 month follow-up, 42% had moved on successfully to less supported accommodation. This was associated with the degree to which the service promoted human rights and adopted a recovery based approach. Service users with greater needs were less likely to move on. Service costs for those who had moved on were significantly lower than for those who did not.

Conclusions
Interventions to improve promotion of human rights and recovery based practice in mental health supported accommodation services are needed.

4. Monitoring the outcomes in psychiatric residential facilities: which balance between met needs and risk of institutionalization?

Authors: Mirella Ruggeri, Laura Iozzino, Eva Baldassarri, Chiara Bovo

Introduction
Since 1978 the birth and development of Italian community psychiatry has seen a massive development of a network of residential structures, managed at a territorial level. Despite their relevance in terms of clinical rehabilitation and costs, there are few studies that have evaluated their effectiveness considering the profile of users.

Objectives
The project "eVALuation of outcomE in REsidential facilitiees" (VALERE) aims to: i) assess the clinical history and patterns of patient care; ii) evaluate the quality of the services provided; iii) evaluate clinical, social and service use outcomes.

Methods
A representative sample of patients with a primary diagnosis of severe mental disorder, hosted in the three types of residential facilities (high, medium, and low intensity of care) of the Department of Mental Health of Verona in the months index of January-June 2014 were evaluated collection of socio-demographic, clinical and service provision information. Psychopathological outcomes (BPRS), functional (GAF and FPS), related to interventions provided (VADO), care needs (CAN), satisfaction with the service (VSSS) and subjective quality of life (MANSA) were investigated.

Results
60% of the sample is represented by men, with an average age of 48 years. About 55% are unemployed, come from another residential facility, with an average length of stay at the facility where the recruitment took about 4 years, prevalent diagnosis of schizophrenic spectrum disorders (63.6%), a level of functioning average generally low and a severity of psychopathology that differs by type of structure. The assessment of care needs indicates that service provision is able to give good response to most needs, with the exception of social and relational needs, that are dissatisfied a in significant percentage. Average satisfaction with the service received is overall good, with variation depending on the type of interventions provided.

Conclusions
The results of the research have repercussions on ethics, clinical, and rehabilitation aspects. Planning of interventions should be continuously monitored and oriented toward improving skills and level of individual's autonomy.

10:00 - Parallel Session X - Symposium 42 - Access inequities
Room 1

Theme(s): Mental health care from theory to outcome

SY-042

(10734) - COMMUNITY MENTAL HEALTH IN EUROPE: LEARNING FROM EACH OTHER

Chair: Rene Keet (Netherlands)[1]

Presenters: Rene Keet (Netherlands)[1]; Niels (Cl) Mulder (Netherlands)[2]; Tor Helge Tjelta (Norway)[3]; Berta Moreno-Küstner (Spain)[4]

1 - Mental Health Service GGZ Noord-Holland-Noord;
2 - Erasmus MC/Parnassia Psychiatric Institute;
3 - City of Oslo, District Gamle Oslo/Norwegian association for mental health work;
4 - Faculty of Psychology, University of Malaga

SYMPOSIUM PROPOSAL

Exchange as a tool for community mental health service evaluation

We created the network of European Community Mental health Service providers (EUCOMS) in 2015: a cohesive network of service providers and their users in 17 European countries throughout Europe (www.eucoms,net). Our aims are twofold. First we want to describe principles of community mental health care that can be the foundation of building regional community mental health systems throughout Europe and beyond. The second aim is to learn from each other to improve the quality of our services and disseminate good practices.

For the first aim we wrote a consensus document describing 6 perspectives of community mental health. For the second goal, we organize biannual meetings throughout Europe that focus on one of the six principles and always include shadow visits to the local services. For a deepening of the exchange we developed an exchange tool that can be used to visit and learn from each other. In this symposium we present the results of such an exchange between mental health services in Norway in Andalusia, Spain. This exchange took place in 2018 and 2019.

In this symposium we describe:

-Principles of community mental health care

-Exchange tool that supports learning from each other

-Community mental health care systems in Norway and Andalusia

-Lessons learned by professionals in Norway by visiting the service in Andalusia

-Lessons learned by professionals in Andalusia by visiting the service in Norway

CONTRIBUTING SPEAKERS ABSTRACTS

1. Principles of community mental health

Authors: Rene Keet

EUCOMS describes six principles of community mental health in a consensus document (www.eucoms.net). The aim is to serve as a foundation for regionally-organized models of community mental health in Europe and beyond. The consensus document is intended for persons who practice, organize and use mental health services. It can help services that start with the implementation of community mental health as well as existing services to improve functioning.

1 Ethics Perspective: The focus on human rights is a fundamental principle in community mental health care, based upon the United Nations' Convention of the Rights of Persons with Disabilities (UN CRPD, 2008)

2 Public Health Perspective: Community mental health services work for the health of all citizens in their catchment area.

3 Recovery Perspective: Recovery is the client's journey, and the task of mental health professional is to support and not to hinder this journey.

4 Effectiveness Perspective : Evidence based medicine and the recovery attitude are not of different camps and can be compared to oil and vinegar: two approaches that can be combined very well and together make a tasty vinaigrette

5 Community Network Perspective: A community mental health service is a network within a broader network of self-help, family, friends and other informal resources and generic community services. This requires interdisciplinary and intersectoral collaboration.

6 Peer Expertise Perspective : Clients and service users are equal partners in the design, delivery, steering and evaluation of a service. 'Nothing about us without us'

2. Exchange tool as an instrument for evaluation.

Authors: Niels Mulder

Mental health care organizations have expressed their wish to learn from each other while implementing good community mental health care. In the context of the European Community Based Mental Health Services Providers Network (EUCOMS) an international exchange program - including an exchange-tool - was developed. The aim of this '**E**xchange-**T**ool on good **C**ommunity Mental health care'' (ETOCOM) is to facilitate mutual learning about the way the six principles of good community mental health care are implemented. Mutual learning in this case means that a multidisciplinary team (peer experts, clinicians, managers) of one organization visits an organization in another country and vice versa, while using the ETOCOM. The six principles of good community mental health care (as described in the ''Consensus Paper on Fundamental Principles and Key Elements of Community Based Mental Health Care'', and discussed earlier in this symposium) include ethics, public health, recovery, effectiveness of interventions, community network of care, and peer expertise. During this presentation we will describe the structure of the ETOCOM, some preliminary experiences working with this instrument which yields qualitative results, and how it can be used during international multidisciplinary site-visits.

3 Mental Health care in Norway.

Authors: Tor Helge Tjelta

Norway is a country of 5,3 million people. Everyone living in Norway is entitled to essential medical and care services. Although you are entitled to medical services, you must pay a fee for using many services. Everyone resident in Norway is also entitled to be assigned a general practitioner (GP) in the municipality in which they live. This means that they are entitled to be on a GP's list. Mental health services are provided by hospitals with locally based district Psyciatric Outpatient Services and primary mental health care in the municipalities (with GPs).

In Oslo there are just under 700 000 inhabitants. They are served by 4 different hospitals with several district psychiatric centers. The City of Oslo is divided into 15 districts, and they have their own mental health services. In Norway there

are many assertive outreach services, and in recent years we have started several F-ACT-teams (Flexible Assertive Community Treatment). Also in Oslo there are several F-ACT-teams (a model made for catchment areas around 50 000 inhabitants).

Norway has been member of EUCOMS since it was established in Oslo in 2015. In 2018 we used the exchange tool that supports learning from each other and looked at the services in Andalusia, Spain. We have used the six principles to see how it's solved in Malaga in Andalusia. We will in our symposium present overall opportunities for improvement, overall points to take home and overall lessons learned.

4. Mental Health Care in Andalusia, Spain.

Authors: Berta Moreno-Kustner

Spain is a country of 45 million inhabitants, composed of 17 autonomous communities. Management of health services has been decentralized to the autonomous communities, of which Andalusia, located in the south is the largest with 17 million inhabitants and 8 provinces.

In 1988, the services of mental health care in Andalusia were regulated. The health network is 99% public both in its financing and in the provision of services, by the Health Counseling of the Andalusian Government. The gateway to the health system is the primary care physician. Specialized care for people with mental health problems is organized through community mental health units. Mental health hospitals are added as the third level of care: the child and adolescent mental health unit, the mental health rehabilitation unit, the mental health day hospital and the mental health therapeutic community.

In sociosanitary attention, a public foundation named the Andalusian Foundation for the Social Integration of the Mental Illness, manages the residential, training, work and leisure needs throughout the Andalusian region for persons with severe mental illness.

The attention to drug dependence is managed from a network of public and private centers management by the Counseling for Equality and Social Welfare (not by Health Counseling).

In conclusion, the main characteristic of the Andalusian Health System is its public nature, which allows care to reach the entire population with greater guarantees and equity. In the field of Mental Health, its main value is that it is based on the principles of community care.

10:00 - Parallel Session X - Symposium 43 - Access inequities
Room 2

Theme(s): Access inequities

SY-043

(10677) - IMPROVING DAILY LIFE RESILIENCE AND ADAPTIVE FUNCTIONING IN CLINICAL PRACTICE USING THE EXPERIENCE SAMPLING METHOD

Chair: Philippe Delespaul (Netherlands)[2]

Presenters: Philippe Delespaul (Netherlands)[2]; Catherine Van Zelst (Netherlands)[1]; Naomi Daniëls (Belgium)[1]; Simone Verhagen (Netherlands)[1]

1 - Department of Psychiatry and Neuropsychology, Faculty of Health Medicine and Lifesciences, Maastricht University, Maastricht, the Netherlands;
2 - Department of Psychiatry and Neuropsychology, Faculty of Health Medicine and Lifesciences, Maastricht University, Maastricht, the Netherlands. Mondriaan Mental Health Trust, Department of Adult Psychiatry, Heerlen, the Netherlands

SYMPOSIUM PROPOSAL

Improving daily life resilience and adaptive functioning in clinical practice using the experience sampling method

In clinical outpatient care, knowledge about the adaptive abilities of people is important to develop resilience. This focus is at the heart of the positive health concept. Current assessment strategies focus on symptomatology and ignore symptom variation linked to context. The healthcare professional lacks relevant information to assess adequately what is happening and has to plan interventions based on incomplete data. In contrast, contextualized and in-the-moment information documents adaptive abilities and provides valuable insight for treatment. The Experience Sampling Method (ESM) is a strategy that allows fine-grained contextualized assessments in daily life that go beyond symptoms. Modern IT technology allows the implementation of these strategies in regular clinical practice.

We will discuss the importance of resilience and adaptive functioning in clinical care using ESM and provide examples of recovery oriented projects.

Philippe Delespaul will discuss the need of daily life adaptational strategies, focusing on the use of ESM technologies in clinical care. Catherine van Zelst will present on a co-creation project involving end-users during the development of a mHealth application to increase coping with social stress and stigma. Naomi Daniëls will share her experience with implementing ESM in family medicine based on co-creation with psychological well-being practitioners. Simone Verhagen will show how cognition can be measured in daily life together with other relevant domains (e.g. mood) to increase awareness of both vulnerabilities and strengths.

ESM is a valuable and empowering tool that can change the way we develop clinical care by allowing person-tailored assessments across domains in daily life.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Health is a daily life challenge.

Authors: Philippe A. E. G. Delespaul

Daily life functioning can be challenging. To experience life quality we need to select activities, social interactions and obligations in an ever-changing environment. Failing to do this can result in mental health problems. Classic assessment strategies characterize subjects but not dynamic changes over time. Therefore, relevant data to help people optimize and balance their daily life is missing. Getting insight into these fluctuations could provide tools to become more resilient and increase wellbeing.

Objective
To discuss the importance of continuous and contextualized monitoring across domains (e.g. mood and cognition) within clinical care to increase adaptive strategies and resilience in daily life.

Methods
The experience sampling method makes use of short repeated measures across time and is adapted as a functional analyses tool for clinical practice. Technological advantages allow us to implement these techniques on mobile applications, facilitating widespread use in clinical practice. The data can be made accessible through graphs and figures on an online platform, allowing to see variability in mood and to link this variability to contextual information.

Results
Experience sampling is an empirically validated method that can be successfully integrated in daily life. The data is individualized and increases people's autonomy. However, actual implementation in regular care is difficult. Tools have to be redesigned and clinicians trained.

Conclusions
Experience sampling interventions are valuable instruments for accessible care with a 24/7 impact. It is necessary to invest in further development and to make the method widely available and clearly understandable for public use and clinical care.

2. Developing an mHealth application in the domain of resilience: A co-creation project.

Authors: Catherine van Zelst, Naomi Daniëls, Katja Bakker, Philippe Delespaul.

Introduction
People in general, and people with mental health problems specifically, encounter situations in which stigma and other social stressors play a role. This often has negative consequences. To assist individuals to develop coping, the Experience Sampling Method (ESM), a structured diary in an App, was introduced.

Objectives
The aim was to develop an application to assist people with mental health problems in diminishing negative consequences of socials stressors and stigma. Our aim was to increase resilience, by assisting people in their coping process in social relations. Coaching should occur in situ.

Methods
The app was co-created with experts by experience and peer support workers. They provided strategies to increase resilience that are implemented in the app.

Results
The co-creation process and the app that was developed will be presented. The app gives immediate in situ feedback based on an individual's daily life situation. In a pilot phase stigma was addressed directly, which may increase stigma consciousness. Now, stigma and social stress are assessed more implicitly, with a focus on resilience.

Conclusion
Monitoring daily life experiences (thoughts, feelings, behaviors) and providing feedback to increase resilience may help people with mental health problems to develop coping with stigma and other social stress situations. Implementing the app in research and clinical or recovery-oriented care can be explored.

3. Re-design of PsyMate™ for family medicine: design thinking in co-creation with healthcare professionals.

Authors: Naomi E.M. Daniëls; Laura M.J. Hochstenbach, Marloes A. van Bokhoven, Anna J. Beurskens, Philippe A.E.G. Delespaul.

Introduction:
Healthcare shifts from illness to wellbeing require new assessment technologies and intervention strategies. PsyMate™ is a mHealth application that enables patients to monitor vulnerability and resilience in daily life. Although PsyMate™ is extensively used in mental health research, a translation from science into daily practice is needed.

Objective
To investigate the redesign process of PsyMate™ for use by psychological wellbeing practitioners in family medicine.

Methods
Redesign of PsyMate™ was performed according to the design thinking framework consisting of the understand, explore and materialize phase. Psychological wellbeing practitioners were closely involved using co-creation methods (nominal group technique - 2 sessions with N=15, empathy mapping - 1 session with N=5, moderated user testing - 1 session with N=4, testing in daily practice - 8 months with N=4). Qualitative data was analyzed using content analysis and discussed with an interprofessional project group.

Results
In the understand phase, practitioners reported that the patient population ranges from mild symptoms to full disorders and eHealth is used for diagnostic and intervention purposes. In the explore phase, the key needs were based on the content and motivational functionalities of PsyMate™. In the materialize phase, practitioners experienced barriers on the level of the organization, the device and the individual.

Conclusions
Using PsyMate™ as a screening and diagnostics tool in family medicine seems promising, but not easy. The redesign process in co-creation with practitioners yielded meaningful insights into the needs and daily routines of family medicine. It helps to focus the implementation of PsyMate™ in clinical care.

4. Cognition in daily life – how to unravel momentary variation?

Authors: Simone J.W. Verhagen,; Sara Bartels, Naomi Daniels, Marjolein de Vught, Claudia Simons, Philippe Delespaul.

People with depression, anxiety or psychosis often complain of confusion, concentration or difficulties to appraise contextual cues on a cognitive level. Cognitive assessments are cross-sectional and in controlled situations. Information on moment-to-moment cognitive fluctuations and its relation to affect, fatigue and context is lacking. The development and evaluation of a mobile (smartphone) cognitive assessment tool is presented. It enables the fine-grained mapping of cognition and its relation to other contextual and intrapsychic domains. The momentary Digit Symbol Substitution task is a modified digital version of the original paper-and-pencil task, restricted to a duration of 30 seconds and implemented in an experience sampling protocol (eight semi-random questionnaires a day on six consecutive days). It was tested in the general population (N=40). Descriptive statistics and multilevel regression analyses were used to determine initial feasibility and assess cognitive patterns in everyday life. Cognition outcome measures were the number of trials within the 30-second time-window and the percentage of correct answers. Subjects reported the task to be easy, reasonably pleasant and do-able. On average, participants completed 11 trials per session, with 97% correct. Cognitive variation (% correct) was related to positive and negative affect, but not to fatigue and cognition. Implementing a mobile cognitive task within an experience-sampling paradigm shows promise. Fine-tuning in further research and in clinical samples is needed. Gaining insight into cognitive functioning could help patients navigate and adjust the demands of daily life.

10:00 - Parallel Session X - Symposium 44 - Mental health care from theory to outcome
Room 3

Theme(s): Mental health care from theory to outcome

SY-044

(10669) - EXPANDING RECOVERY ORIENTED SERVICES TO NEW POPULATIONS

Chair: David Roe (Israel)[5]

Presenters: Ulrika Bejerholm (Sweden)[1]; Sara Daass (Israel)[2]; Amit Yamin (Israel)[3]; Paula Garber Epstein (Israel)[4]

1 - Department of Health Sciences, University of Lund;
2 - Department of Community Mental Health, University of Haifa;
3 - School of Social Work, Tel Aviv University;
4 - The Bob Shapell School of Social Work, Tel Aviv University;
5 - University of Haifa, Israel

SYMPOSIUM PROPOSAL

Introduction to the subject:
The proposed symposium will focus on efforts to implement ROS to a number of subgroups of persons with serious mental illness (SMI). Specifically presentations will focus on efforts to implement flexible ACT through a participatory research design, a culturally adapted Arabic version of Illness Management and Recovery (IMR) among Palestinians in Israel, Narrative Enhancement Cognitive Therapy (NECT) among people subject to "double stigma" (Lesbians, gay and Bisexuals (LGBs) who have a psychiatric label) and NAVIGATE to young people experiencing a first psychotic episode.

The main objectives of the symposium
To present real world efforts to identify and overcome implementation of ROS among marginalized populations of persons with serious mental illness.

The contributions and the take home scientific information of the symposium
Real world efforts to implement various ROS to marginalized subgroups of persons with SMI which can help guide efforts of dissemination and parity.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Implementing flexible Assertive Community treatment through participatory research

Authors: Ulrika Bejerholm, Gunilla Cruce, y, Lund, & Annika Lexén, PhD

Introduction
Participatory research design is increasingly viewed as a mean of bridging research and practice when adopting new models of care in mental health services to fit their needs and resources.

Objectives
To explore and describe current values, priorities and possible target groups to inform the implementation of flexible Assertive Community Treatment (ACT) into a general mental health setting in Sweden.

Methods
A case study design over one year was employed. Users, managers and staff in connection to two team organizations participated. Data collection concerned five focus group interviews, and audio recordings as well as memos covering five participatory group meetings. A thematic analysis was used.

Results
A wide range of service and knowledge gaps existed between current case management teams and flexible ACT teams. Although managers expressed person-centered values and priorities of integrated care models, this was not evident to the same extent or experienced to be true at the team or user level. Target groups with complex needs in general mental health setting were often identified as being young, users with personality or mood disorder, or PTSD, with self-harm behaviors and suicide attempts, who frequently seek inpatient care and are difficult to engage. Users stressed the importance that staff build real relationships with them, instead of superficial ones, to support their journey of personal recovery.

Conclusions
A participatory approach may informs adoption of new models, both previous to the implementation and throughout, to makes sure that users' goals related to crises and personal recovery are met.

2. Implementing a culturally adapted Arabic version of Illness Management and Recovery (IMR) among Palestinians in Israel

Authors: Sara Daass; Paula Garber Epstein, Michal Mashiach–Eizenberg & David Roe.

Introduction
Recent years have seen growing professional awareness of the need for cultural adaptation of evidence-based practice (EBP) in the mental health area. Cultural adaptation is required in order to successfully implement such interventions in non-Western contexts, as they have been developed and tested in the West, and since various cultural factors affect the course and success of treatment. Illness Management and Recovery (IMR) (Mueser et all 2002) is an evidence-based standardized psychosocial intervention aimed to help people make progress towards their recovery and learn knowledge and skills to better manage their illness. The current presentation will focus on the process of creating a culturally sensitive Arabic version of IMR and the consequent adjustments.

Method
A steering committee made up of diverse stakeholders, led primarily by Arab practitioners who had been trained and implemented IMR met over one year period , translated the manual and making and implementing cultural adaptations with reference to linguistic, social, spiritual and cultural aspect.

Results
Following this process, 22 rehabilitation workers were recruited and a first course based on the adaptations was opened in an Arabic village, for rehabilitation workers from Arab society. as part of their training the course participants began to implement 13 IMR groups attended by nearly 100 participants.

Conclusion
The cultural adaptation process of the IMR has shed light for the growing need to adapt interventions that promote recovery processes among people with mental illnesses in different cultures.

3. Implementing Narrative Enhancement Cognitive Therapy (NECT) among people subject to "double stigma"

Authors: Amit Yamin; Shuli katav, Liz levi and David Roe

Background
NECT is a group-based intervention that targets self-stigma through a combination of psychoeducation, cognitive restructuring and narrative therapy (Yanos, Roe, & Lysaker, 2011), which has been shown to be effective in reducing self-stigma among people with serious mental illness (SMI) (Hansson et al, 2017; Roe et al, 2012). The presentation will describe the process of a pioneer effort to implement NECT with LGBT individuals who are also labeled with a SMI and thus subject to "double stigma".

Method
On the basis of a qualitative analysis of 20 detailed written summaries of NECT group sessions, written by the 2 group facilitators, main processes and themes have been identified.

Results

LGBT individuals labeled with SMI have the ability to move from passive acceptance and internalization of stigmatizing views, to a more empowered position, facing negative social attitudes. Sharing feelings of shame, guilt, rejection and continues invalidation within the NECT group, as well as learning CBT strategies to challenge self-stigmatizing views, generates hope and a broader sense of a self. Participation in NECT intervention also helped LGBT individuals facing 'double stigma' better distinguish between symptoms of the mental illness and ways of expressing their sexual orientation, which they experienced others often labeling as symptoms of their illness.

Conclusions

Promising results of this pioneer effort to implement NECT with LGBT individuals also labeled with a SMI, may help raise awareness to the serious implications of double stigma LGBT individuals with SMI experience, and encourage future development of knowledge and interventions aimed at reducing the negative effects of double stigma, as well as enhancing the ability of LGBT individuals to reject rather than internalize stigmatizing attitudes directed towards them.

4. Implementing NAVIGATE to young people experiencing a first psychotic episode.

Authors: Paula Garber Epstein; Amit Yamin, Orly Yatsiv, Michal Mashiach–Eizenberg, Gili Hoter Ishay and David Roe

Background

Navigate is a comprehensive treatment program for people experiencing first episode psychosis (FEP) which has been developed in the US and has shown promising results (Kane, et al 2016). The presentation will describe the process of a first attempt to implement Navigate outside of the US, with an emphasis on implementation barriers, facilitators and preliminary findings from a pilot study.

Method

Implementation process included creating a local team which led the effort to translate and adapt the materials, identify and create partnerships with mental health agencies and sites for delivery, training and supervising staff. The process of establishing the service at three different sites which have now been delivering Navigate for 1-3 years will be described. In addition, an analysis of standardized retroactive assessments of clinicians evaluation of 60 clients who have been through the program, will be presented.

Results

It was possible to adapt the Navigate program to Israel as evident by the three running programs which are currently implementing it. Several factors have influenced each of these programs which differ in the setting delivered (hospital grounds, outpatient clinic and in the community), service users (in the north many Israeli Arabs, in Jerusalem many religious orthodox Jews) and background of the staff (profession, experience and orientation).

Conclusions

Navigate was successfully implemented for the first time outside the US. Identifying factors that influence the unique nature of the "same" program and identifying implementation barriers and facilitators can help guide future implementation of this and other standardized programs in different countries and cultures.

10:00 - Parallel Session X - Symposium 45 - Access inequities
Room 5

Theme(s): Access inequities

SY-045

(10657) - INTERVENTIONS TO PROMOTE PHYSICAL HEALTH IN PEOPLE WITH SEVERE MENTAL ILLNESS

Chair: Julie Williams (United Kingdom)[1]

Presenters: Gilda Spaducci (United Kingdom)[1]; Claire Henderson (United Kingdom)[1]; Julie Williams (United Kingdom)[1]

1 - King's College London Institute of Psychiatry, Psychology and Neuroscience

SYMPOSIUM PROPOSAL

Access to interventions to promote physical health has historically been poor for people with severe mental illness, a group whose life expectancy is 15-20 years less than average. In the UK access problems apply across specialty mental health care, primary care, and community services provided by the voluntary sector and local government.

The overall aim of this symposium is to showcase approaches to address this problem at one or more of these three levels. Our first objective is to describe a range of interventions to reduce tobacco dependence in this group within mental health services, with a focus on comparing the frequency and nature of smoking-related violent incidents before and after implementing a smoke-free policy. Second, we will present a pilot study of a peer supported physical health promotion intervention. This intervention builds on a process of mapping social networks including primary care and other community services. Finally, we present the results of a feasibility trial of an intervention to promote physical activity in people using community mental health services.

The take home message is the need to attend to both structural and social processes contributing to physical health inequalities for this group in addition to those that may be illness related when designing and implementing health promotion interventions.

CONTRIBUTING SPEAKERS ABSTRACTS

1. Managing transition from secondary mental to primary health care using peer-delivered wellbeing network mapping: a pilot study

Authors: Jennifer Collom, Jonathan Davidson, Vanessa Pinfold, Steve Gillard, Daryl Sweet, Claire Henderson

Introduction
Adults with Severe Mental Illness (SMI) have reduced life expectancy largely due to physical illness. Barriers to accessing physical health care have been identified. Recent evidence suggests Peer Support Workers (PSW) can help people with SMI with self-management of mental health. However, it is not known if this can be applied to physical health management.

Objectives
The aim was to pilot a PSW led intervention, to promote physical health and improve access to primary care for physical health needs.

Method
This proof of concept feasibility study piloted a novel network mapping intervention. Well-being network mapping was developed following a study of social networks and how they relate to personal well-being. Participants (n=15) were recruited via clinical staff at community mental health teams in two London boroughs. Baseline data were collected before participants were put in contact with a PSW who delivered the intervention. At four month follow up, participants completed outcome measures again and semi-structured interviews were conducted. PSWs were also interviewed about the intervention. These results were used to inform and develop an existing Theory of Change.

Results
The results suggested the intervention was largely acceptable to participants and PSWs. Participants identified, and in some cases made, changes in their lives to promote physical health. We identified potential improvements to the intervention.

Conclusions
The results of this research can be used to inform development of the intervention for a future trial.

2. Smoking related violence in mental health settings following the implementation of a smoke-free policy

Authors: Spaducci G., McNeill A, Hubbard K., Stewart D., Yates M., Robson D.

Background
Smoke-free policies in hospitals are important to protect health but are affected by staff concerns that physical violence will increase. Previously we conducted a time series analysis of all physical violence 30 months before and 12 months after the introduction of a smoke-free policy in one mental health organisation in England. After controlling for a range of confounders, we found a 39% reduction in overall physical violence post policy relative to beforehand. Using these data, we compared the frequency and nature of the smoking-related violent incidents pre and post-policy implementation.

Methods
We conducted a content analysis of smoking related physical violence over 24 months, collected from a staff electronic incident reporting system. Details of the immediate antecedents to the violence were coded.

Results
A total of 93 smoking-related violent incidents were identified. Sixty-one incidents occurred pre and 32 occurred post-policy implementation. The incidents were classified into five main categories describing the immediate antecedent to the violence: 1) patient request to smoke not met; 2) violence occurring during a supervised/facilitated smoking break on or off hospital site; 3) trading or stealing smoking paraphernalia; 4) smoking on the ward; 5) refusal to hand over smoking paraphernalia.

Discussion
Smoking related violence is influenced by the policy environment and occurs at a different frequency post-policy implementation. Understanding the context of smoking-related violence can help inform clinical guidelines about its prevention and management.

3. Walk This Way' - a pilot of a health coaching intervention to reduce sedentary behaviour and increase low intensity exercise in people with serious mental illness.

Authors: Julie Williams, Brendon Stubbs, Sol Richardson, Fiona Gaughran, Tom Craig

Introduction
People with Serious Mental Illness (SMI) have poorer physical health than the general population and die younger. This population are less physically active and spend more time being sedentary. We have developed an intervention to support people to be more active and evaluated it in a pilot RCT.

Objectives
Walk this Way (WTW) is an intervention to support people using Community Mental Health Teams to be more physically active. We have undertaken a pilot RCT to evaluate the feasibility of the intervention and to capture some preliminary outcome data.

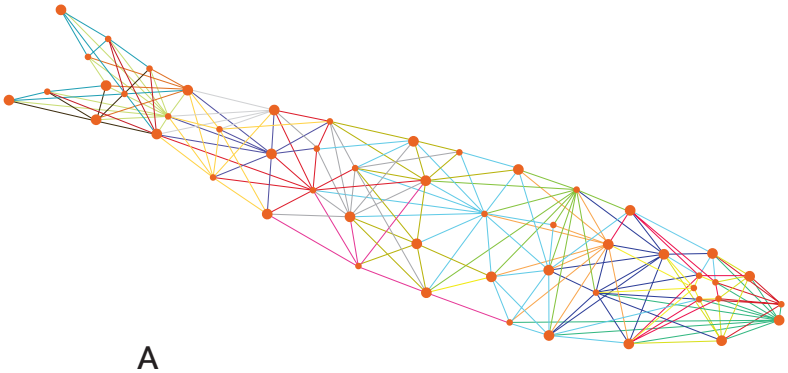
Methods
The WTW intervention includes an education session, fortnightly coaching sessions, and access to a weekly walking group. The pilot recruited 40 participants (20 intervention and 20 control) who were diagnosed with an SMI. Our primary outcome was level of physical activity measured using an accelerometer. We also assessed other physical health measurements and mental well-being and 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 feasibility of the intervention and outcomes measured. 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.



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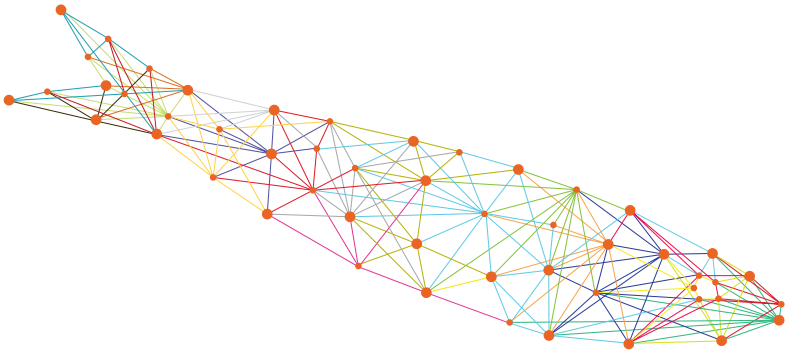

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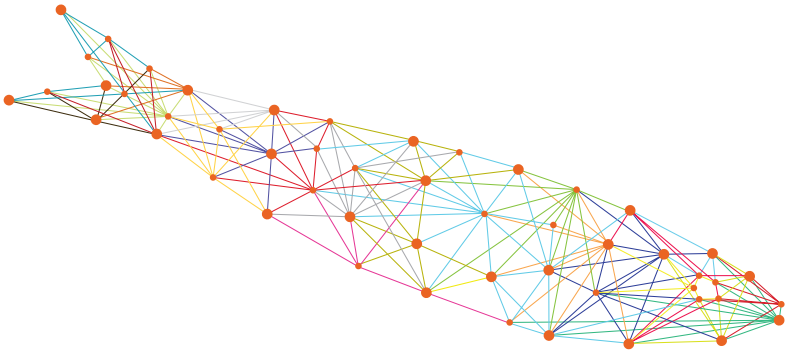

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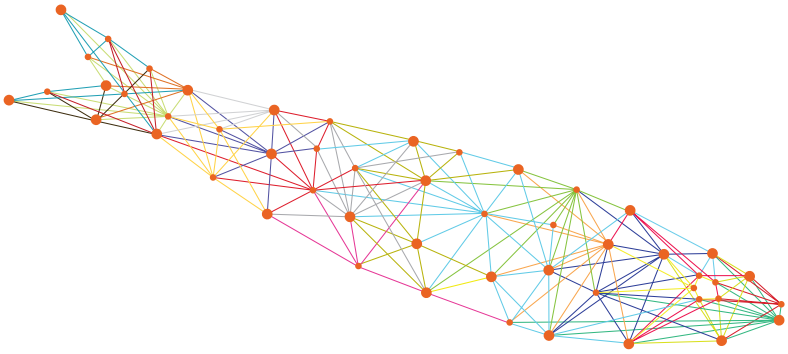

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