



26th European Congress of Psychiatry

ECP Abstracts

ECP Symposium: How to Organise Acute Psychiatric Care?

ECP0001

Patient controlled hospital admissions

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Background.– Patient-controlled admission is a new treatment model in mental healthcare services that allows patients to self-refer to a designated hospital unit. This treatment model was developed to reduce coercion and improve clinical outcomes. The evidence is sparse and we therefore set out to study the effectiveness of patient-controlled admission in a large matched cohort.

Methods.– During 2013–2016, 422 patients in the PCA group were propensity score matched 1:5 with a control group ($n = 2110$) that received treatment as usual (TAU). Patients were followed for at least one year using the intention to treat principle utilising nationwide registers. In a paired design, the outcomes of PCA patients during the year after signing a contract were compared to the year before.

Results.– No reduction in coercion (risk difference = 0.001; 95% CI = –0.038 to 0.040) or self-harming behaviour (mean difference = 0.005; 95% CI = –0.008 to 0.018) was observed in the PCA group compared with the TAU group. The PCA group had more inpatient bed days (mean difference = 28.4; 95% CI = 21.3–35.5) and more medication use ($p < 0.0001$) than the TAU group. Before and after analyses showed reduction in coercion ($p = 0.0001$) and inpatient bed days ($p = 0.0003$).

Conclusions.– Implementing PCA did not reduce coercion, service use or self-harm behaviour when compared with TAU. Beneficial effects of PCA were observed only in the before and after PCA com-

parisons. Further research should investigate whether PCA affects other outcomes to better establish its clinical value.

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ECP0002

Integrated or functional model of care?

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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.

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ECP Symposium: Internet, Smart Phones and Mental Health Apps – What Is Their Role in Psychiatry?

ECP0003

Using video-calls to combat loneliness in old age

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Video-calls to reduce loneliness and social isolation within care environments for older people: an implementation study using collaborative action research.

Introduction.– Older people in care-settings may be lonely if families are unable to visit. Previous studies have demonstrated that video-calls can help reduce loneliness.

Objectives.– To identify how video-calls can be implemented for routine use in British care-settings.

Methods.– Two cycles of collaborative action research (CAR) with care staff as project collaborators, were piloted to implement video-calls across eight care-settings. Cycle one focused on video-calls with families using a 'Skype on Wheels' (SoW) device holding an iPad and handset connected to Skype or via Skype TV. Ethnographic field notes collected over 15 months were analysed using thematic analysis. This informed activities for cycle two that included video-calls with school pupils and inter-care home Skype quiz sessions. Mixed methods comprising interviews with older people and staff, pre-post surveys and interactive focus groups were employed over 10 months in cycle two.

Results.– In cycle one four care homes implemented SoW. Eight older people used SoW with staff assistance, and enjoyed using video-calls with distant family. However barriers to implementation included; staff turnover, risk aversion, SoW design, lack of family commitment and staff attitudes regarding technology. Cycle two addressed these barriers by seeking contacts with school pupils, other care homes, and getting residents to decorate SoW. Four care homes used SoW and Skype TV with 25 residents improving socialisation.

Conclusions.– Implementation of video-calls in care-settings to reduce loneliness would improve by first introducing inter-care home quizzes, intergenerational contact, and enabling residents to decorate and adopt the equipment before extending to contact with families.

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ECP0004

Face-to-face or digitally? Patients preferences of being in contact with a volunteer

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Volunteering can be used to address social isolation in patients with severe mental illness and evidence exists on its effectiveness. However, little is known about patients' preferences concerning the character of these relationships, and the format and goal of such volunteering.

A survey was conducted in community mental health teams in East London with patients with psychotic disorders. Questions covered socio-demographic characteristics, quality of life, loneliness and preferences on volunteering schemes. Binary logistic regressions were used to investigate potential predictors of interest to participate in a volunteering scheme face-to-face or digitally.

In this talk the findings from this study will be presented and discussed. From the 151 patients included in this study, more than half had not heard about these volunteering schemes, yet more than half were interested in taking part. A small percentage of patients did not use technology. Patients' interest in having face-to-face or digital volunteering varied based on their personal characteristics and predictors will be presented.

The variability in patients' preferences suggests that volunteering schemes should be offered in different formats (face-to-face and digitally) and with enough flexibility to incorporate individual preferences.

It is hoped that this talk will generate a lively discussion, gathering further understanding about the associations found between patients' personal characteristics and their preferences on the different formats to be in contact with volunteers.

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ECP Training Workshop: Psychotherapy for Patients with Eating Disorders: What Works?

ECP0005

Psychotherapy for patients with eating disorders: What works?

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The aim of this workshop is to examine the psychotherapy evidence base for people with eating disorders. There have been substantial advances in this area in the last 30–40 years. Nevertheless 9 years after presentation approximately 33% of cases of bulimia nervosa and 63% of anorexia nervosa remain ill. Effective early intervention may improve these outcomes. For example involving the family has been shown to be a cost effective strategy in adolescent cases of anorexia nervosa in particular. Several different permutations of family work are effective. There is less certainty about what works best for those who have failed to respond to this first step in treatment and for adult cases of anorexia nervosa.

A cost effective first step in the management of binge eating disorder and bulimia nervosa is guided CBT. However there is uncertainty about how to help the 30–50% who fail to respond to

this first step. Nevertheless new approaches are being tried and some are showing good potential.

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ECP Training Workshop: Prevention of Mental Health Disorders

ECP0006

Prevention of suicide and self-harm behaviour

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Suicide is a major public health problem worldwide although rates of suicide vary substantially across nations. The highest rates are found in Russia and East European countries. The stress-diathesis model provides an understanding of suicide where stressors, both early-life and present stressors, interact with protective factors. This presentation summarises the existing evidence regarding societal and individual risk factors for suicide. At the societal level, risk factor such as economic crisis, social cohesiveness and media portrayal are mentioned. Individual risk factors include sociodemographic factors, physical and mental disorders, history of suicide attempt, and suicide risk in minority groups. The risk factors associated with the highest risk are mental disorders and history of suicide attempt. Population attributable risk fraction can guide preventive efforts, and calculations indicate that preventive efforts should be directed towards the excess risk associated with recent suicide attempt, mental disorders and social factors. For clinical practice identification of the above mentioned risk factors are less

useful, as the majority of people with the risk factors do not attempt suicide during a given time period, and therefore each risk factor has a very low predictive power. In clinical practice, we are most often still left trying to find the needle in a hay stack. We need more clinically relevant information in order to detect those who are at immediate high risk.

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ECP0007

Prevention of substance misuse

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As with many other psychiatric disorders substance abuse and addictive disorder initiate frequently within early adolescence and progress into adulthood. Different prevention strategies have been developed aiming both at reducing substance use at a population level and preventing the development of addictions in individuals. As to the first, so-called primary preventions have been developed targeting larger general populations in different settings (e.g. schools, workplaces). This also includes strategies using price settings and regulations to influence consumption patterns. A more recent, and possibly more promising approach, is the identification of individuals (or subgroups) of individuals that have a high risk of developing addictive disorders. Offering interventions, targeted on their specific vulnerabilities might be a more efficient approach in diminishing addiction risk. The results of the first longitudinal studies appear to be promising.

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