

O0102

Applying the Surgical Checklist Approach for Psychiatric Trainees to a Busy, Time Sensitive Psychiatric Crisis Environment

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Introduction: The Jackson Hospital Crisis (Psychiatric ED) Center serves the entirety of Miami-Dade County in Florida and is considered one of the top three busiest and per capita of clinical staff likely the busiest nationally across the United States. Simultaneously, the management of mental health emergencies has ascended near the top of international priorities driven by multiple trends (e.g., growing social isolation associated with the pandemic, de-stigmatization). The crisis environment presents a uniquely difficult challenge in applying high quality medical care: frequent suicidal gestures, impulsive often intoxicated or psychotic patients, unprecedented demand, diminishing staff capacity, and requirements to consistently apply specific medical and psychiatric protocols. These challenges are specifically difficult for new trainees who are not yet accustomed to the high acuity situations found in psychiatry. Moreover, academic, institutional, and governmental policies change on a monthly, or even weekly basis, often with the objective of improving care. Nevertheless, such constant shifts in workflow result in opportunities for errors that impact patient trajectories.

Objectives: As such we endeavored to apply an evidence-based approach to improving the likelihood of success. One such vetted approach, the use of checklists, benefits from 10+ years of peer-reviewed research in “operational” medical specialties (e.g., surgery, ED, ICU) where work is segmented around interventions or time-shifts which share commonalities with the Psychiatric ED model. Yet the difficulty in implementing such models is typically not in the “hard” aspects of defining the checklist, but in the “soft” implementation dimensions of syndication, distribution, and enablement in the context of the individual unique settings.

Methods: We developed a checklist that will be implemented on the Jackson Crisis emergency department, with the aim of having first year trainees complete the check list on each individual patient. Surveys were administered before implementation of checklist and will be distributed on a quarterly basis to trainees to evaluate for changes in resident confidence and clinical care.

Results: Over six months, we launched this initiative with drivers of adoption focused on accelerating and easing new resident training, safety incident targeting, and in the balancing of “push” top/down and “pull” bottom/up dynamics. Initial learnings include rapidly improving resident satisfaction as well as various other impacts currently being observed throughout the institution.

Conclusions: Overall reception to the checklist has been positive from attendings and new trainees alike, further evidence will be analyzed and presented as the checklist is utilized throughout the psychiatric ED.

Disclosure of Interest: None Declared

O0101

The evaluation of IMR in crisis resolution home treatment, a mixed methods study protocol

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Introduction: In the past years, recovery has become a central concept in psychiatric treatment (Sowers *et al.* Acad Psychiatry 2016; 40 461-467). However, in acute mental health care the concept of recovery is lacking attention (Rabenschlag *et al.* Psychiatry Q 2014; 85 225-239; Jaeger *et al.* Nord J Psychiatry 2015; 69 188-195; Luigi *et al.* Can. Med. Educ. J. 2010; 11 62-73). In 2021 a short version of Illness Management and Recovery (IMR) was implemented at the Psychiatric Emergency Service Amsterdam-Amstelland (SPAA). IMR is an evidence based group intervention for patients with severe mental illness, based on cognitive-behavioral, psychoeducational and motivational components. The aim of IMR is to support participants to manage their mental illness (Mueser *et al.* Schizophren Bull 2006; 32 32-43). To our knowledge this the first time that IMR is implemented within an acute mental health care setting. Therefore the effects of IMR program on recovery in the acute phase of psychiatric illness are unknown.

Objectives: Insight in effects of IMR in acute mental health care.

Methods: We will carry out a mixed method study. In phase 1 the intervention will be carried out. 25 patients who are admitted to acute mental health care and diagnosed with a severe mental illness (SMI) will take part in the shortened version of IMR. Effects will be measured by the client version of the IMR-scale (Salyers *et al.* Community Ment. Health J. 2007; 43 459-480). Phase 2 includes qualitative interviews with a subsample from phase 1 (using maximum variety in diagnosis and demographic characteristics) to gain insight in the mechanisms and impact of the program.

Results: The proposed study will investigate the effects of an adjusted evidenced-based treatment within a population of people who receive treatment in a Psychiatric Emergency Service. The original intervention is shortened in time and topics, to match the needs of people in the acute phase of psychiatric illness. The question that arises is if an existing treatment can be translated to a different group of patients.

Conclusions: The proposed project has some important limitations that we feel deserve mentioning. It is questionable if a person can profit from a recovery program during a phase of acute crisis. Also, can we expect the same effects if the new program is a shortened version of the original evidence based intervention?

Disclosure of Interest: None Declared

O0102

Medical cannabis use among patients with Post-Traumatic Stress Disorder (PTSD): A nationwide database study

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Introduction: In recent years, cannabis use among PTSD patients has become more common than ever. However, data available today regarding the effectiveness and safety of medical cannabis in PTSD treatment is limited, based on cross sectional studies, self-report surveys and a few clinical studies with small sample size.

Objectives: To characterize patterns of use and adverse effects over time in patients with PTSD using medical cannabis in real life setting.

Methods: Data were acquired from the Israeli national database of all patients licensed to use medical cannabis from January 2014 to December 2021. A license for medical cannabis is given to patients with PTSD of at least moderate intensity after treatment failure of at least two drugs and two psychological interventions. Comparative statistics were used to evaluate patterns of use and adverse effects.

Results: 12,977 patients were licensed to use medical cannabis in the study period for PTSD (8.2% of all users; 70% men) during the above-mentioned time period. PTSD was the 3rd most common indication after chronic pain and symptoms related to oncological disease and chemotherapy treatment. Over time, the relative increase in use of medical cannabis among PTSD patients was higher than that found in non-PTSD patients. In 2021 36.2% of all PTSD patients using medical cannabis had their license issued that year compared to 28.1% of all non-PTSD patients. PTSD patients were significantly younger compared to non-PTSD patients (40.9 years vs. 52.9 years). PTSD patients consume slightly higher monthly amount at the beginning of treatment compared to non-PTSD patients (32.1gr vs. 30.6gr) with higher Tetrahydrocannabinol (THC) concentration (15.2% vs. 12.9%) and lower Cannabidiol (CBD) concentration (4.7% vs. 6.0%). Over two years of use, amount, and composition of cannabis among the two groups were comparable and showed an increase in total amount and THC concentration, reaching the maximal available THC concentration of 20%. Data regarding adverse effects were available for 6,242 PTSD patients (48.1%) and 39,497 non-PTSD patients (26.6%). PTSD patients reported more physical adverse effects (RR 1.45 [95%CI 1.34-1.56]), anxiety (RR 1.47 [95%CI 1.13-1.92]), and derealization (RR 3.44 [95%CI 2.42-4.89]).

Conclusions: PTSD is one of the leading indications for medical cannabis use in Israel, despite scarcity in good quality data supporting its effectiveness and safety. The increased risk of mental adverse effects among PTSD patients emphasizes the need for cautious use in cannabis in this population. Expanding the knowledge regarding patterns of use and risks in medical cannabis use among PTSD patients is important for understanding the role of cannabis in PTSD treatment and to ensure an effective and safe treatment.

Disclosure of Interest: None Declared

O0103

Pain flashbacks: The role of intrusive pain symptoms in posttraumatic chronic pain

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Introduction: Findings demonstrate the high comorbidity of post-traumatic stress disorder (PTSD) and chronic pain following

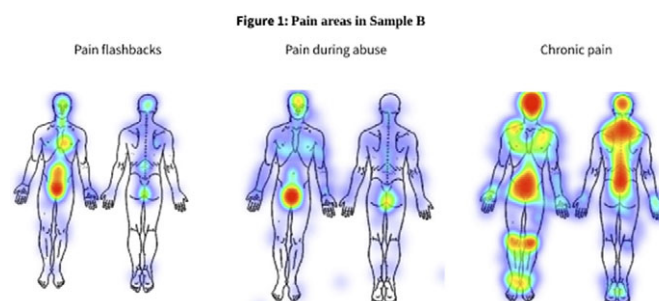
exposure to trauma. In exposure to child abuse (CA) in particular, findings imply that CA survivors are at a higher risk of suffering from chronic pain. However, the underlying mechanisms of these processes are yet to be uncovered.

Objectives: This study examined a new mechanism pertaining to the potential role of intrusive pain flashbacks for explaining the link between CA, C/PTSD, and chronic pain following interpersonal trauma.

Methods: A community sample of 430 women (Sample A), and a sample of 164 women who were exposed to CA (Sample B) completed questionnaires assessing pain flashbacks, CA, C/PTSD symptoms, the experience of pain during the trauma, and chronic pain.

Results: The findings showed that 8.9% of Sample A (N = 36), and 23.1% of Sample B (N = 37) reported experiencing pain flashbacks. In both samples, participants who experienced pain flashbacks reported more severe C/PTSD ($p < 0.001$), compared to participants who experienced flashbacks without pain and those who did not experience pain flashbacks. Participants who experienced pain flashbacks reported more pain during CA ($p = 0.001$), which corresponded with the pain flashbacks areas (Figure 1). Finally, pain flashbacks were correlated with a higher risk of suffering from chronic pain in Sample B ($p = 0.002$).

Image:



Conclusions: The findings of this study reveal that pain flashbacks are associated with more rampant CA and are linked to greater psychopathology. The findings call for further investigation of the role of pain flashbacks in explaining the link between exposure to trauma, C/PTSD and later chronic pain.

Disclosure of Interest: None Declared

O0104

Temporal relationships between latent symptoms in psychosis: a longitudinal experience sampling methodology study

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