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Mental Health Screening Tools Suitable For The South African Population: A Systematic Review.

Dr. A Bronkhorst¹, Dr. Z Zingela², S Van Wyk¹
1 - Walter Sisulu University 2 - Private Practice

Background The South African population consists of a diverse group of people. The majority is black (80.2%), followed by coloured (8.8%), white (8.4%) and Asian people (2.4%) 1. Identification of an effective and generalizable screening tool for mental illness in South Africa poses a challenge. Screening tools will aid in case detection and management at primary care level while limiting unnecessary referrals to overburdened mental health care services. The lifetime prevalence for any psychiatric disorder in South Africa is 30.3%. Anxiety, substance use and mood disorders are the most common.2

Objectives To assess the cross-cultural validity of brief psychiatric screening tools in South Africa
To make appropriate recommendations on brief psychiatric screening tools applicable to the South African primary care setting.

Method A systematic review of studies determining the validity of brief psychiatric instruments for the most common psychiatric disorders in South Africa will be undertaken, using electronic databases PubMed, Medline, The Cochrane library and grey literature.

Conclusions and Research The Edinburg Postnatal Depression Scale, the Alcohol Use Disorders Identification Test and the Patient Health Questionnaire for Depression, have been found to be valid for use in the South African primary health care setting. Further research should focus on determining:
If the identified screening tools are valid in and generalizable to different areas in South Africa and Which tools could be more applicable to a culturally diverse population?

Keywords Brief psychiatric screening tools, Validity, Reliability, South Africa, Cross-cultural

References:
Abstract Number: 24

Overview Of The Mental Health System In Mozambique: Addressing The Treatment Gap With A Task-shifting Strategy In Primary Care

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1 - Ministry of Health of Mozambique 2 - New York State Psychiatric Institute, Columbia University 3 - Universidade Nova de Lisboa, Lisbon Institute of Global Mental Health 4 - Lisbon Institute of Global Mental Health 5 - Department of Psychiatry, Universidade Federal de São Paulo

Background: 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: To collect essential information on Mozambique’s MH system for decision making, to 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 (56–109) and occupational therapists (2–23). 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.

Keywords: Mental health systems, Low income countries, Task-shifting, Mozambique, Psychiatric technician, Primary care, Scaling-up services.
Abstract Number: 109

Collaboration Between Conventional And Complementary Mental Healthcare Providers: Barriers And Pathways.

1 - Stellenbosch University 2 - University of Stellenbosch 3 - University of Ibadan 4 - Kwame Nkrumah University of Science and Technology 5 - University of Nairobi

Background: Even though collaboration between complementary and conventional health providers is commonly stated as desirable, the possible barriers and facilitators to collaboration have rarely been empirically studied.

Material: Semi-structured focus group discussions were conducted in Ghana, Kenya, and Nigeria. Groups were composed of traditional healers, faith healers, primary care providers and patients and their caregivers with experience of receiving care for severe mental disorders. Participants examined possible scope of collaborative care for persons with severe mental disorders implemented by traditional and faith healers and primary care providers as well as factors that may help or hinder collaboration. The transcribed data was analysed through thematic analysis with the use of MAXQDA computer software.

Results: Various themes emerged from the data: (i) general attitudes toward collaboration; (ii) the presence of existing collaboration; (iii) barriers to collaboration; and (iv) pathways to better collaboration. Disparity, disrespect, and distrust, along with practical concerns and conflicting philosophies were identified as the main barriers to collaboration. These barriers can nevertheless be overcome through education, regulation, communication, and mutual appreciation of the role each group has to play in the treatment of patients with mental illness.

Conclusion: Collaboration was not viewed as an end but rather as a means for participants to reach their own goals. Consideration of collaboration thus tended to be rooted in a deep sense of distrust and superiority. In the absence of openness, understanding, and respect for each other’s differences and beliefs, collaboration remains a remote possibility. The strongest foundation for progress towards mutual collaboration is a shared sense of responsibility for the welfare of the patient. Efforts to promote collaborative initiatives could utilize and emphasize this foundation in order to foster trust between the different providers of mental health care and, in so doing, increase the success of collaboration.
Abstract Number: 112

**Adult Attention-deficit/hyperactivity Disorder In Private Health Insurance: A Database Analysis**

Dr. R. Schoeman¹, M De Klerk²
1 - University of Stellenbosch 2 - MMI Health Centre of Excellence

**Objectives:** Adult Attention-Deficit/Hyperactivity Disorder (ADHD) is a chronic, costly, and debilitating disorder. In emerging markets such as South Africa (SA), access to funding for care and treatment for ADHD is limited and research is lacking. This study, the first in the field in SA, aimed to establish the current situation with regard to the psychiatric management of and funding for treatment of adult ADHD in the private sector.

**Methodology:** A diagnostically refined retrospective claims database analysis was conducted which examined the prevalence, costs and funding profile of all claims over a two year period for adult beneficiaries of the largest medical administrator in SA with possible ADHD.

**Results:** The prevalence of adult ADHD was lower than published international rates. The presence of adult ADHD increased the prevalence of comorbidity and doubled the healthcare costs of beneficiaries. Contrary to public belief, medication and psychiatric service were not the main cost drivers, but rather co-morbidity and the use of medication for non-ADHD related purposes.

**Conclusion:** The current private health insurance funding model for ADHD limits access to funding, and therefore affects early diagnosis and optimal treatment, thereby escalating long-term costs. Improved outcomes are possible if patients suffering from ADHD receive a timely and accurate diagnosis, and receive chronic and comprehensive care. Balanced regulation is proposed to minimise the risk to both medical schemes and patients. A collaborative approach between stakeholders is needed to develop an alternative cost-effective funding model in order to improve access to treatment and quality of life for adults with ADHD in emerging markets such as South Africa.

**References:**
Abstract Number: 118

The Effect Of A Standard Occupational Therapy Group Programme On The Treatment Of Major Depressive Disorders: A Pilot Study

Mr. E Ramano
1
1 - Private Practice

**Background:** Occupational therapy groups have been found to be useful in the treatment of mental health care users (MHCUs) since the formation of the profession. In the current clinical practices, the value of occupational therapy groups is extended to the treatment of MHCUs who suffer from Major Depressive Disorders (MDD). Major depressive disorders usually cause impairment in role functioning and affect social interactions at home and in the workplace. The MHCUs with MDD in psychiatric wards at two private general hospitals followed a standard occupational therapy group programme as part of their regular treatment plan. The effect of occupational therapy group programmes in these hospitals has not been investigated before.

**Aim:** This pilot study aimed to measure the effect of a standard occupational therapy group programme on the cognitive, performance and affective functioning components of (MHCUs) with MDD.

**Setting:** The pilot study was conducted in the occupational therapy department. Thirty five MHCU with MDD voluntarily participated in nine 90 minute occupational therapy group sessions over a two week period.

**Method:** A one group pre-test-post-test study design was used. Thirty five participants were evaluated using The Bay Area Functional Performance Evaluation-Revised (BaFPE-R) prior to and following the two week occupational therapy group programme.

**Results:** Hotelling’s $T^2$-test revealed a significant improvement in the pre- to post testing mean score ($p<0.001$). There were mean improvements in cognitive functioning of 10(5.74) ($p<0.001$), performance functioning 7.57(4.64) ($p<0.001$) and affective functioning of 6.34 (3.75) ($p<0.001$) component scores.

**Conclusion:** The standard occupational therapy group programme, as a supporting treatment might have had a positive outcome on MHCU with MDD cognitive, performance and affective functioning components. Future studies with larger sample sizes and control groups are needed to accurately assess the benefits of comparable occupational therapy programmes in South African psychiatric wards.
Abstract Number: 130


Dr. N Taylor¹
1 - Nottinghamshire Healthcare NHS Foundation Trust

Psychiatry is in crisis. Many services are under threat, particularly in psychotherapy. Functionalised teams - the face of modern UK psychiatry, are unpopular. Psychologists and others are ready to take on expanded roles.

Recruitment remains problematic, with most psychiatric specialties lucky to fill posts and many areas with a high proportion of unfilled posts.

Contrast this with plastic surgery - potential trainees queuing up to fill rotations and Consultants enjoying an aura of professional grandeur and mystique which contrasts sharply with the public view of the downtrodden psychiatrist.

Young trainees look to only one place for information today - the internet. Even the youngest Consultants are out of touch with the extent to which medical students and junior doctors rely on the internet for every aspect of their lives.

The internet is a source of fear for many psychiatrists - particularly in the forensic world. It is associated with inappropriate disclosures, loss of privacy, and unprofessional behaviour. The thought of putting any information relating to patients online would horrify most psychiatrists. A disciplinary panel beckons. For potential psychiatric trainees, it is the largest source of potential information. No wonder recruitment is a problem.

Let us turn to the world of plastic surgery, a specialty whose online presence could not be more different. Very many, if not most Plastic Surgeons have their own websites, most of which feature photos (photos!) of patients showing before and after pictures of their surgery. There are thousands of instructional videos on YouTube, with experienced surgeons demonstrating a wide range of actual procedures, with intra-operative footage, so that trainees can witness procedures and learn from others’ experience, knowledge and practical skills.

How can psychiatrists use similar methods to improve the standing of the profession, recruitment and, ultimately, patient care?

I will suggest several approaches.
Abstract Number: 132

Co-creation In Mental Health Care: An Encounter Between Professionals And Peer Workers

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1 - University College Ghent 2 - Ghent University College

Introduction: Policy attention for the involvement of peer workers has risen over the last years in mental health care. The experiences of peer workers contribute to a recovery-oriented mental health care policy that starts from the own strengths of a person and his network. Despite the positive appreciation with regard to the involvement of peer workers, it is often not self-evident to include peer support.

Methods: This presentation is part of research project on the co-creation of care between professionals and peer workers in the field of mental health. For this presentation, we use insights gained from the first work package of this project, i.e. literature review.

Results: Our findings reveal that there is an increasing international evidence that demonstrates the effectiveness of peer-worker based interventions in different fields. Besides these positive aspects of involving peer workers, it is known that knowledge by lived experience is often used rather in instrumental and tokenistic ways. Furthermore, professional knowledge is often valued more than knowledge by experience. Therefore, a shared ownership of care between experts and professionals often remains unrealized.

Conclusion: These findings suggest the need for further understanding how professional knowledge and knowledge by experience interrelate, and how both perspectives can be integrated in mental health care starting from a perspective of co-creation between professionals and peer workers. In our conclusion, we present further directions for research, policy and practice to overcome the dichotomy between professional knowledge and knowledge by experience.

References:
Abstract Number: 147

How Psychiatrists Continue To Learn: Operations And Practices Of Cpd Peer Groups

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1 - Devon Partnership Trust, UK 2 - Tees, Esk, Wear Valleys NHS Foundation Trust, UK

Aims:
To investigate whether the operations of Continuous Professional Development (CPD) peer groups, within a mental health service in North East England, were compliant with recommended standards and guideline for continuous professional development. Well run peer groups are expected to facilitate planned continuous improvement, promote good patient care and facilitate professional revalidation. Tees, Esk, Wear Valleys NHS Foundation Trust covers up an area of up to 3,600 square miles.

Methods:
Standards used with those of the Royal College of Psychiatrists, UK and local guideline (Tees, Esk, Wear Valleys NHS Foundation Trust, UK). This was an electronic questionnaire survey of practice as reported by co-ordinators of identified peer groups. This was conducted in November 2013.

Results:
30 peer group co-ordinators responded (return rate of 90%). 27 groups (90%) had all members enrolled in an approved CPD programme. 23 groups (76%) had the recommended size of membership. A co-ordinator was clearly identifiable in 27 groups (90%). All groups do undertake the review and identification of learning objectives. 25 groups (83%) do approve CPD activities and credits. 29 (96%) document meetings. 28 (93.3%) do provide advice, remedies and support. 28 (93.3%) do sign off CPD portfolios. Areas needing improvement were the provision of evidence of attendance to learning activities and reflection to group (80%); and the invitation of external observers to observe peer group meetings (43.3%).

Comments/Conclusions:
Suggestions for improvement were groups should consider incorporating the approval of CPD activities and credits into meetings; setting aside particular meetings for reflective exercises; inviting external observers to comment on the functioning of groups. Some groups were too big and few needed to have a clearly identified co-ordinator and regular meeting times. Minutes of meetings needed to be published among group members. There was a high level of participation in CPD peer group activities.
Abstract Number: 195

**Characteristics And Correlates Of Alcohol Consumption Among Adult Chronic Care Patients In North West Province, South Africa**

Prof. A Bhana¹, S Rathod², O Selohilwe³, T Kathree³, I Petersen³
1 - SAMRC 2 - LSHTM 3 - UKZN

**Objective:**
Given the high burden of care associated with chronic illnesses (HIV, TB, Diabetes and Hypertension), the characteristics and correlates of alcohol use disorders (AUDs) among chronic care patients in the North West province is described. The volume of alcohol consumed is associated with chronic health issues. The study is part of the Programme for Improving Mental Health Care (PRIME) in South Africa to understand how packages of care for priority mental disorders can be integrated and delivered in routine primary care.

**Methodology:**
The AUDIT was used in a facility detection survey (FDS) in 3 large primary care facilities. Sample mean age was 47 years, with women comprising 74% of the participants. Descriptive statistics and proportions of patients with abstinence, hazardous, harmful and dependent consumption was determined, followed by logistic regression to identify demographic and clinical correlates of AUDIT scores.

**Research:**
Of the 1328 patients screened, nearly half (45%) drank alcohol and of these, 10% classified as hazardous drinkers, 1.7% as harmful and 1.6% as dependent drinkers (Overall 3% AUD). Abstinence proportions were 60% and 38% among women and men, respectively. Males had AUDIT scores which were 63% higher than women. The lowest patient abstinence (47%) proportion and highest dependent drinking (10%) was for TB. Highest abstinence proportion was for diabetes (65%). Highest hazardous and harmful drinking was among TB (14%) and HIV (7%) patients. TB patients also scored 88% higher than non TB patients on the AUDIT as did HIV patients who were 27% more likely to be drinkers than non-HIV patients.

**Conclusion:**
Alcohol use potentially compromises treatment efficacy for chronic illnesses, especially among TB patients. The volume of alcohol consumed (harmful and hazardous drinking) for both HIV and TB is deemed to play a significant role on the impact of alcohol on these chronic diseases.
Abstract Number: 205

New Models Of Primary Care Psychiatric In-reach In Urban Settings

Dr. C Obuaya¹, N Sarkar², S Hauru², I Hung²
1 - Camden & Islington NHS Foundation Trust 2 - Camden & Islington NHS Foundation Trust

Objectives: This presentation outlines the work of a network of an integrated primary care mental health pilot teams in north London. Multi-disciplinary teams of specialists based in primary care aimed to: reduce the frequency of primary care appointments and Emergency Department attendances; increase the capacity and capability of staff in general practice; and provide a more holistic care approach encompassing physical and mental health needs.

Methodology: All three pilots are co-located within general practice surgeries. Each is Consultant-led and supported with experienced Clinical Psychologists and mental health nurses. The Barnet pilot commenced in June 2014, (17 practices) Camden in October 2014 (4 practices) and Islington in December 2014 (5 practices) Two of the teams have access to GP electronic patient records (EPRs) in addition to secondary care mental health EPRs; this enables a more holistic view of the patient's history.

The clinical models vary across the boroughs, but all three pilots offer: consultations and formulation; brief interventions, including medication reviews, preventative crisis planning and care planning; and advice and training to primary care clinicians.

Research: Various outcomes have been measured. In one borough, these demonstrate that 95% of secondary care referrals were avoided, 60% and 78% of patients saw an improvement in PHQ9 and GAD7 scores respectively following interventions and 90% of patients and General Practitioners rated the service as excellent. In another borough, the frequency of primary care attendances was decreased by over 60% after patients had face-to-face consultations.

Conclusions & References: As demand increases in primary care, an integrated primary care mental health service exemplifies an innovative approach to supporting patients and managing expectations of referring primary care physicians. As the service expands during a time of system-wide financial pressure, a population health needs assessment will further inform the development of a coherent and evidence-based clinical model.
Abstract Number: 259

Mental Health Eclinic (mhec): Breaking Down Traditional Mental Health Care Barriers By Utilising New And Emerging Technologies

Dr. L Ospina-Pinillos 1, T Davenport 1, J Burns 2, I Hickie 1
1 - The University of Sydney 2 - Young and Well Cooperative Research Centre

BACKGROUND
The MHeC aims to deliver best practice clinical services to young people (YP) experiencing mental health (MH) problems. It seeks to jump traditional barriers and make healthcare accessible, affordable and available.

METHODS
Validation study: Compares the online version of the clinical staging model against current headspace clinician-administered version (n=200).
Participatory design (PD): four workshops run with young MH consumers and health professionals.
Rapid prototyping and user (acceptance) testing: alpha version delivered November 2015 with a structured agile approach consisting of eight two-week sprints.

RESULTS
The alpha version has five elements: landing page and triage system to ensure young people with high distress access urgent care immediately and appropriately; comprehensive online physical and MH assessment and detailed dashboard of results; and, booking system to make appointments with practitioners attached to MHeC. A video-visit to allow for short structured interviews and also allows clinicians to suggest apps and etools that YP can use to improve their symptoms and track progress.
The beta version was released in February 2016 and is now in trial through the NSW Synergy Online Ecosystem. By employing a naturalistic research design, potential participants (n=300) living in three NSW (vulnerable) target communities have access to the ecosystem to use at their own accord.

SPANISH VERSION
By translating and culturally adapting the MHeC to Spanish, we aim to increase accessibility and availability of (e)mental health care to the developing world, and assist populations that have migrated to English-speaking countries. Four PD workshops have been run: two in Australia and two in Colombia. Pilot trial starting late 2016 (n=100).

CONCLUSION
The MHeC presents a technologically-advanced and clinically-efficient method that can be adapted to many and varied settings in which there is the opportunity to connect with YP receiving the right intervention from the right service at the right time.
Abstract Number: 281

One-stop Shopping: The Case For Integrated Care For Patients With Hiv/aids Or Other Chronic Diseases

Dr. K Glover1, R Shim2
1 - Montefiore Medical Group 2 - Northwell Health

Objectives
To define and describe health disparities and integrated care in various settings
To review the impact of the integrated care model in primary care with regard to outcomes for patients with chronic disease and mental disorders.
To discuss the potential of integrated care programs to decrease health disparities, and describe an innovative program in a low-income, urban setting.

Methodology:
Integrated mental health has been designed to increase the availability of vital behavioral services. While integrated care models have increasingly been utilized to broaden access and quality of care, their effectiveness in addressing disparities and treating diverse, vulnerable populations has not been clearly defined.

Research:
Many people living with chronic disease have behaviors and/or comorbid mental disorders that impede successful medical treatment. This presentation will discuss the potential of integrated care programs to decrease mental health disparities and describe an innovative program in a low-income, urban setting. CICERO (Centers Implementing Clinical Excellence and Restoring Opportunity) is an integrated HIV/AIDS and primary care program functioning at ten Bronx, New York clinics. It offers treatment, mental health and supportive services to HIV/AIDS patients using a multidisciplinary team, care management, and a mixture of traditional and newer healthcare models.

Conclusion:
This program expands on traditional integrated care models by incorporating community psychiatry principles into standard of care. CICERO has successfully treated thousands and its success has served as an example for other chronic diseases. The presentation will conclude with a discussion of ways to adapt the CICERO model to various populations and clinical settings, allowing participants to develop practical skills to reduce disparities and improve quality of care.

References:
Hoang T. The impact of integrated HIV care on patient health outcomes. Med Care. 2009 May;47(5):560-7

Abstract Number: 295

The Effectiveness Of A Blended Motivational Interviewing And Problem Solving Therapy Intervention To Reduce Substance Use Among Patients Presenting For Emergency Services In South Africa: A Randomized Controlled Trial

Dr. K Sorsdahl¹, Prof. D Stein¹, J Corrigal², P Cuijpers³, N Smits³, T Naledi², B Myers⁴
¹ - University of Cape Town  ² - Department of Health  ³ - VU University Amsterdam  ⁴ - Medical Research Council

Background: The treatment of substance use disorders is a public health priority, particularly in South Africa where the prevalence of these disorders is high. We tested two peer-counsellor delivered brief interventions (BIs) for risky substance use among adults presenting to emergency departments (EDs) in South Africa.

Methods: In this randomised controlled trial, we enrolled patients presenting to one of three 24-hour EDs who screened at risk for substance use according to the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). Eligible patients were randomly allocated to one of three conditions: Motivational Interviewing (MI), blended MI and Problem Solving Therapy (MI-PST) or a Psycho-educational Control Group (CG). The primary outcome was reduction in ASSIST scores at three months follow-up.

Results: Of the 2736 patients screened, 335 met inclusion criteria, were willing to participate in the intervention and were randomised to one of three conditions: 113 to MI, 112 to MI-PST and 110 to CG. ASSIST scores at three months were lower in the MI-PST group than they were in the MI and CG groups (adjusted mean difference of -1.72, 95% CI -3.36 to -0.08). We recorded no significant difference in ASSIST scores between the CG and MI group (adjusted mean difference of -0.02, 95% CI -2.01 to 1.96).

Conclusion: With the addition of minimal resources, BIs are feasible to conduct in EDs in a low resourced country. These preliminary findings report that MI-PST appears to be an effective BI for reducing substance use among at risk participants. Further research is required to replicate these findings with effort to limit attrition, to determine whether reductions in substance use are persistent at 6 and 12 month follow-up and whether parallel changes occur in other indications of treatment outcomes, such as injury rates and ED presentations.
Abstract Number: 314

Five Years Of Involuntary Mental Health Admissions To Mental Health Care Establishments In Capricorn District: An Archival Study.

Ms. M Phadu 1, Prof. T Sodi 1, Ms. M Malema 1
1 - University of Limpopo

Aim & objectives: Following the promulgation of the Mental Health Care Act Number 17 of 2002 in South Africa, all applications for involuntary mental health admission of mental health care users (MHCUs) at mental health care establishments have to follow prescribed processes and procedures. The Mental Health Review Boards (MHRBs) have to receive and approve the admission of MHCUs to mental health establishments. This paper reports on the results of a study that sought to review and profile the applications for involuntary admissions of mental health care users submitted to Capricorn District Mental Health Review Board over a five-year period (from January 2009 to December 2013).

Method: An archival study method, and in particular, document analysis was used to review the documents and files of involuntarily mental health admissions in the health establishments under the jurisdiction of Capricorn District MHRB. The archival research method emerges from the diplomatic disciplines, and is based on the theory of safe storage, cataloguing and retrieval of document and items.

Results and conclusion: Amongst others, the study found that the majority of involuntary mental admissions were males (85.1%), single (87.5%), aged between 21 and 38 years (60.4%), and were unemployed (84.4%). The study further found that the MHCUs were mainly examined by medical officers (78.8%), with schizophrenia given as the most common diagnoses (44.4%). The study is concluded by highlighting some of the challenges identified whilst the recommendations are also given.

Reference amongst others;
Abstract Number: 324

Responding To A Lack Of Data: The Mental Health Survey In Lao Pdr

Dr. F Charlson¹, S Raja², C Choulamany², S Diminic¹
1 · Queensland Centre for Mental Health Research 2 · BasicNeeds

Objectives: One of the key limitations of producing global health estimates is deriving estimates for countries where there is no raw epidemiological data available. Lao PDR is one such country for which the epidemiology of mental and substance use disorders in the general population is poorly understood due to the absence of data. A mental health survey was conducted to determine the prevalence of mental and substance use disorders and mental health service utilisation patterns within the general population. The survey was conducted in collaboration with the Queensland Centre for Mental Health Research, the Lao PDR Ministry of Health and BasicNeeds.

Methodology: The household survey utilised a multistage, cluster sampling method throughout Vientiane Capital Province. Each participant was required to be an adult household member over 18 years of age and reside permanently at the dwelling. Survey data was collected from May to July 2015 and included demographic information, risk factors, mental health service utilisation patterns and perceived need for care. Mental disorder prevalence was assessed using the MINI International Neuropsychiatric Interview.

Research: Current prevalence of major depression was estimated at 2.2% (95%CI 1.4-2.9), generalised anxiety disorder at 4.0% (95%CI 3.3-4.3), and psychotic disorders at 0.5% (95% CI 0.3-0.7). Prevalence estimates are in line with prevalence estimates from epidemiological modelling in the Global Burden of Disease Study 2013. Results also identify very low mental health service utilisation patterns and significant barriers to treatment.

Conclusion: This study provides important mental health data not previously available for Lao PDR. Prevalence estimates will provide valuable data input for the GBD Study and guide the Lao PDR MoH and BasicNeeds Lao in mental health services planning.
Abstract Number: 339

South Africa's Phc Mental Health Human Resource Crisis: A Situation Analysis And Call For Innovative Task-shifting

Mr. J De Kock
1
1 - UKZN

Objectives
The findings of a mental health (MH) audit comprising of 160 (98%) of South Africa’s (SA) public rural primary healthcare (PRPHC) facilities are presented.

Setting
These data provide the first national estimates of the human resources and services available to address the MH needs of over 17 million rural South Africans, reliant on PRPHC facilities. With personnel regarded as the most valuable resource for service delivery within a MH system, this reviews aim was to inform policy on bridging the mental illness treatment gap that is as high as 85% in low-and middle income countries, and even higher in its rural areas.

Methodology
The review was based on the analysis of both primary and secondary data. Primary data was collected by subjecting the clinical heads of PRPHC facilities to an interview schedule while secondary data comprised of a desk review.

Results
Results indicate that MH nurses (MHNs), clinical psychologists, MH medical doctors (MHMDs) and psychiatrists are practicing in PRPHC areas at rates of 0.68, 0.47, 0.37 and 0.03 per 100 000 population respectively; 96% of facilities do not have psychiatrists employed while 81% have no MHMDs, 64% do not have clinical psychologists and 61% have no MHNs; 69% do not receive specialist MH outreach services while 78% do not have MH multidisciplinary teams.

Conclusion
Opportunities to address the severe MH workforce shortages in PRPHC areas are discussed in terms of the evidence based approaches of task-shifting and transdisciplinarity.

References
Abstract Number: 352

Identifying Barriers And Facilitators For Providing Mental Health Services Using Innovative Mobile Technology Based Strategies In Low Resource Settings: Results From The Smart Mental Health Project In India

Dr. P Maulik\(^1\), S Kailakuri\(^1\), S Devarapalli\(^1\)
1 - George Institute for Global Health India

**Objectives:** To identify barriers and facilitators for providing mental health services using innovative mobile-based strategies for common mental disorders (CMD) in rural areas of India.

**Methodology:** SMART mental health project was conducted in 42 villages (population ~40000) in Andhra Pradesh, South India\([1]\). Using a pre-post design the study explored the feasibility, acceptability and preliminary effectiveness of an innovative strategy of providing mental health services for CMD such as depression, suicidal risk and emotional stress. The key strategies involved training village healthcare workers about CMD and task shifting. A mobile-based electronic decision support system facilitated the process of providing evidence-based mental health services by primary care health workers and doctors. The study was conducted across 2 sites, but the results from one site (N=~5000) will be discussed and barriers and facilitators for providing such services in low resource settings will be discussed using Andersen’s model of service delivery\([2]\).

**Research:** Treatment gap in mental health is huge, and is more so in low resource settings\([3]\). Stigma, few trained mental health professionals, ineffective mental health programs and policies are some of the factors responsible for the increased treatment gap\([1]\).

**Conclusion:** This presentation will use the results of the SMART mental health project and discuss barriers and facilitators for service delivery in such low resource settings.

**Reference**
Abstract Number: 384

Influencing Recruitment Into Psychiatry Through Qualitative Methodologies

Dr. I Udo¹, K Leung², Mr. C Chima³, T Awani⁴
1 - Devon Partnership Trust, UK 2 - Surrey And Borders Partnership NHS Foundation Trust 3 - UK 4 - Western Health and Social Care Trust

Objectives:
Recruitment into Psychiatry is an international issue of public health concern. Studies examining recruitment problems in psychiatry have been mostly quantitative. These are limited in their ability to elucidate contemporary perceptions and current influences on recruitment. This literature search aimed to identify and appraise relevant qualitative studies and articulating their implications for public policy.

Method:
Databases Medline, PsychINFO and Embase were successively searched from their inception to 31 July 2014. Inclusion criteria were qualitative studies and English-language published papers.

Results:
10 qualitative studies were identified. These originated from the USA, UK, Australia, Canada and Ghana. Methodologies used were thematic analysis, phenomenology and narrative study methods. Populations studied were medical students, foundation doctors, trainees/residents, undergraduate psychiatry teachers.

The studies highlighted importance of role models, mentorship, and the usefulness of supervision and teaching in improving recruitment. Additional factors identified included the role of stigmatization of mental illness, satisfaction rates with psychiatry jobs, interactive nature of psychiatry, and the development of academic interests within psychiatry.

Comments/ Conclusion:
Insufficient numbers of qualitative studies exploring recruitment in psychiatry is observable. Available studies have limitations. The importance of teachers, mentors and role models in improving recruitment has been highlighted by studies appraised. There may be location specific factors. Policies to improve recruitment needs to expose potential recruits to opportunities to benefit from role modeling, mentorship, teaching and supervision. More qualitative studies are needed to inform policy.
Abstract Number: 392

Psychiatric Service In Rural India

Dr. N Chandra
1 - Bangalore University, Royal College of Psychiatrists

A new rural community psychiatric service Nitte Rural Psychiatric Centre was started in 2007 at a village, Nitte India which never had a psychiatric service.

The Centre is run by Dr Naveen Chandra, a voluntary Psychiatrist from Australia for six months in a year and by the staff of the Nitte University Medical School for the remaining months. The out-patient clinic is open for five days and community programme for six. The services include 24/7 telephone information line, Rehabilitation service, counselling, consultation, alcohol detoxification, groups, awareness and education programmes in the schools, clubs and local government offices, street and stage plays about common psychiatric conditions. The project has been operational for eight years and is sponsored by a NGO, Nitte Education Trust. Over the past few years the project has provided free consultation and free medication to over 2500 patients. The staff assesses acute patients in the village and follows up the chronic patients who are unable to attend the clinic. Several awareness and educational programmes have been conducted in other villages as well. Over fifty patients have gone through the rehabilitation programme and proudly, many of them have gained full time employment. Three international conferences ‘Rural Psychiatry – Road least traveled’, ‘mind the gap’ and ‘Beyond Symptoms Control’ were organised by Dr Chandra at Nitte. This Service and Rehabilitation Centre were awarded “Excellency in psychiatric development” by Asian Federation of Psychiatric Assoc in 2011.

Although to date this project has been successful, the problem initially was that the rural population was never exposed to this type of service. These hurdles along with the cultural differences which effected this service will be discussed in the presentation. How these problems are being overcome will also be explained.
Abstract Number: 407

The Role Of The Public Sector Group (pubsec) In Restricting Long Term Negative Outcomes Of Childhood Psychiatric Conditions In The Community

Prof. R Nichol
1 - Dept of Psychiatry UFS

Introduction
Currently in South Africa, little is being done to prevent mental illness or the long term sequelae of common psychiatric conditions. Given the current financial limitations, almost all interventions focus on curative strategies trying to alleviate the burden of disease. Who better to champion preventative strategies than the psychiatrists employed in Pubsec Private psychiatrists are often too busy managing patients to be concerned about preventative strategies and the pharmaceutical industry would obviously not be concerned with any action that would not directly improve the care of the patients using their products.

Methods
A comprehensive survey of the available literature relating to the long term consequences where certain childhood conditions were never identified or effectively managed, will be presented including Attention-Deficit /Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), Specific Learning Disorders, and Childhood Posttraumatic Stress Disorder (PTSD).

Specific Intervention Programmes will be discussed which Pubsec can use to lobby politicians to improve the quality of care for this group of patients in the community who are almost always forgotten when finances are allocated.
Abstract Number: 419

Adult health and social outcomes following adolescent self-harm: a 22-year population-based cohort study

Dr. R Borschmann ¹, D Becker ¹, E Spry ¹, P Moran², C Coffey ¹, G Patton ¹
¹ - Murdoch Childrens Research Institute, Melbourne 2 - University of Bristol, UK

Objectives:
To determine whether adolescents who self-harm are at increased risk of adverse health and social outcomes in the fourth decade of life.

Methodology:
A stratified, random sample of 1943 adolescents was recruited from 44 schools across the state of Victoria, Australia, from 1992-2008. In addition to assessing a range of health and social domains, we obtained data relating to self-harm from questionnaires and telephone interviews at seven waves of follow-up, commencing at a mean age of 15.9 years and ending at a mean age of 35.0 years.

Results:
A total of 102 (7.4%) participants reported self-harming during adolescence. In unadjusted analyses, this group fared worse than their peers across a range of physical and mental health, financial, and relationship domains. After adjusting for a range of adolescent factors, most of these associations were diluted substantially. In the adjusted model, among participants who self-harmed, those who used cannabis during adolescence were significantly more likely to report a common mental disorder at 35. Additionally, those who smoked cigarettes daily during adolescence were significantly more likely to report multiple substance dependence at age 35.

Conclusion:
There is weak evidence that those who self-harmed during adolescence fared worse than their peers. Amongst this group, health and social outcomes differed systematically according to a number of identified adolescent risk factors.
Abstract Number: 453

**A Differential Exploration Of Predictors Of Aggression Amongst A Group Of Faculty Of Education Students At A University**

**Prof. C Myburgh**<sup>1</sup>, **M Poggenpoel**<sup>2</sup>, **N Fourie**<sup>1</sup>

<sup>1</sup>- University of Johannesburg  <sup>2</sup>- University of Johannesburg

**Background and rationale:** In all countries post-secondary education and training form the backbone of the development of high person power of a country. As human beings, students are subjected to strenuous circumstances to enable them to achieve success. This scenario often creates the opportunity for the cultivation of aggression towards self and towards other persons and even the environment. Very little research has been published on aggression by tertiary students during this challenging period of education and training.

**Objectives:** To explore and describe the differential predictors of aggression of a group of education students in a faculty of education at a university.

**Method:** This investigation followed a quantitative, exploratory and empirical research design that is multivariate inferential and descriptive in nature. The researchers used a questionnaire that was electronically distributed to via e-mails to all students in the faculty of education in this specific university. The questionnaire consisted of biographic, personality and question items on aggression. The data was analysed by applying Cronbach alpha calculation, various first and second order factor analyses, and numerous multivariate regression analyses to identify and describe the predictors of aggression. Ethics clearance was obtained for this project.

**Results:** In general the findings reflected that an aggressive inclination towards the persons is the fuel of aggression in the broadest, but also in specific instances. In general aggression increases when an aggressive inclination increases and vice versa.

**Conclusion:** The challenge is to assist students to understand and manage their own aggressive inclination.
Abstract Number: 457

Evaluation Of The Satisfaction And Impact Of Care In A Process Of Integration Of Mental Health And Psychosocial Support In Primary Health Care In Rural Congolese Healthzone

Mr. a N'situ\textsuperscript{1}, Dr. J Le Roy\textsuperscript{2}
\textsuperscript{1} - University Kinshasa PNSM 2 - independent

Jaak Le Roy (Belgium), psychiatrist, Consultant mental health HNTPO Amsterdam, Netherlands
Adelin N'situ (DRC), psychiatrist University Kinshasa, Head of Division Technique of the National Mental Health Programme, Ministry of Public Health.

The integration of mental health into primary health care is a strategy advocated by the World Health Organization to address gaps in mental health care in low- and middle-income countries. The Democratic Republic of the Congo, low-income countries, has adopted a national policy and a blueprint to achieve this objective. But the actual implementation is faced with difficulties related to the lack of human and financial resources. A pilot experiment was conducted in the area of health of Lubero, a zone de santé rurale located to the northeast of the province of North Kivu.

Such care must meet the real needs of the beneficiaries for their efficiency and durability. To provide objective elements which could contribute to this end, the authors undertook an evaluation of the satisfaction of recipients and a study of the impact of the mental health care interventions during this experience. This integration pilot was funded by the Government of the Netherlands and led by HealthNet Transcultural PsychoSocial organisation (HNTPO). Here, they present important elements on which is based the satisfaction and impact of mental health care in a process of integration into primary health care.
Abstract Number: 473

Pattern And Prevalence Of Psychiatric Comorbidity Among People Living With Hiv In Port Harcourt, Nigeria

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Background: HIV, a communicable disease, is assuming an alarming epidemic dimension with high level of psychiatric co-morbidity and mortality.

Aim: The aim of this study, therefore, was to determine the pattern and prevalence of psychiatric co-morbidity in PLWHIV

Methodology: Two hundred and thirty (230) subjects as the study group, were recruited based on the study’s inclusion and exclusion criteria, via a systematic random sampling. Subjects were further administered with the study’s instruments including the socio-demographic questionnaire, GHQ-12, and WHO CIDI. The data were analyzed using the SPSS version 20 statistical package. Confidence interval was set at 95% while P-value of less than 0.05 was considered statistically significant.

Results: One hundred and sixty (69.6%) out of the total number of 230 PLWHIV studied had no psychiatric diagnosis while 70 (30.4%) had different associated psychiatric morbidity. Of the total number with psychiatric diagnosis, 38 (16.0%) had depressive illness, generalized anxiety disorder was 8 (3.5%), mixed anxiety and depression was 4 (1.7%), adjustment disorder 9 was (3.8%), hyposexual dysfunction was 3 (1.3%), alcohol abuse was 6 (2.6%), 11 patients (5.8%) were diagnosed with PTSD and only 1 patient (0.4%) had panic disorder.

Conclusion: The findings of this study support the impression that HIV infection is associated with psychiatric co-morbidity, hence the call that the management of patients with HIV should include attention to their mental health status in order to enhance the quality of care.

Key words: PATTERN, PREVALENCE, PSYCHIATRIC MORBIDITY, PLWHIV, UPTH.
Abstract Number: 489

Proximity To Primary Health Care Clinics And Depression Disparity In KwaZulu-Natal Province: Evidence From The South African National Income Dynamics Study

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2 - College of Health Sciences, University of KwaZulu-Natal
3 - University of KwaZulu-Natal

Objectives: Despite the evidence that increased distance from health services impedes access to care (McLaren et al., 2014), few large-scale studies have examined its association to mental health outcome in scarce-resource sub-Saharan African settings. This study explored the relationship between geographical proximity to primary health care clinics and depression outcomes in the KwaZulu-Natal (KZN) Province, South Africa.

Methods: Panel data (waves 1-3) containing depressive symptomatology, based on a 10-item version of the Center for Epidemiologic Studies Depression Scale (CES-D), and the associated household GPS co-ordinates were accessed from the South African National Income Dynamics Study. The GPS co-ordinates of public sector clinics were obtained from KZN Department of Health. The distance between households and their nearest public clinic were calculated. An adjusted mixed-effects logistic regressions, adjusted for post-stratification weight, was fitted to establish the relationship between distance and depression.

Results: A third (n = 33.8%) of adult study participants had a positive screen for depressive symptoms at wave 1 based on total cut-off CES-D scores of ≥10. The results of the adjusted mixed-effects logistic regressions over waves 1-3 indicated that individuals residing in households closer to public clinics within 5km (aOR = 0.68, 95% CI: 0.47-0.98) and 5-14km (aOR = 0.55, 95% CI: 0.39-0.77), were associated with lower levels of depressive symptomatology than those beyond 15km.

Conclusion: Our results suggest that distance to primary health care clinics was associated with depression in KZN. Potential policy implications may include minimizing the distance to primary health care clinics (i.e. mobile health clinics), but further studies that incorporate utilization of mental health services is warranted.

References:
Abstract Number: 516

Increasing Condom Use In College Students: Rethinking Behavior Change Strategies Viewpoint

Prof. C Chang1
1 - chungshan medical university

Background: Consistent use of male condoms has been shown to be an effective way to prevent HIV and other STDs among sexual active individuals. In Taiwan, almost 40 percent of HIV/AIDS cases occur in the age range of 20 to 29 years old. Many of the reported cases are in the college-age years and infection might have occurred through unprotected sex behaviors during their college years, however, the condom using compliance rate is generally low.

Methods: This study uses evolutionary game theory (EGT) to model college students’ condom using strategic decisions. Our approach using the evolutionary game has merits, it is assumed that every college student has two condom using strategies: either condom using with High or Low compliance. The equilibrium obtained from EGT can indicate the percentage of the cohort that practices High and Low compliances. The equilibrium can also be interpreted as the probability that each male plays a mixed condom using strategy.

Results: The result of our model suggests that there are three motivations behind individuals’ condom using compliance rate: bandwagoning, altruism, and free-riding. These motivations can help us identify some effective interventions for increasing the compliance rate, such as decreasing condom costs and conducting educational programs.

Conclusions: Behavioral change in a place does not occur overnight. Our solution approach overcomes the shortcomings of traditional epidemiological modeling by formulating strategic males using an evolutionary game embedded in a transmission dynamics model. Further, the impact and effectiveness of these interventions to improve the rate of males were discussed as well. Our model indicated there are three possible equilibria: zero compliance, partial compliance, and full compliance among all males, through which we are able to explain “why don’t interventions work as expected?”
Abstract Number: 547

Value Based Care

Dr. E Allers¹
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Value is defined as quality over cost. The best value for the best price is defined as the best value for money.

Healthcare in South Africa has typically not been rendered as a value based package in the private or public sectors. There is an urgency to increase quality and cost to keep the private sector relevant in the South African context.

The office of health care standards has been created to set standards, the NHI white paper highlights the effort to increase quality and reduce cost. The competitions commission’s health inquiry has also highlighted the problems of quality and cost in the healthcare sector. The United States of America has also seen healthcare reforms in line with value based care models.

This presentation highlights models and efforts that will facilitate a transition from the classic fee-for-service model to alternative re-imbursement models and the introduction of quality measures and clinical risk management to facilitate a move towards value based healthcare and alternative re-imbursement models including a pay-for-performance model.

It also highlights efforts to stay competitive without affecting healthcare in multi-professional team and hospital.
Abstract Number: 646

The Use Of Information And Communication Technologies And Resilience In Adolescence

Dr. F Theron¹, H van den Berg¹
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There has been an exponential uptake of information and communication technology (ICT) in the past decade. The majority of empirical research focuses on the possible adverse effects of this on adolescent development. Few studies investigate any benefits of ICTs for adolescents.

Objectives. This study, the first large quantitative study of its kind in South Africa, looks at the effect of ICT use on adolescent resilience - examining its effect on social involvement, intrapersonal functioning and emotional regulation in adolescence. Gender and age-related differences are also studied.

Methodology. A criterion cohort design was used to obtain strengths and resilience data in two waves on a stratified, random sample of 1000 adolescents (across diverse demographic assemblages) from ten South African high schools.

Research. Most participants used ICTs moderately, with a smaller number reporting excessive daily use. Gender usage were remarkably similar. In Wave 1, sense of relatedness scores and hours of ICT use per day differed significantly, and specific differences were found in emotional reactivity scores between the group that used ICTs more than 0 to 3 hours per day (lowest emotional reactivity) and the excessive ICT use group (highest emotional reactivity), with high emotional reactivity indicative of low emotional regulation. Wave 2 adolescents with different daily ICT usage, differed significantly on sense of mastery scores, with specific differences between the two moderate ICT user groups (with the more than 3 hours to 6 hours group reporting the highest sense of mastery scores). The older cohorts girls reported significantly lower affective strength scores than the older boys.

Conclusion. The results from this contribute to the body of empirical work on ICT use and adolescent resilience. The findings can inform caregivers about the significant effect between moderate ICT use and optimal adolescent resilience, as well as possible detrimental effects of excessive use.
Abstract Number: 679

The Concept Of Care And Caregiving Burden/gain Among Caregivers Of Children And Adolescents With HIV/AIDS

Ms. J Nakigudde1, B Knizek2, J Osafo3, E Kinyanda1
1 - Makerere University 2 - University of Oslo 3 - University of Ghana

Background: Whereas there is ample literature that describes caregiver burden in informal caregivers, the concept of care has scanty literature. This is especially so in low income settings.

Aim: We aimed to explore how caregivers of children and adolescents with HIV/AIDS described the concept of care and their perceived nature of burden/gain in a low income setting

Methods: We used a qualitative exploratory study design with key informant interviews on eleven caregivers who had presented their children/adolescents for their monthly reviews at HIV/AIDS clinics in a rural setting. We analyzed data using thematic analysis.

Results: Emergent themes on the concept of care centered on the provision of physical needs like food, clothing. Others were on the provision of education, and ensuring that the medical care needs were met was crucial. Other emergent themes were ensuring that a child is well disciplined, and had moral values that were acceptable, has a sense of belonging, and received time and attention from the caregiver. The caregiver burden themes were those of medical challenges like comorbidity, side effects of the drugs, caregiver illness, and financial challenges. There were however gains in the relationship of the caregiver and child/adolescent recipient and the emergent themes were those of social support, and an emotional bonding that facilitated compliance to medication both for the caregiver and the child recipient.

Conclusions: The domains of care are varied and in this low income setting were socially specific. Although there were burdens to care giving, there were also gains especially of emotional support and treatment compliance if the caregiver had HIV/AIDS and had to be treated alongside the child/adolescent.

Recommendations: There is need to carry out surveys to validate the gains in the caregiver/recipient relationship.
Abstract Number: 722

Epidemiology Of Self-harm And Patterns Of Medical Service Utilisation By Self-harm Patients In A South African Hospital

Mr. K Louw1, Dr. J Bantjes2, I Lewis1, Ms. E Breet2, D Pieterse1
1 - University of Cape Town 2 - Stellenbosch University

Background: Suicidal behaviour is a serious public health problem in South Africa (SA), however little is known about the epidemiology of self-harm in the country. Data is needed to plan suicide prevention interventions. Given the shortage of health care professionals, there is also a need to identify socio-cultural contextual factors that contribute to self-harm and better understand the pattern of medical service utilisation among these patients.

Objectives: To investigate the epidemiology of self-harm among patients seeking care at an urban hospital in SA following an act of self-harm and to describe the socio-cultural context in which this behaviour occurs. A secondary aim was to describe the pattern of medical service utilisation among self-harm patients and the factors associated with greater utilisation of medical services.

Methodology: The following data were collected from 278 consecutive self-harm patients presenting for treatment in the emergency room: demographic characteristics, socio-cultural context of the behaviour, methods of self-harm, nature of injuries, motives and precipitants of the behaviour, and level of medical intervention required. Univariate and multivariate statistical analysis were performed.

Research: There were significant gender differences with respect to clinical features of patients, their methods of self-harm and the level of medical intervention required. A significant proportion of patients reported substance use at the time of their self-harm and past suicide attempt. A number of important contextual factors were identified as contributing to self-harm, including the use of prescription medications as a method of self-harm, substance use, inter-personal and family conflict, and financial concerns.

Conclusion: Our data suggest that there is a need for eco-systemic community based interventions in SA to address some of the contextual factors associated with self-harm. Such interventions are important not only to reduce the emotional distress, morbidity and mortality associated with self-harm but also to reduce utilisation of scarce medical resources.
Abstract Number: 724

A Systematic Review Of Relationships Between Substance Use And Suicide In Low-And Middle-income Countries

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1 - Stellenbosch University 2 - Stellenbosch University Department of Psychology

Background: People who abuse substances are at increased risk of engaging in suicidal ideation and behaviour (SIB). Epidemiological literature from high income countries demonstrates that substance abuse correlates with suicidal behaviour, less is known about the psychosocial context in which substance abuse is associated with fatal and non-fatal self-injurious behaviour in low and middle income countries (LMICs).

Electronic databases were searched in February 2016. PubMed, CINAHL, Web of science, DARE, PsychINFO, and article reference lists were searched for eligible studies. Epidemiological studies reporting on the association between acute and chronic alcohol or drug use and SIB were retrieved.

Results and Conclusions: We identified 1600 articles published between 2006 and 2016, of which 104 met our inclusion criteria. Acute or chronic substance use among people who engage in SIB is a significant problem in LMICs. Several psychosocial factors mediated the association between acute or chronic substance use and SIB.

Discussion and Significance: The current evidence suggests that prevention and intervention initiatives in LMICs should consider the psychosocial context in which acute or chronic alcohol and drug use is associated with SIB. The findings from this review are limited by study design and quality; therefore more sophisticated studies with larger samples are needed.
Abstract Number: 727

Therapeutic Response In Patients Diagnosed With Depression From An Interdisciplinary Care Model

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Objective: To determine the effects of the treatment response in patients with depression using an integrative care model.

Material and methods: 777 patients with major depressive disorder, in-patients in a mental health facility in Bogot, Colombia. Beck Depression Inventory (BDI) Scale was applied to patients, and a structured interview to family caregivers, from March 2010 to November 2011.

Results: A significant improvement in therapeutic response in patients was found in three dimensions: cognitive, affective, and motor; improvement in disease knowledge and treatment implications were reached in patients group and relatives.

Conclusions: Results show that 94.8% of the patients group improved therapeutic response, and 88.3% of their relatives reached a better understanding of the disease and treatment compliance. Non-pharmacological interventions are useful to promote therapeutic change, both in patients and their family caregivers. Patient, Team and family network collaborative interventions result in a more coordinated actions, therapeutic foci planned from all professional disciplines, resulting in a better outcome from major depressive disorder.
Abstract Number: 890

Beyond The Virus: The Psychosocial Impacts Of The Ebola Outbreak On Affected Individuals And Communities And The Survivor Dream Project In Sierra Leone

Dr. T Van Bortel
1
1 - University of Cambridge

The most recent Ebola Virus Disease epidemic has been the worst in history with more than 28,000 total cases and over 11,000 deaths. Guinea, Liberia, and Sierra Leone have been disproportionately affected. This talk examines the psychosocial consequences of the Ebola epidemic, which are experienced at the individual and community level. The psychosocial impact of the epidemic has resulted in a reduction in quality of life and productivity, the fracturing of the social system, an increased need for health services, public health planning and health systems strengthening. It is essential that both the local and global response to the Ebola epidemic considers the acute and long-term psychosocial needs of individuals and communities, and is committed to sustainable future public health planning and community-based initiatives focused on 'building back better'. Our Survivor Dream Project in Sierra Leone, which will be further discussed in this talk, is based on community-generated solutions dedicated to psycho-socially support people (especially girls, women and young men) who have survived traumatic events (such as the recent West African Ebola outbreak). The aim is to bring about sustainable and impactful positive change. This talk will specifically focus on our initiatives undertaken in the aftermath of the Ebola crisis and the findings of the work thus far.
POSTER

Abstract Number: 15

Rock Music As A Tool For Primary Prevention Of Psychiatric Disorders: Results Of Survey Conducted Among Pupils Who Participated The Rock Psychiatry Information Campaign In Finnish Schools

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1 - Helsinki University Hospital, Department of Psychiatry

Objectives: Even though Early Intervention (EI) services have spread during last decade, adolescents who are in need of care do not always recognize their own need for treatment or they feel psychiatric symptoms stigmatizing or shameful.

Methodology: EI program JERI at Helsinki University Hospital, Finland, developed an information campaign of psychiatric disorders and care system to make threshold for entering care lower. Eleven school class were visited with 45 minute information campaign. Three rock music videos, which were composed and filmed for this purpose and presented themes of bullying, anxiety, depression, suicidality and psychosis, were displayed for pupils as an introduction into the theme. Feelings, thoughts and stressful situations were rehearsed by mental images, linked together and their severity was scaled on range 0-100 to understand that different symptoms are often related to thoughts which are reactions to what is happening in the social environment. Psychoeducation of psychiatric disorders, self-care and care system were given and information of continuum on psychiatric symptoms was discussed.

Research: Pupils filled in survey of four statements on five level Likert item. 176 adolescent (mean age 13.8 years) responded the survey. 63% agreed almost or complete item “I got new information of disorders in mental health”, 56% agreed almost or complete item “I got new information how I can take care of my own mental Health”, 60% agreed almost or complete item “After this information I know better what to do if I need help for my mental health”, 76% agreed almost or complete item “In my opinion, this way to do the information campaign suits adolescents”.

Conclusion: In summary, to get information of treatment choices, normalize symptoms with help of music videos and recognize link between cognitions, symptoms and stress factors by rehearsing it with mental images was supported by this survey.
Abstract Number: 23

Psychogenic Polydipsia (emotionally Thirsty)

Dr. S AH Rabeti, o shawky, s sultan
1 - helwan uni 2 - Psychological medicine hospital 3 - psychological medicine hospital

Obsessive compulsive spectrum disorders need further observation and research. These disorders stand midway between psychotic and neurotic disorders. This case shows symptoms of compulsive water intake that shadows the patient's stressful family background. Exacerbations of symptoms follow psychosocial adversities. Also, symptoms are odd and unfamiliar to family, yet patient gave rationales to the psychiatric team. He was insightless to the oddness and danger of water intake, but developed intellectual insight with therapy. Further attention and novel approaches are required to address these disorders.

Mr S. is a 19 years old single student living with his paternal grandmother since his parents' divorce during his early childhood. They always had conflicts especially when it came to his custody, but he finally settled with his paternal grandmother. His father was diagnosed as a bipolar affective disorder patient later after his divorce and he remarried and the mother remarried, too. Ever since and the parents have a quarrelsome relation, blaming each other for any problem the patient faces, even his current illness. His grandmother is overcritical and controlling fearing his mother would blame her for any problem he might face.

Last April, his grandmother complained of him as he developed bed wetting while asleep and would sometimes wet his clothes while awake. One time, he came out of the bathroom bare and was verbally aggressive when she criticized him. She assumes that he feels persecuted by her. He expresses that he is tired of her attitude. One time, she saw him getting all his clothes out of his locker, threw it on his bed and urinated over them. He started to have anger outbursts accusing all his family of being the reason beyond his unhappiness.
Abstract Number: 34

Investigating The Effect Of Years Of The Psychiatry Residency On The Developing Physician-patient Empathy

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Background: Empathy is one of the three key skills for psychiatrists. A psychiatrist cannot collect useful information about patients without empathy. In addition, the psychiatrist cannot properly communicate with the patient to encourage him/her to cooperate during the course of treatment. Despite the importance of this issue, empathy has almost no place in educational system.

Objective: to determine the effect of years of the Psychiatry residency on the developing empathy

Patients and Methods: This study was ex post facto research. sampling strategy was purposive. Because of limitation on population inevitably the whole population was included in the sampling that were consisted of 84 psychiatry residents from the medical universities of Tehran, Iran. developing empathy in during residency was assessed using the Jefferson Scale of Physician Empathy (JSPE) with 20 Likert-type items.

Result: According to the results, development of empathy was not significant during residency. There was no significant difference between male and female residents in terms of empathy level. Moreover, marital status had no effect on the empathy level of psychiatry residents. Also there is no relation between empathy with year of residence, gender and marriage.

Conclusions: Empathy is a concept and a basic skill that enables psychiatrists to gain basic information about patients. In addition, empathy provides a trusted environment in which patients will cooperate during the treatment process. The present study tries to examine the role of current educational system in developing empathy in psychiatric residents.

Keywords: Psychiatry residency, physician–patient, Developing, Empathy
Abstract Number: 37

Heartmath And Global Coherence Initiatives For Research And Health Promotion

Prof. S Edwards1
1 - University of Zululand

Objective
This presentation aims to review HeartMath and Global Coherence Initiatives as positive, global psychology paradigms for promoting psychophysiological and global coherence and provide substantial research evidence for their value.

Methodology
The presentation reviews psychophysiological coherence, which is characterized by a heart rhythm pattern of elevated amplitude in low frequency heart rate variability of around 0.1 Hz and associated with synchronization between positive emotions, cardiovascular, respiratory, nervous, immune and other physiological systems. The HeartMath Institute has developed a system of simple, user-friendly, mental and emotional self-regulation tools and techniques that people of all ages and cultures can use in the moment to relieve stress and improve personal balance, resilience, stability, creativity, intuitive insight and fulfilment. Skill acquisition and anchoring of these self-regulation techniques is facilitated through the use of HRV coherence feedback training. various HeartMath tools and techniques are described.

Research
The presentation includes independent and collaborative South African research evidence. Initial research occurred without the author being aware of this institution or its techniques. This concerned the effectiveness of an African breath psychotherapeutic workshop, which was developed around the concept Shiso, an ancient isiZulu respectful (hlonipha) term for a human being, which became an acronym for Spirit (umoya), Heart (inhlizyo), Image (umcabango), Soul (umphetumulo) and Oneness (ubunje).

Conclusion
Subsequent South African research, which has validated various HeartMath techniques, is described. This includes an African Global Coherence Initiative Site, established on a private game reserve in Kwa-Zulu Natal, providing research data to promote global health and wellbeing.

References
Research findings are available on the respective websites: heartmath.org and glcoherence.org with additional South African findings at: www.researchgate.net/profile/Stephen_Edwards
Abstract Number: 43

Geriatric And Nongeriatric Psychiatry Consultation In A General Hospital In Taiwan

Mr. P Lin
1 - EDA hospital

Objective: The aim of this study was to compare clinically significant issues in a psychiatric consultation service for geriatric and non-geriatric inpatients in Taiwan.

Method: Using hospital medical records, we studied psychiatric consultation to hospitalized patients who were aged 65 years or older in comparison with younger patients.

Results: Total 989 patients were studied. Reasons for geriatric consultation was disturbing behavior, followed by excessive emotion, and insomnia. The most common reason for referral in the non-geriatric group was disturbing behavior, past psychiatric history, and insomnia. There were significant difference in the reason of disturbing behavior. The most common psychiatric disorder among geriatric patients was an organic mental disorder, followed by affective disorder. Organic mental disorder and affective disorder are the most prevalent diagnosis in non-geriatric patient. Geriatric patients asking for consultation had higher chances in organic mental disorder than non-geriatric patients, while substance use disorder and neurotic disorder were more common in non-geriatric patients.

Conclusions: Difference between geriatric and non-geriatric patients was found. Although there is an increasing number of geriatric consultation, further studies should focus on interventions that can improve referral rates through early recognition of the common psychiatric conditions, with particular emphasis on sensitizing the general physicians.

Reference:
Abstract Number: 44

Classification Stageing And Profiling Of Suïcidal Behavior

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The number of suicides in the Netherlands has risen with 3-4% a year in the last couple of years so preventive measures should be improved. Suicidal behavior is being addressed in the DSM5 as one of the disorders that needs to be investigated more. Can such a classification be helpful to prevent suicides? Is it possible to stage and profile this disorder?

Format: The authors present a model of staging and profiling the suicidal disorder including a suicide scoring scale(SSS), present the data of the patient population from the emergency psychiatric team in which they work, show video fragments of an interview with a patient who tried to commit suicide and there will be much room for discussion about advantages and disadvantages of classification and staging suicidal behavior.

Learning objectives: After completing the session participants will have more knowledge of classification of suicidal behavior as a disorder. The participants will form an opinion on the usefulness of classification and staging of suicidal behavior.

References:

Abstract Number: 47

A Mental Health Education Program To Enhance Student Functioning And Access To Care In Nicaragua

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¹ - Centre for Addiction and Mental Health and University of Toronto ² - National Autonomous University of Nicaragua-Leon ³ - Dalhousie University

Background: Nicaragua has high rates of psychiatric morbidity and suicide, particularly among youth, but mental health resources and awareness are limited. Schools could be used as sources of mental health knowledge and support. This project evaluated a school-based mental health program for enhancing well-being and access to care among youth in Leon, Nicaragua.

Methods: Students (15-19 years) at the 4 high schools and the local university in Leon participated. Some schools/university departments received a 12-week mental health curriculum (intervention group), and the rest were the control group. Intervention group teachers were trained to deliver the curriculum and identify and support/refer distressed students, as needed. Students completed self-report measures of mental health knowledge and personal functioning at baseline, 12 weeks and 6 months.

Results: A total of 913 students (567 intervention, 346 control) participated. The groups had similar demographics and baseline scores on the self-report measures. After 12 weeks, intervention students had better mental health knowledge and health behaviours and lower stigma and perceived stress than controls (p≤0.05), and increased help-seeking compared to baseline (p≤0.05). Referrals of students for additional care increased significantly only among intervention teachers, not control teachers (p≤0.05). These findings were sustained at 6 months.

Conclusion: A school-based mental health program was effective in improving functioning, mental health knowledge and help-seeking among Nicaraguan youth. Use of schools as a hub for mental health education and support was also helpful in improving early detection and access to care.

References:
Abstract Number: 67

Psicofarma App

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We present a free psychopharmacological guide written in Spanish in APP format. It has been developed by the Arnau de Villanova Psychiatric Service in Valencia, Spain and was supported by the Pharmacy Unit. It has been oriented to psychiatrists, training doctors, general practitioners, medical students and every professional who requires expertise in psychopharmacology.

Some similar APPs are available in other languages but, as far as we know, there is nothing written in Spanish. That is the reason why we have prepared a list based on drugs prescribing information, Vademecum and BOT, Drugs and Micromedes databases.

Our objective is to facilitate search on psychodrugs and phytotherapy products used for its psychotropic effect. This application allows us to look for drugs by their name, active compounds and pharmacological group.

Each drug tab contains:
- Active compound
- Pharmacological group
- Trade names
- Pharmacokinetic data
- Relevant interactions
- Adverse effects
- Contraindications
- Precautions
- Special Situations
- Considerations of interest
- Visas and regulations
- Lactose /Gluten

We have added all trade names used in Europe, America and some African countries. Lastly this work has been completed with other important information about problems we have to face every day, such as: use of drugs in pregnancy, elderly or children; potency converters (for antipsychotics, benzodiazepines and opioids): lactose or gluten excipients.

The use of new technologies helps us to make it easier to search for technical questions and develop our clinical work.
Abstract Number: 78

Pharmacokinetic Considerations In The Treatment Of Hypertension In Risperidone-medicated Patients

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Background: Treatment of somatic comorbidities such as arterial hypertension in patients with severe mental illnesses often ends up in polypharmacy increasing the risk of drug-drug-interactions (DDI). Cytochrome P450 enzymes (CYP) can be inhibited or induced by concomitantly applied drugs. Objective of the study was to analyze the in vivo inhibitory potential of amlodipine and ramipril on CYP2D6 catalyzed 9-hydroxylation of risperidone (RIS) under naturalistic conditions.

Methods: A therapeutic drug monitoring database containing plasma concentrations of RIS and its active metabolite 9-OH-RIS of 1,584 patients was analysed. Three groups were considered: a group of patients that received RIS as an oral formulation without a potentially cytochrome influencing co-medication (control group, R0, n=821), a group that was co-medicated with amlodipine (RA, n=26) and a third one that was co-medicated with ramipril (RR, n=25). Plasma concentrations, dose-adjusted plasma concentrations (C/D) of RIS, 9-OH-RIS and active moiety, AM (RIS+9-OH-RIS) as well as the metabolic ratios (9-OH-RIS/RIS) were compared between groups pair wisely using Mann-Whitney U test (MWU).

Results: The median daily dosage of RIS didn't differ between the ramipril and the control group. The comparison of the pharmacokinetic parameters of RIS between the groups didn't yield significant findings. We then compared the amlodipine group with the control group, the median daily dosages of which didn’t differ from each other. No significant differences for plasma concentrations or metabolic ratios were detected. However, C/D values of all parameters were higher in amlodipine treated patients (p=0.011 for RIS, p=0.033 for 9-OH-RIS and p=0.002 for AM).

Conclusions: Our data show a potential pharmacokinetic interaction between amlodipine and risperidone, reflected in significantly different C/D plasma concentrations for RIS, 9-OH-RIS and AM compared with the control group. Although the interaction does not affect the absolute level of plasma concentrations of risperidone and its active metabolite, the interaction changes dose-adjusted plasma concentrations.
Abstract Number: 86

Sexual Dysfunction And Sex Hormone Levels In Egyptian Opioid-dependent Males

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1 - Cairo university 2 - cairo university 3 - private hospital 4 - ein university

Sexual dysfunctions are noted in chronic opioid addicts, including reduced libido and sexual performance, erectile dysfunction, and delayed ejaculation in males (Celani et al., 1975)

Objective: Is to assess sex hormone levels and the effect of opioid dependency on sexual function in male patients compared with non-users male.

Methodology: The study comprises 30 male patients with opioid dependency and 30 healthy controls presenting to the inpatient addiction unit of Kasr El Aini University Hospital, Cairo, Egypt, from November 2012 to March 2013. Data were collected using the Sexuality Scale (Snell W & Papini D, 1989) and International Index of Erectile Function (ILEF) (Rosen RC et al., 2002). Sex hormone levels were measured.

Research Results:
More than half (56.6%) had an intermediate level of sexual esteem while 23.3% had a low level. Additionally, 36.6% suffered mild erectile dysfunction while 3.33% reported severe erectile dysfunction. Furthermore, 20% had severe sexual desire dysfunction, and almost half (46.6%) had mild to moderate orgasmic dysfunction. Finally, 30% had low levels of testosterone, 50% had high prolactin levels, and 30% of the opioid-dependent group had high levels of luteinizing hormone which was statistically significant.

Conclusion:
Our findings suggest that there is a strong correlation between sexual dysfunction among male opioid dependents and high levels of luteinizing hormone.

Keywords: Opioid Dependent, Egypt, Testosterone, Luteinzing Hormone, Prolactin
Abstract Number: 88

Impact Of Political Violence On The Mental Health Of School Children In Egypt

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Since the beginning of the Egyptian political conflict, Tahrir Square has been the epicentre of intense political violence. Students attending schools located near this square witnessed and/or directly experienced the consequences of a series of violent events.

Objective: This study will investigate the presence of psychiatric symptoms in children attending these schools to explore patterns of responses according to their perceptions of the revolution on their lives, adjusted for gender and socio-economic status.

Methodology: A descriptive cross-sectional study conducted with 515 Egyptian school children attending government, experimental, and private language schools located within 1 km of Tahrir Square. To assess psychiatric symptoms in these children, a specially designed questionnaire was used to detect depression, anxiety, and post-traumatic stress disorder (PTSD) symptoms and impairments.

Research Results: Children attending schools near Tahrir Square showed high rates of depression, PTSD and anxiety symptoms. The risk factors identified for developing psychiatric symptoms were a negative perception of the effect of the revolution, knowing someone exposed to trauma during the events, female gender and low socio-economic class.

Conclusion: These results highlight the need for large-scale studies to explore the consequences of ongoing political violence on children and to establish baseline data on the mental health of Egyptian children.

Reference:
Abstract Number: 98

Effects On Self Harm Nurse Follow Up On Repeat Attendances At Emergency Department

Dr. R Paul
1 - HSE

Objectives
To assess the impact of brief nursing follow-up for those deemed at low-medium risk of mental illness and not requiring long-term engagement with community mental health services.

Methodology
All charts of those attending the emergency department for the months of April, May and June in 2014 and 2015 were selected and reviewed using a data collection proforma tool. The Irish National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm targets were used to compare the performance against. This included 2-hour assessment targets from point of referral and active brief intervention follow-up via nurse-led clinic.

Research
The numbers of people assessed by the service increased from one year to the next. The 95% 2-hour target improved but was not achieved in either year (87.7% year 1 vs. 91.5% year 2). The number of those followed-up by nurse-led clinic improved (22% vs 31.9%) with a commensurate reduction in onward referral to secondary level community mental health team care (43.9% vs 29.8%). Those offered follow-up telephone contact did not reach target in either year (22% vs 31.9%). The number of those with recorded repeat acts of self harm reduced from year 1 (19.5%) to year 2 (12.8%).

Conclusion
A nurse-led self-harm assessment service appears to reduce the number of repeat self-harm attempts in those attending a busy district general style hospital emergency department. There is room to improve in terms of response times, number followed-up by nurse led clinic and those receiving a follow-up telephone contact.

References
National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm:
Available at: http://www.hse.ie/eng/about/Who/clinical/natclinprog/mentalhealthprogramme/selfharm/
Abstract Number: 100

Can A Social Support Intervention Reduce Depression And Increase Wellbeing For Patients With Self Harm/ Suicidal Ideation? Findings From A Social Work Intervention Following Self Harm (swish)

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Objectives
To test whether a social intervention is beneficial for patients who present with self harm and/or suicidal ideation but do not require secondary mental health services. The primary outcome measure is depression scores and secondary outcomes are wellbeing scores and service use.

Methodology
This is a parallel group randomised clinical trial. One hundred and twenty patients who presented with self harm and/or suicidal ideation to mental health services between and who were not referred to secondary services were randomised to either intervention (a 4-6 week contact programme), or control (treatment as usual). Patients were assessed at baseline, 4 weeks and 12 weeks with standardised measures to collect data on depression, wellbeing and use of services.

Research
The importance of recognising and responding to social factors in self harm and suicide prevention has been described in the literature ¹. However, the majority of interventions are based on psychological and medical approaches ². Whilst this responds to the presentation it does not address social issues which may have led to the self harm behaviour and which may be a recurring trigger for self harm. This intervention focuses on social factors, and goes beyond signposting to assertively link the individual to relevant support agencies that already exist in their locality. By doing so, the individual becomes embedded in to a support network which they can draw on at future times of stress.

Conclusion
The study was still in process at the time of abstract submission. We will present findings at the conference.

References
Abstract Number: 103

PROMISE qualitative study: mental health patients’ and staff members’ experience of restraint and suggestions for reducing its use

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¹ - Cambridgeshire and Peterborough NHS Foundation Trust 2 - Anglia Ruskin University

Objectives: PROactive Management of Integrated Services and Environments (PROMISE) is a multi-disciplinary Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) initiative which aims to develop a proactive care toolkit which will reduce the need for physical restraint in mental healthcare. The toolkit will be informed by several strands including a qualitative study which explored CPFT staff and patient experiences of restraint and suggestions for reducing its use.

Methodology: Semi-structured interviews were conducted with 13 patients with direct experience of, and/or witness of, restraint during their time as an inpatient on a CPFT adult mental health ward, and 22 staff members with experience of direct involvement in, or witnessing, the restraint of a patient on a CPFT adult inpatient mental health ward. A PROMISE service user advisory group (with experience of restraint in CPFT) provided advice/guidance on research design and analysis. A staff advisory group (with experience of using restraint in CPFT) provided input into the research design.

Research: The following themes relate to the experience of restraint: 1) emotional outcomes were reported which were mostly negative (e.g. distress, fear, anger); 2) physical outcomes were reported (e.g. injury, exhaustion); 3) participants reported a mostly negative impact on relationships particularly between patients and staff; 4) both good and bad experiences of communication were reported; 5) restraint was seen as a ?necessary evil?; and 6) a reduction in restraint within CPFT over recent years was reported. Suggestions for how restraint could be reduced centred on: 1) improved communication and relationships; 2) staffing factors (e.g. more staff members, developing staff skills); 3) effective use of environment/space; 4) activities/distraction; 5) more money/resources; 6) personalised/patient-led care planning; 7) there is no one size fits all.

Conclusion: Restraint may be a ?necessary evil? but we can do more to reduce it!
Abstract Number: 171

Mediation In Mental Health

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Mediation is an alternative form of dispute resolution, with extensive development in the business and legal world. Within the field of mental health has been used as an appropriate technology for family therapy approaches. In this paper the possibilities of its use in mental health care, under the Spanish national health system are explored.

In the business field, the method of negotiation is established according to techniques developed at the Harvard Negotiation Project, which has been defined as principled negotiation. On the other hand, in the last two decades, the European Union has developed various initiatives to promote alternative means of conflict resolution, establishing himself as a political priority for the EU institutions. In 2002 the European Commission presented a Green Paper on the modalities of dispute resolution, in order to ensure for citizens better access to justice, designating them under the ADR (Alternative Dispute Resolution).

In this paper it is proposed that some elements characteristic of the classical techniques of mediation in relation with language, formal strategies and specific techniques may be useful in the specific attention of some mental health problems seen in our midst: the Spanish national health system.

Key words: mediation, mental health.
Abstract Number: 228

Responsiveness To Change And Concurrent Validity Of The Activity Participation Outcome Measure (apom) In Adolescent Mental Health Care Users

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The adolescent population group is a vulnerable and often overlooked group of individuals, as they are often classified either with the adult or child mental health care groups. There are numerous factors which need to be considered during adolescent development, which provide either risk or protective factors to their transition through this period. Some adolescents have the presence of various mental health disorders during this phase. This results in the need for specialised care and multidisciplinary teamwork, which is rather limited in South African government facilities.

There are also limited valid and reliable tools which track change in the activity participation of adolescent mental health care users (MHCUs) during inpatient programmes. The Activity Participation Outcome Measure (APOM) was developed in South Africa to track change in mental health care users but less used with the adolescent population.

The aim of this study was to examine the APOM's responsiveness to change with an adolescent population of mental health care users as well as the concurrent validity between the APOM and Emotions Profile Index (EPI).

The research design was a single subject ABA design. The study was conducted at a ten bed adolescent unit at a South African hospital. Weekly APOM recordings were done on 24 adolescents, with a follow up within six weeks after discharge. The EPI was done at three collection points, being at admission, discharge and follow up (six weeks post discharge). Data was then analysed with descriptive and correlation statistics.

The results of the study showed good responsiveness of the APOM to changes in this adolescent sample. Concurrent validity was only found on certain dimensions of the EPI.

Although the sample size for this study was small, the findings of the study concluded that the APOM is a valid and reliable tool to be used in adolescent units.
Abstract Number: 264

Sociodemographic Profile Among Patients Who Has Depression With Suicide Intent Presented At Departments Of Psychiatry Lums, Scjip, Hyderabad And Dhq Hospital/ Pmc Faisalabad.

Dr. I Ahmad
1 - Punjab Medical College

Objectives: To see the Sociodemographic profile among patients who has Depression with current suicide Intent coming to Departments of Psychiatry LUMS, SCJIP, Hyderabad and DHQ Hospital/ PMC Faisalabad.

Design: Cross Sectional Study

Place &Duration Of Study: The study was conducted in six months from 1st April 2014 to 30th September 2014 at Psychiatry Departments Liaquat University of Medical & Health Sciences (LUMHS) & Sir Cowasjee institute of Psychiatry and Department of Psychiatry and Behavioral Sciences, Faisalabad.

Subjects and Methods: A total of 117 patients have been included in this study having Depression currently having suicidal Intent. They are taken from respective departments who met the inclusion criteria.

Results: Out of 117 depressed patients with suicidal intent, predominantly females 59% approaches to psychiatry ward as compared with males that is 40%. Among patients 56% were married, 28% were housewives and 28% were student. Most of them have educational status graduation and masters. Mean age was between 31 -40 years, Higher in middle socioeconomic group and more in nuclear family system (56%) than Joint family system (43%). Most of them have no social support 51.3%. 61(52%) were taking drug of abuse and 96(82%) patients currently taking treatment for Depression or Anxiety.

Conclusion: Prevalence of depressed population with suicidal intent predominates in students, married females especially housewives belonging from middle socioeconomic background and nuclear family system. Most of patients used drugs of abuse. Past psychiatric history, family psychiatric history, past history of suicide, family history of suicide and suicidal Ideations has direct relationship with current suicide Intent.

Keywords: Socio-demographics, Depression, Suicidal intent.
Abstract Number: 279

Task Shifting Mental Healthcare In Rural Western Kenya

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Introduction: 75% persons suffering from mental disorders in low-income countries do not have access to the treatment. World Health Organization (WHO) mental health action plan 2013-2020 proposes comprehensive, integrated mental health service in community-based settings.

Objectives:
1. To establish the prevalence of common mental disorders.
2. To pilot a care system for mental disorders at the primary health care level.

Methods: The first step was a cross-sectional descriptive survey of the prevalence of common mental disorders in Kosirai division, Western Kenya region. 420 random adult were subjected to the Mini International Neuropsychiatric Interview (MINI) for diagnostic Statistical manual (DSM V) and a social demographic questionnaire. The second phase is in it's early stages. 1500 person will be screened for depression, harmful alcohol use, suicidality and psychosis. Community health volunteers will be trained to screen and link to care persons with mental disorders. Primary care health worker will be trained to offer mental health care services using the WHO Mental health Gap (MhGAP) intervention guide.

Results:
24% (n=106) had a lifetime major depressive episode, while 13 % (n=55) had current depressive episode, 10.7% (n=45) fulfilled DSMV criteria for major depressive disorder. 16.4% (n=69) had suicidal ideations, 4.29% (n=18) had suicidal behavior disorder. 10% (n= 42) had alcohol use disorder and 5.5% (=23) had used other substances. 7.38% (n=31) had a lifetime manic episode while 3.8% (n=16) had current bipolar mood disorder with psychotic features and 7.6% (n=32) had a lifetime psychotic episode. 5.7% (n=24) had generalized anxiety disorder, 2.9% (n=12) had obsessive compulsive disorder and 4.5% (n=19) had Post traumatic stress disorder.

Conclusion: Mental disorders are common in Western Kenya. Task shifting is a potential solution in increasing accessibility to care.

Reference:
1. WHO Mental Health Gap Action Programme (mhGAP)
2. WHO | Comprehensive mental health action plan 2013?2020
Abstract Number: 280

Alternatives To Inpatient Admissions A “before-after Study” Of The Impact Of Intensive Transitional Treatment Program On Psychiatric Emergency Admissions & Length Of Stay On The Inpatient Unit

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Background: The ITTP is a LHIN funded, CBT based group program running at KGH since Sep. 2014. The ITTP provides mental health assessment and treatment for 4-6 weeks. ITTP was implemented to relieve pressure on the Emergency Department, the Burr 4 inpatient unit and give clients treatment choice.

Methods: A retrospective review of psychiatric emergency department presentations (n=8,816) and admissions for the inpatient psychiatric unit (Burr 4; n=1,862) at Kingston General Hospital was performed for the 12 month period before and after implementation of the Intensive Transitional Treatment Program (Sept 2013 ? August 2015). The data were analyzed for demographic information, inpatient length of stay and rate of admissions through the emergency department.

Results: Following the implementation of ITTP a significant decrease in median psychiatric admission length of stay was observed (10 to 8 days; p-value 0.03). In addition, there was a statistically significant reduction (p-value 0.01) in the number of psychiatric admissions (134 fewer admissions) via the emergency department. No significant difference was recorded in the number of psychiatric presentations to the emergency department during the study period.

Conclusions: The Intensive Transitional Treatment Program has contributed to a decreased rate of psychiatric admissions and decreased length of stay to the acute psychiatric unit at Kingston General Hospital.

Objectives
Discuss the effective use of ITTP day program in decreasing length of stay on an acute psychiatric inpatient unit
Review the role of a day hospital program in providing a community focused alternative to inpatient admission

Keywords: Day hospital, length of stay, emergency psychiatry presentations
Abstract Number: 317

The Significance Of The Personality Traits Of Schizophrenic Patients And Their Therapists For The Therapeutic Relationship

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Background: Therapeutic relationship between therapist and person suffering from schizophrenia is a necessary condition for psychotherapy to take place and that it is one of the factors that plays a significant role in the process of change throughout the therapy. Aims: To analyse: 1) the associations between the therapists’ and patients’ assessments of the relationship 2) the relationship between the personality traits of the therapists the personality traits of the patients and their assessments of the relationship 3) the relationship between age, sex and the personality traits of both groups and their assessment of the relationship. Methods: 34 patients in long-term psychotherapy and their 11 therapists were investigated. The Dyadic Therapist-Patient Relationship Questionnaire, The Costa and McCrea’s NEO-FFI Personality Inventory, Pearson coefficients of correlation and the regression analysis were employed. Results: The therapists’ sense of professionalism was associated with the patients’ acceptance of them (p=0.032). Therapists in whom the traits of Extroversion and Openness were more prominent accepted their patients more often (p=0.006; p=0.041), felt more professional (p=0.000; p=0.023) and more rarely felt uncertain in the relationship (p=0.013; p=0.048). Patients in whom the trait of Conscientiousness was more prominent more rarely rejected therapists (p=0.004) or perceived them as uncertain (p=0.007). A higher level of Neuroticism in patients was associated with greater uncertainty in the relationship on the part of therapists (p=0.039). Conclusions: 1) The Professionalism of the therapists was associated with greater Acceptance on the part of the patients. 2) Extroversion and Openness of therapists are associated with their attitude to patients 3) Conscientiousness and Neuroticism of patients are associated with their perception of therapists as well as with therapists’ experience of the relationship 4) There is a positive influence on the therapeutic relationship where the patient is younger and the therapist older and female.
Abstract Number: 325

Reorganization Of Psychiatric Nurse Role Components In A Psychiatric Unit To Improve The Quality Of Patient Care

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Inpatient Psychiatric Nurse Role Components are redesigned to improve the quality of patient care practices. A care model has been developed by clinicians and academicians/researchers for use within the psychiatric setting. The aim of this study is to discuss the effect of reorganization of psychiatric nurse role components in a psychiatric unit on the quality of nursing care. It is important to establish and strengthen the role of the psychiatric nurse to support the implementation of a vision for change in a psychiatric service. To improve the knowledge, skills and competencies required by nurses working with patients with mental health difficulties. This study describes a quality improvement project involving a nursing faculty members and multidisciplinary state-university affiliation that collaborated in the development and implementation of a psychiatric nursing care delivery model in a psychiatric hospital. The team will be instituted the model to promote the quality of patient care and recovery through utilization of primary nursing, establishing a structure to lay the groundwork for quality of patient care practices, developing a mechanism to provide a clinical supervision process for staff in their work with patients, providing a safe environment, teaching the patient and significant others, establishing conditions that characterize a therapeutic community on the interdisciplinary treatment team.

This study is carried out quasi-experimental design. The nurses rated the amount of time they actually spent on the functions. Effectiveness of the model will be assessed by surveys and the structured checklists which check functions of a psychiatric nurse conducted at baseline and after implementation.
Abstract Number: 326

A Review Of Applications For Voluntary And/or Assisted Mental Health Admissions Made To The Capricorn District Mental Health Review Board In Limpopo Province, South Africa

Ms. M Malema¹, Prof. T Sodi¹, Ms. M Phadu¹
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Abstract for WPA

A review of applications for voluntary and/or assisted mental health admissions made to the Capricorn District Mental Health Review Board in Limpopo Province, South Africa
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Aim: In South Africa, the Mental Health Care Act (MHCA) Number 17 of 2002 prescribes the process that should be followed when an application is made for voluntary and/or assisted mental health admissions of mental health care users (MHCUs). The aim of this study was to profile the applications for assisted mental health admissions submitted to the Capricorn District Mental Health Review Board (MHRB) in Limpopo Province (South Africa) over a five-year period (from 2008 to 2012).

Method: This is archival research that sought to access and review all files of MHCUs who made applications for mental health admissions to Capricorn District MHRB from the period January 2008 and 31 December 2012. The researcher used a self-developed clinical file review protocol to record information such as the demographic information of MHCUs who received assisted mental health care; the types of Mental Health Care Practitioners (MHCPs) who examined the assisted mental health care users; and, the types of diagnosis entered in the clinical records of the assisted MHCUs. Document analysis method was used to analyse the data obtained.

Results and conclusion: Among others, the study found that a). Most of the MHCUs were males (70.48%) aged between 18 and 73; b). Medical practitioners (at 56.6%) were the MHCPs who commonly examined the MHCUs prior to admission; and c). Schizophrenia was the most common diagnosis (30.21%) given to MHCUs. In conclusion, the challenges faced by MHCPs in implementing specific aspects of the MHCA 17 of 2002 are discussed and relevant recommendations are introduced.
Abstract Number: 340

South African Prescribers? Opinions About Specialist Psychopharmacology Trained Clinical Psychologists As Non-medical Prescribers At Primary Healthcare Level

Mr. J De Kock
1 - UKZN

Objectives
Prescribers working in South Africa’s (SA) public rural primary healthcare (PRPHC) facilities opinions’ about specialist psychopharmacologically trained clinical psychologists as non-medical mental health (MH) prescribers at PRPHC facilities were investigated.

Setting
Over 17 million rural South Africans are dependent on PRPHC facilities for their MH care. In this setting, there is a dire shortage of specialist MH prescribers with a psychiatrist to population ratio of 0.03 to 100 000. SA has adopted the World Health Organization’s task shifting principle in an effort to alleviate medical workforce shortages. One task-shifting consideration is to train clinical psychologists, employed at eleven times the rate of psychiatrists in PRPHC areas, more comprehensively in physical assessments and psychopharmacology in order to become non-medical MH prescribers in psychiatrically underserved settings.

Methodology
In this cross-sectional survey, the data was collected by means of telephonic interviews and electronic questionnaires. The participants included a random sample of 60 prescribers consisting of medical officers, clinical managers and psychiatric nurses employed at PRPHC facilities. A descriptive statistical analysis of the completed questionnaires was carried out.

Results
The results indicate that the vast majority of PRPHC prescribers in this sample are in favour of clinical psychologists receiving specialized training enabling them to prescribe psychotropic medication at PRPHC level.

Conclusion
This study suggests that the current prescribers of psychotropic medication at PHC level support the evidence-based practice of task-shifting in terms of extending appropriately trained clinical psychologists’ roles in PRPHC settings to that of non-medical MH prescribers.

References
Abstract Number: 343

Study Of Psychiatric Emergency Assessment Documentation In Canadian University Hospitals

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\textsuperscript{1} - Queen's University, Canada

Objectives: Documentation in emergency psychiatry assessments is important due to quality of patient care and medico-legal issues. This study is part of a quality improvement project at Department of Psychiatry, Queen's University Canada to assess quality of documentation in emergency psychiatry assessments.

Methodology: This is a retrospective case note study reviewing a random month's data to assess completion of the Adult Psychiatry Emergency Assessment (A-PEA) form and the Child and Adolescent Psychiatry Emergency Assessment (CA-PEA) form. The psychiatry assessment forms consist of items assessing patient care dimensions including demographics, psychiatric history, personal history, risk assessment and treatment plan.

Results: The study revealed significant deficiencies in documentation including physical examination not documented in more than 80% of assessments, allergies status missing in around 20% of documentation, diagnostic impression not documented in more than 15% of adult emergency assessments, suicide risk assessment incomplete in more than 10% of adult and children assessments and 20% of children and adolescent assessments missing a documented treatment plan.

Conclusion: There is need for further education and training to improve documentation in emergency psychiatric assessments, in particular, when it comes to physical examination, allergies status, diagnostic impression and treatment plan.

References: None
Abstract Number: 365

Mapping Complementary And Alternative Mental Health Service Providers As De-facto Mental Health Providers In Ghana.

Dr. R Owusu-antwi
1 - KATH/KNUST

Introduction

Evidence suggest usefulness of complementary and alternative providers (CAPs) of mental health services in low and middle resource settings, like Ghana. To optimize the benefits they offer, we need to foster collaborations between the various healing systems. CAPs are often located in hidden and remote areas of the country, rendering persons with mental illness who access their services, a hidden and hard to reach group who are at risk of social exclusion.

This is the first study in Ghana to map out CAPs as de facto mental health providers in Ghana. This mapping exercise was part of the PAM-D project, with the primary purpose of exploring possibilities of collaboration between orthodox Primary Health providers (PHCs) and CAPs.

Methods

This study employed the geographic and ethnographic mapping approach to map all CAPs and PHCs within the Ashanti Regions of Ghana. The snowball sampling technique was used to identify initial seeds of CAPs and PHCs. The information gathered was geo-coded using hand held GPS receivers and QIS-software, visualized on Maps to display information such as locations and density of the CAP and distance to the nearest PHC.

Results

200 CAPs of mental health services were identified in Ashanti Region. It was realized that, CAPs is densely populated in urban areas than the rural areas in the Ashanti Region of Ghana and the density of CAPs inversely correlates with the distance from PHC settings.

Conclusion

Collaboration between CAPs and PHCs is feasible and will further foster efficient patient care.

References

Abstract Number: 385

Antipsychotic Prescription Patterns And Discontinuation Of Usual Care Among Individuals With A First Episode Of Severe Mental Illness

Dr. S Saloojee¹, Prof. J Burns², A Motala³
1 - UKZN 2 - University of KwaZulu-Natal 3 - university of Kwa Zulu Natal

Background: The first year of treatment is a “critical” period for the outcome of individuals with a first episode of severe mental illness (SMI).

Aim: To describe antipsychotic prescription patterns and discontinuation of usual care during the first year of treatment in subjects with a first episode of SMI.

Method: We recruited 67 antipsychotic naïve patients with a first episode of SMI for a longitudinal study from a general hospital psychiatric unit in Durban and followed them up for 12 months after the initiation of antipsychotic medication.

Results: There were 48 male (71.6 %) and 19 female (51.4%) antipsychotic naïve participants with a mean age of 22.8 (± 3.5) years. The majority were of black African ethnicity (97 %) and 82 % were diagnosed with schizophrenia. Self-reported cannabis use was 49.3 %. Of the 67 participants, 37 (M: F ; 26:11) completed the 12 month follow up. The frequency of psychotropic polypharmacy was 37.8% ; 21.6 % were on long acting first generation injectable antipsychotics and 24.2% on sodium valproate combined with oral antipsychotics. During the year, 24.3 % of participants switched oral antipsychotics three times and 18.9 % twice. A total of 30 (44.8%) participants discontinued usual care. There was no significant association between age, gender, cannabis use and discontinuation of care.

Conclusion: The high rate of psychotropic polypharmacy and discontinuation of usual care in this study represents a missed opportunity and emphasizes the need for specialized first episode programmes in Durban.
Abstract Number: 387

Education & Training Postgraduate Psychiatry In Egypt; Self Appraisal & Milestones To Successful Development.

Dr. H Ramy¹, Dr. R Aly²
¹ - Ain Shams University ² - Egyptian Association of Cognitive Behavior Therapy

Far back into history, Egypt has stood distinctive for science innovations & knowledge spread. Today, educating the next generation of doctors & especially psychiatrists is central to our national mission for developing national mental health services. The last few years have seen many changes in the scientific basis, funding streams, organisation and oversight of medical and post-graduate psychiatry education. Numerous reviews and metrics revealed the imminent need for a comprehensive national education system & training program for psychiatry residents. In addition; the striking variation between available diverse training programs calls for the change. Several problems in psychiatry education in different medical schools were also identified. Thus, stemming from leading clinicians, researchers and educators across the world we strive to build a new state-of-art training system for psychiatrists along the country.

In this presentation we will review the current available training programs of psychiatry in Egypt & examine the important challenges that exist and discuss teaching and the factors inhibiting psychiatrists to fully achieve the maximum of their training years. A particular focus is on enhancing teaching skills, challenging student perceptions of psychiatry and ensuring that teaching is protected, valued and appropriately rewarded.
Abstract Number: 484

(5as) Model For Dentist Training On Substance Abuse Brief Intervention

Dr. W Hassan
1
1 - Ain Shams University

Egypt has the largest population of tobacco users in the Arab world. Nearly 40% of adult males (around 10 million) were smoking some form of tobacco in 2009. Female smoking prevalence is low (0.6%). Overall, 19.7% of the Egyptian population currently use some form of tobacco, where the cigarette smoking is most common followed by shisha and smokeless tobacco according to Global Adult Tobacco Survey (GATS) conducted by WHO. Although the smoking use is endemic in Egypt there is no standardized curriculum to teach the healthcare professional effective evidence based intervention to help with smoking cessation. A recent study by NourEldein et.al in 2013 was conducted upon 75 family physicians showed that majority of physicians had favorable attitude scores (93.3%) toward smoking cessation yet there was lower practice scores 44% and poor knowledge of smoking cessation interventions (54.3%). This might be due to inadequate training in smoking cessation interventions after graduation and a lack of emphasis on smoking education in the medical curriculum; (57.3%) did not receive any training on smoking cessation skills either within under or postgraduate curriculum. We started an initiative to train dentist on brief intervention skills using the 5 As Model for the first time in the country.
Abstract Number: 509

Are Support And Treatment Interventions For Patients With Schizophrenia Spectrum Disorders Related To Their Levels Of Function, Cognition And Symptoms?

Mrs. A Olsson
1 - NJ Health Care

Objectives: Problems to manage everyday activities are common among patients’ with schizophrenia spectrum disorders. Patients’ neuropsychological status (NP), functional capacity (FC) and symptoms (positive and negative) are associated with their ability to perform everyday activities. The aim of this study is to examine whether levels of FC, NP, positive- and negative symptoms, differ between patients who get different kinds of support and treatment interventions from community and health care.

Methodology: Two hundred forty-three outpatients with schizophrenia spectrum disorders were tested with NP battery, a performance based assessment of functional capacity and they were also rated for positive and negative symptoms. The patients were divided into groups based on the intervention they got from community (homecare service, activity center) and from health care (home visits, medication injection).

Research: Homecare service were given to 83 patients while 82 participated in activity center, 52 received treatment by home visits from a nurse and 44 patients got medication injection at the psychiatric outpatient center. Patients with homecare service had significantly lower FC and NP results and higher positive and negative symptoms, compared to those who not had that support. Also, patients in the intervention activity center had more severe negative symptoms, compared to those without that support. However, regarding interventions provided by the health care (treatment by home visits and medication injection) there were no differences in FC, NP or symptoms between patients who received the intervention and those who did not.

Conclusion: Even if it is established that a reduced FC and cognitive impairment together with the severity of symptoms predict patients’ real-world behavior only the support interventions from communities were related to these factors while treatment interventions from health care were not. The lack of differences in symptoms for the latter category might be explained by treatment effects.
Abstract Number: 519

A Service Audit of Children and Adolescents Presenting to a Secondary Acute Hospital in the UK: Interventions Offered and Comparison with National Guidelines

Miss. B Routledge¹, R Mohan²
¹ - University of Surrey / Surrey and Borders Partnership NHS Foundation Trust - Child and Adolescent Mental Health Services ² - Surrey and Borders Partnership NHS Foundation Trust

Our service audit examines the role of Child and Adolescent Mental Health Services (CAMHS) in a suburban area providing Paediatric Liaison services for adolescents (12-18) as part of the acute care pathway. This is following presentation/admission to the local secondary care hospital following self-harm. Extensive Adult Psychiatry research suggests that the provision of timely/effective liaison services is likely to reduce re-admission rates but there is limited insight into CAMHS services.

We explore whether our suburban CAMHS service, as part of the CAMHS Urgent Care Pathway, offers an effective and timely service compliant with national guidelines. We aim to identify potential areas for improvement and consider recommendations for change, in line with the National Service Framework for Children and Young People (NSF).

Effectiveness of assessment will be defined as:
1. Timeliness of intervention (Good practice guidelines refer to assessment within 24 hours of admission)
2. No re-admission within four weeks
3. The adolescent/family is linked to a key service/lead professional in the community post-discharge
4. Engagement with offered service
5. Reduced recurrence of self-harm/risk reported during follow-up appointments

Data from 33 adolescent records following presentation to the Royal Surrey County Hospital in January 2016 after an episode of self-harm was compared against NSF recommendations. Response times and the effectiveness of interventions were assessed. Types of self-harm presentations included overdose, strangulation and cutting.

Results indicated that all adolescents were either seen for follow-up in the community (Average wait time being 8 days) or were quickly linked in with another community service. Whilst we could continue to strive to achieve the 7 day follow-up guideline, logistics like cancelled/re-arranged appointments, exams etc. appear to skew statistics despite efforts. Our CAMHS service appears to be effective in engaging the adolescent/family, improving mental state and reducing risks. It is compliant with national guidelines for adolescent self-harm.
Abstract Number: 604

The Assessment And Management Of A Patient With A Mental Disorder: Comparing The Methods Of A Psychiatrist In Training With That Of A Traditional Healer By Using Mainly An Auto-ethnographic Approach In A Single Case.

Dr. R Singh1, Prof. P Joubert1
1 - University of Pretoria

Introduction:
Many South Africans seek the help of traditional healers. The academic literature encourages practitioners of Western (allopathic) medicine to study traditional healing practices to acquaint themselves better such practices. Although there have been a number of such studies, this study is to the best of our knowledge, the first South African study that attempted qualitative comparisons regarding the assessment and management of a psychiatric inpatient who was assessed by a psychiatrist in training and a traditional healer.

Methodology:
The study was done in collaboration with a registered traditional healer at Weskoppies Hospital, Pretoria, with the cooperation of a purposively selected inpatient suffering from a mental disorder. Employing mainly the ?radical? ontology and epistemology of postmodernism, we used an ideographic, qualitative approach to describe the assessment, and management of a psychiatrist in training (the first author) and a traditional healer. Both practitioners recorded their patient assessments in writing. The first author kept field notes about her interactions with the traditional healer. Starting out broadly, the resulting documents were analysed to identify analytic units that could be categorised in a way that allows for meaningful comparisons and rich descriptions.

Results:
Both practitioners used a semi-structured method of assessment, with an overarching categorical structure that was similar namely: demographic information; presenting complaint; patient history; other investigations; management. Despite this, there were significant differences in many of the finer units of analysis that reflect very different views on the cause and treatment of the mental disorder in this particular patient. The details of the findings will be presented.

Conclusion:
The study reveals two very different epistemologies regarding mental disorder in this particular patient. For the psychiatrist in training it is objectivistic, while for the traditional healer, it can perhaps best be designated as transcendental.
Abstract Number: 704

Psychodermatology: A Dermatology Point Of View

Dr. A Mankahla¹
1 - Walter Sisulu University

Psychodermatology addresses the interaction between mind and skin. Psychiatry involves the study of mental processes which are manifested internally, while dermatology focuses on diagnosis and treatment of skin diseases and their appendages, which are manifested externally. Connecting the two disciplines is a complex interplay that has been described as the neuro-immuno-cutaneous system.

There is no single universally accepted classification system of psychocutaneous disorders, the most widely accepted system is that devised by Koo and Lee which encompasses the following: psychophysiologic disorders, psychiatric disorders with dermatologic symptoms, and dermatologic disorders with psychiatric symptoms. Several other conditions of interest may be categorized under the heading of miscellaneous, and side effects of both dermatologic and psychotropic drugs should also be considered.

Dermatology Psychiatry liaison clinics are common in Europe and other western countries compared to the developing countries. Psychodermatology is an emerging subspecialty and collaboration among primary care physicians, dermatologists and mental health professionals is important for the diagnosis and management of psychocutaneous disorders. This paper intends to review the relationship between the skin and the mind from the dermatologist perspective.
Abstract Number: 722

Epidemiology Of Self-harm And Patterns Of Medical Service Utilisation By Self-harm Patients In A South African Hospital

Mr. K Louw1, Dr. J Bantjes2, I Lewis1, Ms. E Breet2, D Pieterse1
1 - University of Cape Town 2 - Stellenbosch University

Background: Suicidal behaviour is a serious public health problem in South Africa (SA), however little is known about the epidemiology of self-harm in the country. Data is needed to plan suicide prevention interventions. Given the shortage of health care professionals, there is also a need to identify socio-cultural contextual factors that contribute to self-harm and better understand the pattern of medical service utilisation among these patients.

Objectives: To investigate the epidemiology of self-harm among patients seeking care at an urban hospital in SA following an act of self-harm and to describe the socio-cultural context in which this behaviour occurs. A secondary aim was to describe the pattern of medical service utilisation among self-harm patients and the factors associated with greater utilisation of medical services.

Methodology: The following data were collected from 278 consecutive self-harm patients presenting for treatment in the emergency room: demographic characteristics, socio-cultural context of the behaviour, methods of self-harm, nature of injuries, motives and precipitants of the behaviour, and level of medical intervention required. Univariate and multivariate statistical analysis were performed.

Research: There were significant gender differences with respect to clinical features of patients, their methods of self-harm and the level of medical intervention required. A significant proportion of patients reported substance use at the time of their self-harm and past suicide attempt. A number of important contextual factors were identified as contributing to self-harm, including the use of prescription medications as a method of self-harm, substance use, inter-personal and family conflict, and financial concerns.

Conclusion: Our data suggest that there is a need for eco-systemic community based interventions in SA to address some of the contextual factors associated with self-harm. Such interventions are important not only to reduce the emotional distress, morbidity and mortality associated with self-harm but also to reduce utilisation of scarce medical resources.
Abstract Number: 732

Using The Young Mania Rating Scale For Identifying Manic Symptoms In Patients With Schizophrenia

Mr. J Choi¹, J Park², S Park³, Dr. T Kim⁴
1 - College of Medicine, Hanyang University 2 - Dept. of Psychiatry, Keyo Hospital 3 - Department of Psychiatry, Inje University Haeundae Paik Hospital 4 - VHS Medical Center

Van Os and Kapur have proposed that the discrete categorical dichotomy of schizophrenia versus bipolar disorder be changed to a dimensional conceptualization. It is also known that manic symptoms can contribute to the clinical course and prognosis of schizophrenia. Hence, a domain for mania has been included in the Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS) in the DSM-5. However, the psychometric properties of the Young Mania Rating Scale (YMRS) have been little studied in subjects with schizophrenia. One hundred and sixty six inpatients with schizophrenia were enrolled from two mental hospitals in Korea. The Korean version of the YMRS was used to evaluate the severity of manic symptoms. In addition, the domain for mania in the CRDPSS was used to evaluate presence or absence of manic symptoms. The average age and age-at-onset of the subjects were 46.5 (SD = 11.2) and 25.2 (SD = 13.2) years, respectively. The mean total score on the YMRS was 7.3 (SD = 6.9). The Cronbach for the 11 YMRS items was 0.66, which is considered an acceptable level of internal consistency. Moreover, only 4% (n = 7) of the 166 subjects had manic symptoms as assessed by the mania domain in the CRDPSS. A receiver operating characteristic curve (ROC) showed that the optimal cut-off score distinguishing schizophrenia patients with and without manic symptoms was 10 with a sensitivity of 88.3% and specificity of 75.6%.

Since a 10 point total score on the YMRS represents a mild level of Clinical Global Impression (CGI) severity of mania, we may conclude that our threshold on the YMRS for identifying manic symptoms in patients with schizophrenia is reasonable. Hence it may be useful to investigate the evaluation of manic symptoms in patients with schizophrenia from the perspective of deconstructing psychoses.
Abstract Number: 733

Application Of Mobile App And Paper Survey Of Ptsd Checklist In The Korean Veterans Of The Vietnam War

Dr. T Kim¹, Mr. J Choi², J Park³, H Chung⁴, J Choi⁴, H Soh⁴, S Kang⁴
¹ - VHS Medical Center ² - College of Medicine, Hanyang University ³ - Dept. of Psychiatry, Keyo Hospital ⁴ - Dept. of Psychiatry, VHS Medical Center

Objectives: The Post-traumatic stress disorder (PTSD) Checklist (PCL) is currently the most popular self-report scale in screening PTSD. The study is performed 1) to test the reliability and validity of PCL in the veterans of the Vietnam War and 2) to compare the results when using conventional paper survey and mobile app survey.

Methods: One hundred and eighty six Korean veterans from the Vietnam War participated in the study. Mini Mental Status Examination (MMSE), PTSD module of Structured Clinical Interview for DSM-IV(SCID), and Life Event Checklist(LEC) were administered. PCL was given in either written format or mobile app. Diagnostic validity of the PCL was compared with the PTSD module of SCID. Other psychometric properties of PCL were also calculated.

Results: PCL results using different methods, paper and mobile app, showed no significant difference in each item and total score. Cronbach’s coefficient of PCL was 0.95, optimal cut-off 49.5, the sensitivity 91.7% and the specificity 93.5%. Conclusion: PCL showed excellent internal reliability, sensitivity, specificity, and validity. There was no statistically significant difference between survey methods. These results suggest that PCL is a reliable self-report scale in the veterans. Furthermore, PCL with mobile app can help screening PTSD.
Symposiums

Symposium Number: 6

Neuroleadership In Healthcare: Empowering Mental Health Professionals in a Challenging World

Symposium Type: Workshops
Dr. C Lazzari

Recent developments in the neurosciences have opened novel venues for the understanding of the neuronal mechanism underlying leadership and management. In addition, advancements in Neuroleadership and neurosciences of leadership behaviour have promoted original insights into the empowerment of healthcare providers during their daily activities. The product of this evidence unravels how leaders can leverage from understanding physiology, plasticity and chemistry of the central nervous system and brain, and link it to a changing leadership efficacy, promoting innovation, structuring rewards, engaging employees and making better decisions. This workshop aims to illustrate new theories and practical applications of neuroleadership in healthcare. The symposium will be articulated into different sessions for the duration of about three hours. The Neuroleadership group has recognized experts in this sector. No further resources are requested from the Conference panel. The workshop proposal will be seeking a sponsorship from a suitable sponsoring group. The Neuroleadership group will accept contributions and abstracts for this workshop. Selected abstracts will be invited for an oral presentation. Quotes: "Education is the most powerful weapon which you can use to change the world" (Nelson Mandela). "The function of education is to teach one to think intensively and to think critically. Intelligence plus character - that is the goal of true education" (Martin Luther King, Jr.). "You must be the change you wish to see in the world" (Mahatma Gandhi).
Symposium Number: 15

Programme For Improving Mental Health Care (PRIME): Preliminary Impacts In 5 Countries

Symposium Type: Regular Symposium
Prof. C Lund

PRIME is a consortium of research institutions and Ministries of Health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa and Uganda), with partners in the UK and the WHO. PRIME is funded by the UK Department for International Development (DfID) in a six-year programme launched in May 2011. The consortium is coordinated and led from the University of Cape Town. The goal of PRIME is to generate research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. The PRIME countries have devised detailed district mental healthcare plans (MHCPs) for the integration of mental health into primary care in one district in each country, using a common implementation and design framework. The PRIME MHCPs are multi-faceted and targeted at the health service organisation, the health facility and the community. The health facility level intervention is based on the WHO mhGAP-Intervention Guide packages, adapted for the country and restricted to priority mental health conditions: depression (including maternal depression), alcohol use disorder (AUD) and psychosis, with epilepsy included additionally in Ethiopia, Nepal and Uganda. In this symposium, we will for the first time present preliminary findings on the impact of the PRIME mental health care plans on three domains: (1) service utilisation, as measured through case studies; (2) detection of depression and alcohol use disorders by primary care providers, as measured through repeat facility detection surveys; and (3) clinical, social and economic outcomes for individuals receiving care in the PRIME district sites, as measured through 12-month cohort studies of individuals with psychosis, depression, epilepsy and AUD.
Abstract Number: 269

Diagnosis And Initiation Of Evidence-based Treatment For Depression And Alcohol Use Disorders In Primary Health Care In Nepal

PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME): PRELIMINARY IMPACTS IN 5 COUNTRIES

Symposium Type: Regular Symposium
Mr. M Jordans\textsuperscript{1}, N Luitel\textsuperscript{2}
\textsuperscript{1} - War Child Holland \textsuperscript{2} - TPO Nepal

Depressive disorders and alcohol use disorder (AUD) are among the most common mental health and substance abuse disorders seen in general practice in all regions of the world. Current WHO mental health Gap Action Programme (mhGAP) guidelines for mental health care in low and middle income countries recommend that treatment of depression and alcohol use disorders can be delivered in primary health care. This presentation discusses results from the Programme for Improving Mental health care (PRIME) that evaluates the integration of mental health care in primary care in Nepal. We conducted facility detection surveys as a part of PRIME to assess appropriateness of diagnosis and initiation of adequate evidence-base treatment for depression and AUD. We used a repeat cross-sectional survey of primary health care attendees just before the Mental Health Care Plan (MHCP) was implemented, with follow-up measurement after the MHCP was implemented (after 6 months) and at the end of the implementation phase (after 2 years). We included 1476 adults (16 years or above) at baseline and 2040 after six months of the MHCP implementation. The end-line follow up will be conducted in May 2016. We will be presenting and discussing the results from the baseline, interim (6 months) and endline (2 years) follow up of the facility detection survey. Health workers’ capacity to correctly diagnose and initiate treatment is a crucial element to the successful scaling up of mental health care in low and middle income countries, such as Nepal.
Reducing The Missed Opportunity For Depression And Alcohol Use Disorders In Primary Care: Findings Of Facility Detection Survey From Madhya Pradesh, India.

PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME): PRELIMINARY IMPACTS IN 5 COUNTRIES
Symposium Type: Regular Symposium

Mr. V Murhar¹, R Shidhaye²
¹ - Sangath, India ² - Public Health Foundation of India

In India, PRIME is implemented in the state of Madhya Pradesh through a three-way partnership involving the Ministry of Health, Government of Madhya Pradesh; Sangath (a Goa based NGO working in the sector of public mental health); and the Public Health Foundation of India. Based on the literature review, situational analysis and the formative research, a comprehensive district Mental Health Care Plan (MHCP) was developed. The key lessons from the formative research were: (a) an additional human resource in the form of a case manager is essential to establish true collaborative models of care; and (b) enabling packages need to be installed as a foundation prior to the implementation of service delivery packages. Impact of the MHCP (implemented during the period August 2014-August 2016) will be assessed using the following methods: (a) community-based cross-sectional surveys; (b) facility-detection surveys; (c) disorder-specific cohorts for depression and alcohol use disorders; and (d) multilevel case studies. The facility detection survey is a repeat cross-sectional study designed to measure the sensitivity and specificity of primary healthcare workers’ diagnosis of depression and alcohol use disorders. Baseline detection survey was conducted prior to implementation of the MHCP and follow-up survey will be completed in August 2016. We will present the findings related to: (a) appropriate diagnosis of depression and/or alcohol use disorders by the primary healthcare worker; and (b) initiation of appropriate treatment plan by the primary healthcare worker. Ascertainment of the appropriate treatment plan will be based on following criteria: (a) relevant advice for reducing symptom severity; (b) an appropriate specialist referral; (c) an appropriate medication regimen; or (d) a combination of (a), (b) or (c). These outcomes will be assessed by collecting information from the patient through a post-consultation interview that asks the patient whether they received a diagnosis, treatment plan or referral.
Abstract Number: 271

Increasing Access And Health Outcomes For Chronic Care Patients With Comorbid Common Mental Disorders In South Africa: Preliminary Outcomes From The Prime Study In South Africa.

PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME): PRELIMINARY IMPACTS IN 5 COUNTRIES

Symposium Type: Regular Symposium

Mr. I Petersen¹, A Bhana², L Fairall³, O Selohilwe¹, T Kathree¹, E Baron⁴, S Rathod⁵, Prof. C Lund⁴
¹ - University of KwaZulu-Natal ² - Medical Research Council, South Africa ³ - Lung Institute, University of Cape Town ⁴ - University of Cape Town ⁵ - London School of Hygiene and Tropical Medicine

Objective

High co-morbidity of common mental disorders (CMDs) with chronic diseases, such as HIV and non-communicable diseases (NCDs) poses a public health challenge in South Africa. It threatens to interfere with adequate self-care and adherence to treatment regimens, potentially compromising the huge investment in anti-retroviral treatment (ART) and exacerbating the burgeoning cost of NCD care. The PRIME project in South Africa thus sought to develop, implement and evaluate the integration of a package of care for CMDs within the emerging integrated chronic disease management (ICDM) service delivery platform.

Method

Using a task sharing approach, the PRIME intervention provides change management and communication skills workshops for clinic staff; supplements the mental health training associated with the existing integrated chronic care guidelines in use (Primary Care 101); and provides on-site counselling for depression, delivered by behavioural change counsellors. The cross country PRIME mixed method approach was used to evaluate this package in 3 large primary health care facilities in a National Health Insurance pilot district. The facility detection survey (FDS) screened 1328 patients for depression and alcohol use disorder (AUD) at baseline and 1356 patients 12 months after implementation of the intervention; the cohort study focused on depression and used a before-and-after controlled study, enrolling 455 patients.

Research

Preliminary findings from the FDS indicate a 10% improvement in identification of depression and 16% improvement in identification of alcohol use disorder. At 3 months follow-up, the cohort study found statistically (p <0.001) and clinically (5.2 points) significantly lower Patient Health Questionnaire (PHQ-9) scores (less depressed) in those referred to the behavioural change counsellors.

Conclusion

These results suggest that the PRIME integration package can improve detection and patient level outcomes. Currently PRIME in South Africa is engaging in a pragmatic cluster randomized control trial to assess effectiveness.
Abstract Number: 272

Impact Of The Prime Uganda District Mental Health Care Plan On Detection Of Depression And Alcohol Use Disorders In Primary Care Clinics

PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME): PRELIMINARY IMPACTS IN 5 COUNTRIES

Symposium Type: Regular Symposium
Dr. J Nakku1, J Ssebunnya1, S Rathod2, Prof. C Lund3, F Kigozi4
1 - Butabika Psychiatric Hospital, Uganda 2 - London School of Hygiene and Tropical Medicine 3 - University of Cape Town 4 - Butabika Psychiatric Hospital

Background
Depression and alcohol use disorders (AUD) are common in Ugandan primary health care settings but often not recognised. The treatment gap for depression and AUD in low and middle income countries is wide and estimated to be over 80%. An innovative district mental health care plan may improve detection of these disorders in primary care and reduce the treatment gap.

Purpose
We aimed to determine the prevalence of depression and AUD, and changes in the detection of these disorders by primary care workers, following the implementation of the PRIME district mental health care plan.

Methods
A facility detection survey was conducted at baseline in July 2013 in the rural Ugandan district of Kamuli. The 9-item Patient Health Questionnaire (PHQ-9) and the AUDIT were administered in the waiting room before patients were seen by the primary care worker. Exit interviews were conducted and patient clinical notes and prescriptions reviewed to check for a diagnosis of or treatment for depression or AUD. After the baseline facility detection survey, the PRIME Mental Health Care Plan was implemented in all primary care clinics in Kamuli. The Facility detection survey was then repeated at midline (13 months later) and endline (33 months later). Data were analysed using simple frequencies.

Results
We describe the results of prevalence and changes in detection rates for depression and AUD in Kamuli district primary care facilities.
Abstract Number: 273

Integrated Mental Healthcare Can Be A Reality In Low Income Countries: A Demonstration From Prime-ethiopia

PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME): PRELIMINARY IMPACTS IN 5 COUNTRIES

Symposium Type: Regular Symposium
Mr. A Fekadu¹, G Medhin¹, Mr. A Alem¹, S Teferra¹, T Wolde-Giorgis², Prof. G Thornicroft, M Prince³, C Hanlon¹, Prof. C Lund⁴
1 - Addis Ababa University 2 - Ministry of Health, Ethiopia 3 - King’s College London 4 - University of Cape Town

Background: Numerous studies have demonstrated the mental health treatment gap and its serious consequences. The recommended approach to address this treatment gap in low and middle income countries (LMICs) in the past 50 years has been the integrated care approach, in which general health workers would be trained to provide mental healthcare. However, whether a fully integrated mental health service would work in reality has never been demonstrated.

Objective: The main objective of this presentation is to describe the approaches of the PRIME Ethiopia project and its preliminary impact.

Method: Case study methodology and cohorts of people living with psychosis, epilepsy, depression and alcohol use disorder.

Results: PRIME-Ethiopia has established an integrated mental health service that is accessible for about 180,000 people of a district. This service is being scaled up to reach nearly 1.3 million people in adjoining districts in South Ethiopia. The service has good acceptability and accessibility with preliminary indications of good impact. The key ingredients of the project have been careful and engaged planning; bottom up approach; good political buy-in; local coordination; local accountability; community mobilisation to enhance service use; secondary support and supervision; and provision of psychosocial rehabilitation. Results will also include preliminary findings on the 12-month clinical, social and economic outcomes of participants in the cohorts who received care from the integrated mental health service.

Conclusion: Provision of mental healthcare through fully integrated care provision is a real possibility and remains the only viable approach to provide mental healthcare for most people with mental illness in LMICs. However, careful planning, ongoing engagement, anticipating and addressing potential barriers are crucial steps if integrated care is to be a reality.
Symposium Number: 19

Design and Delivery of Care Pathways (Part 1)

Symposium Type: Regular Symposium
Dr. M Kar Ray

Care pathways have become the norm for mental health care delivery. The series of two symposiums provides insights into processes involved in design and delivery of pathways across a spectrum of diagnostic groups and settings. Cambridge has a track record of delivering innovative service models. We will provide an overview of the various pathways in our services and the hurdles one would expect to overcome. There are certain pathways like Early Interventions (EI) in Psychosis which have turned into an international movement. The EI agenda provides a unique case study of what works. The perinatal pathway has had recent impetus in the UK in the hope of setting up another preventative approach to circumvent poor health running from one generation to the next. The inpatient Personality Disorder pathway takes us to the other extreme and shows how recovery principles are as applicable at the severe end as well. In part 2 of the symposium we will begin with the 333 model of acute inpatient care. It comprise of a 3 day assessment, 3 weeks treatment, 3 months recovery pathway backed up by home treatment. The latter overlaps with Emergency Departments which is often where patients end up if there are gaps between inpatient and community care. Findings from a new systems approach to reduce out of hours A&E presentation will be shared. The community personality disorder pathway will provide a further example of integrating community care across pathways. The symposium will finish with insights from our efforts to set up a PRImary care Service for Mental health (PRISM). It is an attempt to reverse the pyramid of investment and manage demand at the earliest step and facilitate specialist care pathway delivery in secondary care.
Abstract Number: 497

Cambridgeshire Care Pathways ? Insights From Promise

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 1)
Symposium Type: Regular Symposium

Dr. M Kar Ray
1 - Cambridgeshire and Peterborough NHS Foundation Trust

One of the key insights that emerged from patient and public involvement (PPI) in PROMISE (PROactive Management of Integrated Services and Environments) was that patients are on a journey that can span many pathways, but professionals are often focused on their part of the pathway or service. Helping staff to be mindful of how current care objectives fit into the goals of the pathway improves outcomes and patient experience and moves the person forward in a way that aligns with one?s desired direction of travel. Cambridgeshire has a long history of creating systems of care that are person centred, efficient and effective. The talk will provide an overview of the current pathways that span across primary, secondary and tertiary settings and then provide insights regarding patients and staff navigating through our systems.

A single point of access triages all referrals into a stepped care model. At the primary care end psychological well being services provide CBT. An enhanced primary care service for mental health (PRISM) and recovery coaches facilitate throughput in specialist community pathways for affective disorders, psychosis and personality disorders. These are backed up by a first response service that works in conjunction with the Emergency Department and Crisis Resolution and Home Treatment Teams that provides alternatives to hospital stay. Our inpatient pathways have been functionalised into those that provide assessments and treatments (333 acute care system). They are supported by specialist PD, ED, forensic and intensive care units.

The talk will highlight opportunities that exist and the challenges that need to be overcome. Initiatives to match demand and capacity, close gaps in the patient journey, manage fragmentation at interfaces, support proactive step down and re-access will be presented. The principles which have guided the development of these initiatives are important to embed in the pathway development process.
Abstract Number: 498

Psychiatry In The Perinatal Period ? A Quintessential Opportunity For Prevention

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 1)
Symposium Type: Regular Symposium

Mr. Z Green-Thompson
1 - Cambridgeshire and Peterborough NHS Foundation Trust

Serial enquiries into maternal morbidity and mortality reiterate the devastating impact of adverse mental health during pregnancy and post-partum where not treated appropriately but, conversely, also alert to the opportunity to aid mothers, fathers and offspring significantly through pre-emptive and early intervention.
In the UK Confidential Enquiries into Maternal Deaths remind that almost one in four deaths in the period six weeks to twelve months after delivery are related to mental health and, at the severe end of the spectrum in terms of psychotic episodes, women oft have scant psychiatric history and few typical risk factors related to socio-economic or other demographic data. There is cause for optimism however in that stripping out confounders such as smoking, obesity and other recreational substance misuse has bolstered evidence allowing judicious use of certain neuroleptic agents in pregnancy. This reinforces the unambiguous ill effects of said confounders (regarding patient advice and information for pregnancy) and guides us to be robust in seeking to help and treat mothers (and fathers) via all means available which serves in addition to aid healthy parent-infant interaction.
Progressive clarity regarding the influence of fathers and the interaction of paternal low mood on the mother and vice versa - and cumulative as well as discrete associations with impaired child development - underlines the necessity to work across disciplines to assiduously screen, identify and intervene to treat (and prevent) mental ill health in those before us and generations to come.
Spurred thereby, the UK National Health Service has set out to ensure quality Perinatal Psychiatry Services are available across the country and is to invest heavily over the next five years to achieve this via not only outpatient and specialist in-patient Mother and Baby Units but also mandating close liaison between Psychiatrists, Obstetricians, GPs, Midwives, Social Workers and Health Visitors.
Abstract Number: 499

Risks Of Recovery - Inpatient Personality Disorder Pathway

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 1)
Symposium Type: Regular Symposium

Mr. J Zimbron
1
1 - Cambridgeshire and Peterborough NHS Foundation Trust

People suffering from a personality disorder pose some of the greatest management challenges to healthcare providers across the world. Emotionally unstable personality disorder is the most common personality disorder type and the one with the highest mortality rates from natural and unnatural causes. At the severe end of the spectrum, it is often necessary to admit these patients to hospital for prolonged periods, often in secure environments, in order to provide some safety against their extreme self-destructing behaviour. Although this approach achieves temporary safety, it can also lead to institutionalization and exacerbation of some of the behaviours that led to the patient’s admission. This can lead to increasing security and control measures, which can drive a vicious cycle that takes patients further and further away of a life in the community.

Springbank ward is an inpatient unit for women with emotionally unstable personality disorder in Cambridge, UK. It is the only unit of its kind in the East of England and receives referrals from all over the country. The unit has undergone a complete change in the approach of managing women who are at an extremely high risk of self-harm and completed suicide. The focus has shifted from risk containment to positive risk-taking and recovery work. The ward’s overarching goals are to help patients improve their quality of life and increase their resilience against stress using multiple different strategies ranging from dialectical behavioural therapy to sensory integration approaches and recovery work. The new model has resulted in dramatic reductions in the incident rates of the ward and has allowed women who had been in hospital for several years to finally return to the community.
Abstract Number: 522

**Early Intervention In Psychosis - Spark To A Flame**

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 1)

Symposium Type: Regular Symposium

Prof. P Jones

1 - Cambridgeshire

Early intervention in psychosis (EIP) is a simple idea. People in the early stages of a psychotic illness had difficult encounters with mental health services, often presenting in crisis after a lengthy duration of untreated psychosis. Meaningful engagement often happened only in the later stages of schizophrenia when their personal and social development had been compromised. Research showed that the longer the duration of untreated psychosis (DUP), the worse the outcome. Other areas of health, typically cancer, had long-known that early identification and treatment was a key criterion for recovery.

By the late-1990s mental health services, notably in Australia, Norway, Denmark and England, began to emphasise early engagement of young adults with emerging psychosis, ensuring developmentally (age) appropriate, expert services for the period of maximum risk (15-35 years): EIP was born. England mandated specialist Early Intervention Services (EIS) in 2002 with a detailed service specification, now reaffirmed through adoption of an ambitious access and waiting time target and standard, again an idea from cancer services. Developments in the US (RA1SE) and national roll-out of EIS in Australia and Denmark are ongoing. Cost-effectiveness evidence supports patient-preference for EIP. The early intervention idea is spreading to other mental illnesses, sparking a flame.
Symposium Number: 27

Contemporary Issues In Psychiatry Training

Symposium Type: Regular Symposium
Dr. I Udo

The quality of postgraduate training is increasingly coming under spotlight. There is growing impetus to regulate training hours and as a consequence, a need to maximise training opportunities and experiences. Some of the developments that have arisen as a result of these are the increased adoption of competency based learning frameworks; increased prominence of reflective learning and improved training experiences. This symposium articulates selected issues in psychiatry education through oral presentations on three key areas, Reflective Practice, Mentorship and Medical Professionalism. A survey of Reflective Practice among psychiatry trainees in four English deaneries is presented. It examines the knowledge of trainees as regards the professional requirements to reflect; their attitudes towards reflection and their practice of reflection. A lived experience of mentoring psychiatry trainees for a period of a year is presented with emphases on challenges, opportunities and possibilities. Mentorship has been shown through qualitative studies to positively impact on recruitment and retention in psychiatry. Finally, the issue of medical professionalism as it may affect psychiatrists is examined through a comparison of the codes of practice of a European and an African country, implications for psychiatry training are drawn. This is based on recent evidence that medical professionalism in Africa may be different from those of Europe and this may influence the statistics that International Medical Graduates are more likely to come into punitive contact with Medical Council in the UK.
Abstract Number: 148

Mentoring Psychiatric Trainees: A Lived Experience.

CONTEMPORARY ISSUES IN PSYCHIATRY TRAINING
Symposium Type: Regular Symposium

Dr. I Udo
1 - Devon Partnership Trust, UK

Aims:
As part of the drive to improve trainee psychiatrists’ experience in Tees, Esk, Wear Valleys NHS Foundation Trust (TEWV), North-East England, a mentorship programme was promulgated in June 2012. The mentor role was voluntary and administratively supported by the Trust Medical Education Department. The project has involved a total of 21 core trainees/foundation doctors, comprising 10 and 11 in successive 6 month training placements.

Methods:
A core activity of the programme was regular convening of peer mentorship meetings alternate monthly; lasting 2 hours each time. Other activities were regular frequent electronic communications, social outings.

Results:
Increased social interactions and peer support amongst trainees, was observed. Other results were increased recruitment into core psychiatric training, a journal publication, 2 posters at International Conference, Clinical examination preparatory classes.

A survey of 10 trainees at end of 1st six months, response rate of 70%, showed 6 out of 7 trainees found the sessions supportive. 3 trainees found the sessions helpful. 5 trainees found the sessions useful. 1 trainee felt inspired through the sessions. No responses were received for Useless; Boring; Without focus options.

In a second survey of 11 trainees at the end of the 2nd six months, response rate of 90%, 7 out of 10 trainees found the sessions useful. 8 out of 10 trainees found the sessions helpful. 7 trainees found them supportive. 2 trainees found them inspiring. Again, No responses were made for Useless; Boring; Without focus options.

Going forward, trainees made recommendations concerning continuation of the programme, improvements to trust induction package, patient safety and further networking.

Conclusion:
Mentorship may widen opportunities available to psychiatry trainees and improve their overall training experience and leadership skills.
Abstract Number: 149

Reflective Practice Among Psychiatry Trainees: Knowledge, Attitudes And Practice.

CONTEMPORARY ISSUES IN PSYCHIATRY TRAINING
Symposium Type: Regular Symposium

Dr. Z Mohammed¹, Mr. C Chima², Dr. I Udo³, U Rajendhran², F Adio²
¹ - Tees, Esk, Wear Valleys NHS Foundation Trust, Lanchester Road Hospital, Durham 2 - UK 3 - Devon Partnership
NHS Trust & Durham University, UK

Aim:
This survey aimed to explore the knowledge, attitudes and practice of reflection among psychiatry trainees in 4 UK
postgraduate education Deaneries: East of England, West Midlands, Northern, Yorkshire and Humber Deaneries.

Background:
Reflective practice is gradually gaining place of importance in professional education. Each psychiatrist is expected
"through reflection and discussion at appraisal" to demonstrate attainment of attributes. It is an important tool in
competency assessment and revalidation.

Method:
Electronic and paper survey, using semi quantitative questionnaire, of psychiatry trainee doctors within the named Trusts
was used. Questionnaire included a 1-5 likert scale. Study took place in November/ December 2012.

RESULTS:
A total of 164 trainee participated, response rate of 70%. Considering Knowledge; 68% of trainees knew that reflection is
a requirement for Annual Competency Review. 79% know that it is a requirement of good medical practice. 64% know
that it is required for revalidation. 87% agreed that it is a component of life-long learning.

In terms of attitudes: 86% of trainees find it beneficial to reflect on their practice. Fewer (50%) reflect on other peoples’
practice. Most are confident in self reflection (70%). Fewer write about Untoward Incidents that involve them (53%). Few
would put this in their training portfolio (56%).

Considering practice; 71% of trainees felt reflection should be part of their regular supervision. Only 13% had received
training in reflection. Most (64%) would appreciate this.

Conclusion:
Psychiatry trainees appear to have a good understanding of the place of reflection in practice. There is a need for further
training in the principles and practice of reflection. By addressing this gap, doctors’ continuous professional development
may be enhanced and patient outcomes improved. Postgraduate teaching programmes need to support reflective
practise via improved grounding of same in the early training years.
Abstract Number: 303

Comparison Of A European And An African Medical Councils? Codes Of Practice: Implications For Psychiatric Training

CONTEMPORARY ISSUES IN PSYCHIATRY TRAINING
Symposium Type: Regular Symposium

Dr. F Odeyale1, Dr. I Udo2
1 - SHFT 2 - Devon Partnership Trust, UK

Background
Recruitment into psychiatry training has benefitted from the willingness of International medical graduates opting to go into psychiatry training. However, in the process of acculturation, international medical graduates face numerous challenges. One of this is the adaptation of medical professionalism from home country to new training environment. As of 2012, about 36% of registered doctors had received their primary medical qualification from outside the UK. Doctors with primary medical qualification from Nigeria represented the 5th largest group of doctors registered with the GMC. International medical schools have higher numbers of doctors who had been suspended or removed from the UK medical register in 2011. Medical training is guided by relevant codes of professional behaviours and attributes which are embodied by respective medical governing body's code of conduct.

Method
In order to understand the possible wider influences on psychiatric professionalism, the professional codes of conduct in Great Britain is compared with those of Nigeria. Areas of concordance and dissonance are presented.

Results
Patients may expect to receive good medical care in both jurisdictions. However, medical councils differ in areas of emphasis such as pertaining to medical record keeping, risk management, multidisciplinary collaboration, communication needs, relationships with patients & colleagues and financial affairs. Hence International Medical Graduates trainees beginning psychiatry training in the UK may encounter difficulties with regards to interdisciplinary team work, advanced communication skills, the horizontal nature of relationships with colleagues and patients, etc. These difficulties may be targeted for specific supportive interventions.

Conclusion
It is predictable that on moving from practice under one medical jurisdiction to another, international medical graduates encounter unique challenges. There is a need for proper attention to the assimilation of international medical graduates into newer professional practice settings and psychiatry training programmes with targeted interventions.
Abstract Number: 868

Issues With Using Reflective Practice As Assessment Tool In Postgraduate Training

CONTEMPORARY ISSUES IN PSYCHIATRY TRAINING
Symposium Type: Regular Symposium

Dr. I Udo¹
1 - Devon Partnership Trust, UK

Background:
Postgraduate doctors struggling to come to terms with changes in training and registration requirements have to contend with formal reflective practice. This study aimed to explore the evidence for the utility of formal reflective practice as an assessment tool in postgraduate medical education.

Methods:
A systematic literature search involving Medline, Embase, PsychINFO, CINAHL, Web of Science and Google Scholar with references and citations yielded 61 papers of which 28 studies involved doctors and dentists only while 33 studies involved other healthcare professions.

Results:
Most of the evidence was qualitative in design. Appraisal of the evidence showed that reflective practice has face, content, construct, concurrent, convergent, predictive and criterion validity. It has moderate to excellent reliability. More commonly expressed educational impact of reflective practice are improvements in clinical skills, professionalism and humanistic aspects of medicine. Its acceptability among doctors is mixed. It may be open to challenge based on issues concerning equity, cultural and gender bias amongst others. Its costs have not been studied. Standards are set using rating scales, standardised tools, expert and consensus opinions. Professional, clinical, educational and personal benefits are evidenced. Barriers to the implementation or use of reflective practice are time constraints; workplace factors; educational systems based; curriculum issues; privacy and data protection issues and individual level factors.

Comments/Conclusion:
More research is needed to expand the evidence underpinning reflective practice among postgraduate doctors. Practising doctors need to be educated about the existence of evidence supporting the utility and benefits of reflective practice; Clinicians may need protected time for reflection and clinical assessors need training in assessing reflective practice.
Symposium Number: 32

How Can We Get Governments To Deliver Better Mental Health Services?

Symposium Type: Regular Symposium
Dr. B Hershfield

Barriers to effectively delivering mental health services exist in many, if not all, countries. These include a lack of funding, bureaucratic “red tape”, prejudices against people who have these disorders, reluctance to try new approaches, and a complicated interplay among governmental agencies. There are enormous problems—including a lack of trained professionals, the effects of deinstitutionalization and a lack of community services, increasing costs of medications, and the disorganized way services are delivered. The situation may worsen as both the general population and the psychiatric workforce get older, economies decline in some countries, and reactionary attitudes spread in some parts of the world. This symposium addresses how psychiatrists and their organizations can best work with political systems to correct these problems. Prof. Simon Wessely, President of the Royal College of Psychiatrists, addresses how his organization works with the UK’s Parliament. Dr. Saul Levin, Medical Director and CEO of the American Psychiatric Association, describes how it interacts with Congress (and how it interacts with the Royal College and the WPA). Dr. Kenneth Busch of the APA Assembly shares how he works with members of Congress in Illinois. Dr. Bruce Hershfield of Johns Hopkins University talks about the problems in the USA and what its Congress hopes to do about them. We will focus on the issues and approaches we mutually share. Objectives include learning of at least 5 psychiatric problems that governments are trying to resolve and 5 effective approaches we are using to help them deal with them. In a lecture format, we’ll emphasize what works. Research will be cited that centers on the latest updates on the status of the problems and the legislation that is developing in the UK and the USA. Conclusions will emphasize what is effective and what we need to do.
Abstract Number: 344

The Impact Of Us & International Organized Psychiatry On Mental Health

HOW CAN WE GET GOVERNMENTS TO DELIVER BETTER MENTAL HEALTH SERVICES?
Symposium Type: Regular Symposium

Dr. S Levin
1
1 - American Psychiatric Assn

Objectives: To provide a comprehensive understanding of how organized psychiatry can affect mental health, and to provide strategies for how international psychiatrists can work with their organizations on issues impacting psychiatry in their countries.

Methodology: This presentation highlights a new governmental affairs structure launched by APA that provides local lobbyists with greater access to resources and consultation on current legislation. As lawmakers look for new ways to tackle mental health delivery issues, this structure allows for timely access to information about innovative ways of delivering services like telepsychiatry and collaborative care.

Research: The total burden of mental and substance use disorders accounts for 7.4% of the total burden of disease in the USA—the fifth leading type. About 60 million Americans live with a diagnosable psychiatric or substance use disorder, including 13 million whose condition is serious or severe. An organized approach by psychiatrists is imperative. Despite recent gains in medical research and public awareness, ensuring treatment for these disorders remains a challenging task. System-wide reforms are necessary to address unnecessarily complicated and wide-ranging issues such as fragmented delivery and reimbursement systems, regulatory barriers, workforce shortages, and the enduring stigma attached to the diagnosis and treatment of mental health problems.

Conclusion: Educating the public and legislators about mental health issues and about the successful evidence-based treatments that clinicians can offer, through an organized coalition of psychiatrists, can positively impact the global burden of mental and substance use disorders.

Abstract Number: 345

How Psychiatrists Can Best Work With Policymakers

HOW CAN WE GET GOVERNMENTS TO DELIVER BETTER MENTAL HEALTH SERVICES?

Symposium Type: Regular Symposium

Dr. B Hershfield¹, Mr. K Busch²
¹ - Johns Hopkins ² - American Psychiatric Assn

Objectives: The heart of the concept of government is that it makes public policy for the good of the people. Interest groups play an important part in this process. This presentation highlights why psychiatrists should be well-informed about the political process and know how to develop specific relationships with policymakers.

Methods: How do interest groups choose lobbying strategies to influence policy? Most groups wish to develop relationships with politicians so that policy is shaped to their liking. In return, politicians have a strong incentive to get expert opinion on matters of importance to them. This kind of relationship presents a special opportunity for psychiatrists to lobby on essential health care policy matters. Specific examples will be provided on networking and lobbying members of the United States Congress.

Results: Neither elected officials nor interest groups make policy positions in a vacuum. Research has focused on how lobbying by interest groups affects policy outcomes. Some studies show a direct correlation with the amount of time interest groups and their members devote to advocacy with the probability they will be successful. Leadership position, party affiliation, policy goals, constituency concerns, and expertise and interest in a particular policy can influence the final outcomes.

Conclusion: Why are advocacy and lobbying in government so important to the member groups that comprise the WPA? Policymakers want to hear from their constituents. In turn, constituents want to meet with their politicians and find out about their positions. It is through this kind of networking that policymakers will become better educated about health care policy and improve the lives of our patients.
How The Royal College Works To Improve Mental Health In England

HOW CAN WE GET GOVERNMENTS TO DELIVER BETTER MENTAL HEALTH SERVICES?

Mr. S Wessely
Royal College of Psychiatrists

Objectives: To describe some of the major problems with mental health and its treatment in England, and how the Royal College works to improve how services are delivered. Hopefully, this will help other organizations learn how to better handle similar problems.

Methodology: The Royal College has committees and a policy team that work with foundations and commissions that are trying to improve National Health Service funding. Psychiatrists can influence decision-making by doing research that shows which treatments are effective, and also by working with those who decide how funds are distributed. This is important, as governments may act in ways that aren't best suited to the needs of our patients.

Research: In 2012, more than six million in the United Kingdom were suffering from depression or crippling anxiety. Only 75% were receiving any medical help. Depressed people were waiting six months to be seen, patients awaiting treatment solely for physical problems had to wait only three weeks. Mental disorders caused 23% of the burden of illness, but only received 13% of National Health Service spending. Recently, a commission concerning Acute Adult Psychiatric Care in England—in its Mental Health Task Force Report—set a goal of achieving parity by 2020-21. It recommended spending an additional one billion pounds, plus 1.25 billion pounds for perinatal and child/adolescent mental health care. Part of the plan is to increase the number of staff—important because of the junior doctors' strike in January, 2016. A New Care Models Programme is deciding how funds will be distributed.

Conclusion: The Royal College, by participating in studies and developing relationships, can help deliver better mental health services. Nevertheless, according to the Manchester Guardian, mental health is "still underfunded after too many false promises."

References: 1) "Manchester Guardian" 15 Feb 2016. 2) Prof. Wessely's blog
Abstract Number: 170

What's Congress Going To Do?

HOW CAN WE GET GOVERNMENTS TO DELIVER BETTER MENTAL HEALTH SERVICES?
Symposium Type: Regular Symposium

Dr. B Hershfield¹
1 - Johns Hopkins

Objectives: 1) To understand 5 problems the USA has with delivering mental health care, 2) To be able to list 3 legislative efforts designed to address them, 3) To understand 2 reasons why almost no legislation is being enacted.

Methodology: The most important problems are described, then the recent and pending bills designed to address them are reviewed.

Research: The talk is based on a review of publications and websites that track Congressional activities, as well as those that update the status of public health issues.

Conclusions: Although there is widespread agreement that mental health issues—particularly related to violence—need to be addressed, Congress is unlikely to pass legislation in the near future that will significantly resolve them. Perceptions that the solutions would cost too much, along with unwillingness to work with members of the other political party, have damaged the chances of resolving many of these issues and are likely to continue to do so.

Symposium Number: 33

Global Psychiatry: Current Challenges And Opportunities

Symposium Type: Zonal Symposium
Prof. E Pi

While embracing globalization and encountering worldwide swiftly shifting of the landscape of health and mental health in the recent years, now, we all are facing the ever changing health care environment: in the ways we practice psychiatry and services are provided, evolve in our relationships with the rest of medicine and our colleagues, train the next generation of psychiatrists, and translate research data into clinical practice. All these challenges provide great opportunities for psychiatrists around the world to work together to advocate for our profession, improve treatment for people who need psychiatric care, exchange educational information to develop the future work forces and promote research. In these efforts, international partnerships are essential of establishing globalization, including communicating each other’s experience, sharing new information in the international community and collaborating among the countries. American Psychiatric Association (APA) is among the most important members of the world organization with 36,000 member psychiatrists from over 100 countries. APA is a global hub for the exchange of experiences and knowledge in the field of psychiatry. APA’s global community of psychiatrist is dedicated to the highest quality care for patients by regularly accessing cutting edge research and education to reline their professional acumen. American psychiatrists have played an active role in the field of global psychiatry. In this presentation, pertaining to the current challenges and opportunities related to global mental health, Training in Global Mental Health in the US, Models of Psychiatric Education in Medium and Low Resource Countries, Global Mental Health: A Roadmap for Development - the Role of Integrated Care, and Challenges to Providing Mental Health Access within Refugee, Asylum-seeking and Migrant Communities will be addressed and discussed.
Mental disorders are ubiquitous and are among the great scourges of mankind. The stigma, fear and discrimination associated with these illnesses, and the limitations of our scientific understanding have historically kept mental health care separated from general medical services, despite clear evidence of the co-morbidity of these disorders and the importance of an evidence based approach to care. Beginning in the 1930s in the United States and elsewhere, psychiatric care and science have increasingly been integrated into general medical care systems, medical training and scientific discovery. Accompanying these efforts have been three related themes: efforts to reduce the stigma of psychiatric illness, equal care and insurance coverage under parity for mental disorders as all other medical disorders, and efforts to extend and improve mental health services in a rapidly globalizing and developing world. The need for the development of a robust global mental health infrastructure is essential as the burden on non-communicable diseases especially mental health will grown over the next 15 years. In developing a roadmap for global mental health development, the importance of integrated care including reliance on community based institutions and health workers will be highlighted. This talk will review the history of these developments, highlight the important data and models for integrating care and suggest a way forward to make these anti-discrimination, scientific and integrated care issues a more central part of the global agenda.
Abstract Number: 191

Training In Global Mental Health In The US

GLOBAL PSYCHIATRY: CURRENT CHALLENGES AND OPPORTUNITIES
Symposium Type: Zonal Symposium

Dr. M Riba¹
¹ - University of Michigan

Training in Global mental health is increasingly an important part of medical student and residency training. Curricula, elective and other training opportunities, supervision, communication and travel issues, and ways to develop partnerships and assessing needs are being developed in many medical schools and training programs in the United States. This presentation will focus on some of the important areas to consider and present some highlights of existing and successful training programs.
Global conflict, war, and violence have resulted in record numbers of people being displaced within their country or fleeing their homeland. Given the millions of asylum seekers worldwide, the United States is now one of many countries noting an influx of people with unique needs amid multiple migration stressors. While in 2015, the US officially accepted 69,933 refugees, exponentially more people are being seen within the health system with varying levels of legal status. This includes people who are asylum seeking and those who are undocumented. While these groups have diverse reasons for coming to the US?economic opportunity, family reunification, safety, persecution, the mental health system faces new challenges of understanding and meeting the needs of these different communities. Immigrants who are undocumented, asylum-seeking, or refugees all carry risk for mental health problems given increased stressors. Migratory and pre-migratory trauma is compounded by multiple post-migratory issues limiting access to care. Given financial, resource, stigma, legal, cultural and linguistic barriers, community programs and public health systems are working in various ways throughout the country to adapt to these clients’ needs. Using case-based examples, this discussion will explore the evidence on mental health needs, barriers, and current practices for generating novel solutions to this evolving dilemma.
Abstract Number: 335

Models Of Psychiatric Education In Medium And Low Resource Countries.

GLOBAL PSYCHIATRY: CURRENT CHALLENGES AND OPPORTUNITIES
Symposium Type: Zonal Symposium

Mr. A Tasman
1 - University of Louisville, USA

There is substantial debate globally on the optimal model for psychiatric training where available psychiatric practitioners and other resources are not adequate to meet the need. Some advocate a role for psychiatrists as highly specialized systems consultants within a public health focused approach to care delivery, others argue for training with a minimal skill set to cover the largest population within a primary care setting, and another group supports training with the highest level of expectations and broadest range of knowledge and skills so that psychiatrists are able to serve multiple roles from systems design to specialized care delivery. This presentation will discuss the benefits and limitations of each model.
Symposium Number: 35

Integrated care- Public health, mental health, policy and practice

Symposium Type: Regular Symposium
Dr. A Persaud

Careif is involved in generating new evidence and health policies that promote and protect public health in a culturally diverse society. Extreme views can lead to actions that are harmful to individuals and society. These views can be expressed in rhetoric about religion, or lifestyles, or prohibitions about everyday choices, consumption patterns or gender relations. A public health approach can inform policy makers and practitioners about the evidence to support specific policies that promote health and well being, whilst tackling those extreme views that are risky or unhealthy. This symposium will make the distinction that requires care when interpreting evidence, when testing policies and practices, and when building new evidence.
Abstract Number: 793

The Need for Positive Risk Taking in Mental Health Services: Challenges and Solutions.

INTEGRATED CARE- PUBLIC HEALTH, MENTAL HEALTH, POLICY AND PRACTICE

Symposium Type: Regular Symposium

Dr. A Preston
1 - Surrey and Borders Partnership NHS Foundation Trust

It is a challenging task to balance risk management, effective care and positive risk taking in our mental health services, when working with a client group who present with high-risk methods of coping and communicating, such as those who struggle with personality disorder. However, positive risk taking is essential in order to enhance the recovery of the people who use services. It is also essential if we are to avoid inadvertently increasing longer-term risk by reinforcing the high-risk behaviours in the ways that our services can do. Effective positive risk taking requires professionals to tolerate their own emotional responses to holding increased risk in the short-term, for the benefit of reducing risk in the long-term. In Surrey, UK, we have developed a protocol which aims to assist clinicians in making decisions about the care of people with high risk and personality disorder (generally those with DSM-V Cluster B features, such as Emotionally Unstable or Borderline Personality Disorder and Antisocial Personality Disorder) who move between community and inpatient psychiatric care services. The information contained within the protocol and its associated training package is used to help teams take positive risks together in an effective way and addresses the complex interface issues that exist between the many services.

The following issues are addressed during this discussion: the challenges of working with people with personality disorder within inpatient acute psychiatric services; the often detrimental impact of inpatient ward admission; current evidence and guidance around the use of acute inpatient psychiatric care for people with personality disorder; the need for positive risk taking in services to enhance peoples' recovery and avoid dependence on services; the barriers and potential solutions. Case examples and our current research will be outlined.
Abstract Number: 794

Railway Suicides in the UK- risk factors and prevention strategies.

INTEGRATED CARE- PUBLIC HEALTH, MENTAL HEALTH, POLICY AND PRACTICE
Symposium Type: Regular Symposium

Prof. K Bhui¹
1 - CAREIF/QMUL

More than 55,000 suicides occur in the European Union each year, including more than 6,000 in the UK and Ireland. Suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with nearly four times as many men dying as a result of suicide compared to women. Those at highest risk are men aged between 45 and 59 years who have a rate of 25.1 per 100,000 population.

There are 350 fatalities on the railways a year, according to the British Transport Police (BTP). Of these, 84% are believed to be suicides and 41% of the deceased had a mental health history. Suicide involves a tragic loss of life and the trauma impacts on friends, relatives and families. With railway suicides, there is the additional burden of a very violent end, leaving train drivers and fellow commuters to witness the event, creating a wider traumatic impact.

The question is how can those at risk of suicide be identified earlier? One recommendation to come out of our CAREIF research is to transform railway stations - the location of most railways suicides - into public health hubs to allow screening for health problems among passengers to take place. This approach will appeal to the public health functions of transport venues.

It is believed that the reason railway stations are selected for suicide attempts is because they are so remote. Although millions of people pass through these transport hubs every day, few are engaged in a shared activity or connected to each other through a meaningful relationship or shared objectives. This presentation will outline the policy and practice implications for the national suicide prevention strategy.
Abstract Number: 795

Wellbeing: A Variable Concept.

INTEGRATED CARE- PUBLIC HEALTH, MENTAL HEALTH, POLICY AND PRACTICE
Symposium Type: Regular Symposium

Dr. J Willis
1 - CAREIF

There has been increasing focus on the notion of wellbeing as governments have recognised the social and economic importance of maintaining individual wellbeing as populations increase, diversify and their life expectancy lengthens. For the individual, wellbeing improves their everyday being and can lead to more meaningful lives. But what is wellbeing? The debate has moved on from one of orthography (Well being? Wellbeing? Well-being?) to a more serious attempt to identify and monitor the contributors to, and detractors from, wellbeing. In the UK, social and health policies are informed by annual research.

Building on several years of research by the author, careif and the World Psychiatric Association conducted an international survey of wellbeing in 2016. This presentation will share with delegates the emergent trends of what represents wellbeing in different cultures and how our data can be used to improve local communities.
Abstract Number: 796

Integrated Care Pathways In Mental Health - Lessons From The Psychosis Care Pathway Triumph (treatment And Recovery In Psychosis).

INTEGRATED CARE- PUBLIC HEALTH, MENTAL HEALTH, POLICY AND PRACTICE
Symposium Type: Regular Symposium

Dr. S Rathod
1 - CAREIF

Development of Integrated Care Pathways (ICPs) are important in mental health as they enable person centred personalised care, improve the quality of services, and serve to reduce unnecessary variations in access and outcomes. They are developed through care partnerships and empower persons with mental health problems and their carers to achieve recovery. Integrated care pathways also provide a tool to implement and incorporate local and national guidelines into everyday practice and therefore promote a culture of evidence based care delivery.

The presentation aims to discuss the learnings from the development of TRIumPH: Treatment and Recovery in Psychosis - an integrated care pathway that for the first time in mental health prescribes time frames for access and interventions and aims to reduce the impact of disease and promote recovery. In developing these pathways, a multi-pronged approach has been used, using i) research and data, ii) co-production with individuals and carers, and iii) engagement with clinicians and other stakeholders including commissioners, primary care, and third sector organizations. The session will describe the development of the pathway, results from the evaluation and how this learning can be generalised to other areas of mental health.

Educational Objectives
At the conclusion of this session participants will be able to:
Understand the need to develop and implement integrated care pathways for mental health conditions to enhance person centered coordinated care.
Learn from development of the first integrated care pathway in psychosis that attaches time frames to access and interventions.

References:
Symposium Number: 40

New Perspectives On The Delivery Of Mental Health Care: Bridging The Gap Between Treatment Engagement And Treatment Outcomes

Symposium Type: Regular Symposium
Dr. E Noordraven

Worldwide, Assertive Community Health care teams are one of the most efficient services in engaging patients with psychotic disorders into treatment. Drop-out and non-adherence, however, remain considerable barriers to the delivery of effective treatment. This often leads to social impairment and isolation, which makes these patients more susceptible to overall health problems which are associated with increased health care costs. To overcome these problems, we need to improve adherence and treatment engagement for patients with severe mental illnesses. Several trials have already studied the effectiveness of compliance therapy (i.e. a combination of cognitive behavioral therapeutic techniques with motivational interviewing) but showed inconsistent results in terms of improving service engagement, symptoms, quality of life, and psychosocial functioning in patients with psychotic disorders. To improve treatment engagement, new intervention strategies are needed for everyday clinical practice. In this symposium, we present a comprehensive overview of evidence based compliance therapies in the context of a recent meta-analysis. Furthermore, three randomized controlled trials will be presented, in which the effectiveness of “Money for Depot Medication”, “Motivation Feedback” and “Penfluridol, an inexpensive and long acting oral antipsychotic agent” were investigated with the aim to improve treatment adherence, clinical and functional outcomes. The audience is invited to discuss with the speakers – in light of the presented studies – in which ways we can further improve adherence to stimulate integration in society.
Abstract Number: 209

Money For Medication: A Randomized Controlled Trial On The Effectiveness Of Financial Incentives To Improve Adherence To Maintenance Treatment In Patients With Psychotic Disorders

NEW PERSPECTIVES ON THE DELIVERY OF MENTAL HEALTH CARE: BRIDGING THE GAP BETWEEN TREATMENT ENGAGEMENT AND TREATMENT OUTCOMES

Symposium Type: Regular Symposium

Dr. E Noordraven1, A Wierdsma1, P Blanken2, A Bloemendael3, A Staring4, Mr. N Mulder1
1 - Erasmus Medical Center 2 - Brijder Parnassia 3 - Palier Parnassia 4 - Altrecht

Objective To study the effectiveness of financial incentives to improve adherence with antipsychotic depot medication among patients with psychotic disorders.

Design A multicentre, open-label, parallel-group, randomized controlled trial.

Setting Three mental health care institutions in secondary psychiatric care in the Netherlands.

Participants Patients were aged between 18 – 65 years, had a psychotic disorder (including schizophrenia, schizoaffective disorder or other psychotic disorders), were prescribed antipsychotic depot medication and participated in outpatient treatment. Exclusion criteria were the inability to participate due to cognitive impairments and/or insufficient understanding of the Dutch language. We randomized 169 patients; 85 allocated to the control group and 84 allocated to the intervention group.

Interventions Patients in the intervention group received a financial incentive for each accepted depot of antipsychotic medication, amounting to €30 per month when fully compliant, during the 12 months intervention period. Patients in the control condition received treatment as usual.

Main outcome measure The primary outcome was the Medication Possession Ratio (MPR); the percentage of accepted depots antipsychotic medication during the 12 months intervention period.

Results Primary outcome data were analyzed for 155 patients (92%). MPR at baseline was 76% in the intervention group and 78% in the control group. After the 12 months intervention period, the MPR was 94% in the intervention and 80% in the control group, with an adjusted MPR difference of 13.4% (95% CI: 3.1% to 23.7%, \( p<.0001 \)). When dichotomizing patients with an MPR of 80% or higher for the intervention (N=76; 95%) and control group (N=44; 59%) the adjusted difference in the proportion of patients achieving good adherence levels, amounted to 35.7% (95% CI: 20.2% to 45.4%, \( p<.05 \)) in favour of the M4M condition.

Conclusions Financial incentives are an effective way to improve adherence to antipsychotic depot medication among patients with psychotic disorders.

Trial registration NTR2350
Abstract Number: 212

Meta-analysis Of Interventions To Improve Adherence To Antipsychotic Medications In Patients With Psychotic Disorders

NEW PERSPECTIVES ON THE DELIVERY OF MENTAL HEALTH CARE: BRIDGING THE GAP BETWEEN TREATMENT ENGAGEMENT AND TREATMENT OUTCOMES

Symposium Type: Regular Symposium

Mr. N Mulder1, Dr. E Noordraven1, A Staring2, W Bramer1, M van der Gaag3
1 - Erasmus Medical Center 2 - Altrecht 3 - Parnassia

Background
Non-adherence to antipsychotic medications is associated with poor outcome. In the last decade, new trials on adherence improving interventions have been conducted. This meta-analysis aims to compile the current evidence.

Methods
We searched Medline, Embase, Web of science, PsycINFO, Cochrane, Pubmed publisher, and Google Scholar for relevant papers. A total of 21 randomized controlled trials were included, comprising 2,884 patients with psychotic disorders. We analysed post-treatment adherence, symptoms, functioning, and quality of life.

Results
We found a significant positive effect on adherence (Hedges’ g=0.519) as well as on social functioning (Hedges’ g=0.314). However, symptoms and quality of life did not improve. Furthermore, the effects on functioning seemed unrelated to the effects on adherence; studies with active control conditions showed no effects on functioning. Also, inadequate allocation concealments, one of the bias risks, seemed to explain the large heterogeneity across studies concerning the adherence effects.

Conclusions
It seems possible to improve adherence to antipsychotic medications in patients with psychotic disorder, yet study characteristics played a large role. Also, symptoms do not improve as a result of improved adherence. Perhaps patients who are non-adherent have stopped using medications as a result of low response to them. Targeting their non-adherence may not result in symptom-reductions equal to those patients who are already adherent without a need for interventions. A different subgroup of patients may be present who have more severe pathology and lower response to antipsychotic medications. Improving adherence within those patients may not help their symptoms much.
Abstract Number: 230

Motivate-it: Motivation For Treatment As A Bridge To Treatment Engagement And Outcomes?

NEW PERSPECTIVES ON THE DELIVERY OF MENTAL HEALTH CARE: BRIDGING THE GAP BETWEEN TREATMENT ENGAGEMENT AND TREATMENT OUTCOMES
Symposium Type: Regular Symposium

Mr. E Jochems1, C van der Feltz-Cornelis2, A van Dam3, H Duivenvoorden1, Mr. N Mulder4
1 - Erasmus University Medical Center, Netherlands 2 - GGZ Breburg, Erasmus MC, the Netherlands 3 - GGZ Westelijk Noord Brabant, the Netherlands 4 - Erasmus Medical Center

Objectives: To evaluate the effectiveness of an intervention that provided clinicians with regular feedback on the patient's motivation for engaging in treatment, in order to increase treatment motivation and engagement in outpatients with severe mental illness (SMI).

Methods: Cluster randomized controlled trial which recruited adult outpatients with a primary diagnosis of a psychotic or personality disorder and their clinicians. Participants were recruited from 12 community mental health teams (the clusters) of two mental health institutions in the Netherlands. Patients whose clinicians generated monthly motivation feedback (MF) additional to treatment as usual (TAU) were compared to patients who received TAU. Teams were randomized to MF or TAU by a computerized randomization program, all participants within these teams received a similar treatment. The primary outcome was treatment engagement at patient level, assessed at 12 months by clinicians. Clinicians and patients were not blind to treatment allocation at the 12-month assessment. Trial registration: Dutch Trials Registry NTR2968.

Results: The 294 randomized patients (148 MF, 146 TAU) and 57 clinicians (29 MF, 28 TAU) of 12 teams (6 MF, 6 TAU) were analyzed according to the intention to treat principle. No statistically significant differences between treatment groups on treatment engagement were found (adjusted mean difference=0.1, 95%CI=−2.2 to 2.3, p=0.96, d=0.00). Pre-planned ancillary analyses showed statistically significant interaction effects between treatment group and primary diagnosis on treatment motivation and quality of life (secondary outcomes), which were beneficial for patients with a primary diagnosis of a personality disorder but not for those with psychotic disorders.

Conclusions: Providing feedback to clinicians on their patients motivation for engaging in treatment is insufficient to improve treatment engagement in outpatients with SMI. MF may be beneficial for those with a personality disorder, whereas it may not be effective for patients with a psychotic disorder. Potential explanations for the findings will be discussed.
Abstract Number: 245

**Acemap, A Long Acting Oral Antipsychotic Agent As A Way Of Improving Treatment Engagement And Outcomes?**

**NEW PERSPECTIVES ON THE DELIVERY OF MENTAL HEALTH CARE: BRIDGING THE GAP BETWEEN TREATMENT ENGAGEMENT AND TREATMENT OUTCOMES**

Symposium Type: Regular Symposium

Mr. J Gilden¹, A Wierdsma¹, J van Beveren², L Hakkaart³, R Westrhenen¹, C van der Feltz-Cornelis⁴, L de Haan⁵, Mr. N Mulder⁶

¹ - Erasmus University Medical Center, Rotterdam, the Netherlands ² - Delta Psychiatric Center, Rotterdam, the Netherlands ³ - Institute for Medical Technology Assessment (iMTA), Erasmus University Rotterdam ⁴ - GGZ Breburg, Erasmus MC, the Netherlands ⁵ - l.dehaan@amc.uva.nl ⁶ - Erasmus Medical Center

**Objectives:** Compliance problems are present in 40-75% of psychotic disorder patients and are associated with more relapses and hospitalisations, leading to higher healthcare costs. Currently, penfluridol (acemap) is the only long acting neuroleptic that can be taken orally once a week. Other oral antipsychotic drugs, including olanzapine and risperidone, have to be taken daily. Since penfluridol can be taken once a week, we expect better compliance as compared to olanzapine and risperidone. There have been no studies comparing penfluridol and second generation neuroleptics. Furthermore, penfluridol is not recommended within guidelines on psychiatric treatment of psychosis, even though compliance and outcomes could improve and costs may be reduced substantially. An open label randomized controlled trial will be conducted in 180 patients studying the effectiveness of penfluridol compared to second-generation oral neuroleptics in improving antipsychotic medication adherence. The primary objective is to determine the time to all-cause discontinuation of penfluridol as compared to olanzapine, and risperidone. Secondary objectives are the cost-effectiveness of penfluridol and its impact on the national budget for healthcare.

**Methods/design:** Adult outpatients with psychotic disorder will be allocated to one of three groups; (a) penfluridol orally once weekly, (b) olanzapine orally once daily, or (c) risperidone orally once daily. At 2, 4, 6, 8, 10, and 12 weeks and 6, 9 and 12 months, information about adherence will be collected from participating centres. At baseline, three and twelve month follow-up information about the other parameters will be collected.

**Results/Conclusion:** The results of this randomized controlled trial will provide 1) an initial insight into the effectiveness of penfluridol in terms of clinical and economical outcomes (proof of concept), 2) an indication whether the clinical guideline for the treatment of psychotic disorders should be updated, and 3) a potential extended and safeguarded use of penfluridol for future patients.
Teaching and learning about child and adolescent psychiatry poses a number of challenges: what learning objectives, teaching methods, and assessment strategies should be implemented? What are the practical challenges and obstacles to meeting knowledge, skills and attitudes-based learning objectives within limited time and resources? Graduate training in CAP(Child & Adolescent Psychiatry) introduces even more challenges, mainly because residents and fellows, besides their obligation to learn enough for eventual specialty board certification, have to carry out clinical duties. In some countries such as the USA, residents must demonstrate competency in six core areas (including medical knowledge) and not just attend specific rotations and have didactics on certain topics. Thus, curriculum evaluation, including objective outcome measures on resident acquisition of medical knowledge, becomes extremely important in assessing whether or not the intended learning objectives have been met. But more importantly, there are many countries where CAP training is very rudimentary, and there is a great need to develop child and adolescent psychiatry training programs. This symposium aims to provide a global perspective on postgraduate child and adolescent psychiatry training by focusing on current challenges, choices and solutions. This symposium will feature speakers from the N. America, Europe, and the Middle East and will provide an overview of a variety of approaches and resources used in teaching child and adolescent Psychiatry. Following the regional review, the discussant will synthesize the presentations and highlight common themes and solutions that span multiple regions, including, but not limited to, epidemiologically informed curricular planning, primary care collaboration and education, and distance education. The participants are expected to leave the symposium not only with a better understanding of progressive teaching techniques in CAP, but also with ideas for future research and collaboration. Moreover, we hope that it will be a forum for sharing knowledge, experiences and mutual interests.
Abstract Number: 199

Child and adolescent psychiatry in the Far East

GLOBAL PERSPECTIVES ON CHILD AND ADOLESCENT PSYCHIATRY TRAINING

Symposium Type: Workshops

Prof. N Skokauskas
1 - RKBU NTNU

Despite the general consensus on the importance of youth mental health, the scarcity of child and adolescent mental health services is prominent all over the world. Child and adolescent psychiatry (CAP) postgraduate training can play a pivotal role in increasing access to youth mental health services. In comparison to Europe and North America, however, little is reported regarding CAP training in the Far East, one of the most dynamic and rapidly developing world regions with a very young population. This paper presents an original study on the current status of academic child and adolescent psychiatry training across the Far East. Based on informants’ input, we found an overall underdevelopment of CAP postgraduate training systems despite CAP’s recognition as a subspecialty in 12 of 17 of the nations or functionally self-governing areas in the Far East. Paucity of official guidelines for CAP training was also evident. All informants reported a need for additional child and adolescent mental health professionals. There seems to be several obstacles to the development of CAP postgraduate training in the Far East, including stigma towards mental health issues and lack of funding. International collaboration is desired to develop evidence-based and culture-tailored CAP training systems.
Abstract Number: 200

Establishment Of Child And Adolescent Psychiatry Training Programs In The Arab World And Subspecialty Board Certification

GLOBAL PERSPECTIVES ON CHILD AND ADOLESCENT PSYCHIATRY TRAINING
Symposium Type: Workshops

Mr. D ALMAI
1 - SHEIKH KHALIFA MEDICAL CITY

The Arab Board of Medical Specializations was founded in 1978 following a decision by the Council of Arab Health Ministers. One of the prime goals of The Arab Board of Medical Specialties is to improve health services in the perspective countries through a list of standardized guidelines established by representative members. In addition, the board aims to set comprehensive and uniform standards for the establishment of postgraduate physician training centers in various medical specialties.

The Arab Board for General Psychiatry was created in 1992 to establish the guidelines for residency training programs and board certification in that specialty. Significantly, there was an absence of any accredited Child and Adolescent Psychiatry training programs and little consistency in any training available. Therefore the Child and Adolescent Psychiatrists practicing in the Arab countries received training in North America and Europe.

In late 2014, at the recommendation of the Arab Board President, a committee for creating the subspecialty Child and Adolescent Psychiatry Fellowship was formed. One subcommittee created the standards and guidelines for training and credentialing programs and the second subcommittee set the standards for board certification examination. Members of the committees, hailing from differing training backgrounds, were tasked with establishing standardized guidelines and credentialing criteria over an 18 month period, resulting in approval from the President of the Arab Council for Medical Specialization. Subsequently, training institutions throughout the region were invited to apply for accreditation. Candidates for this subspecialty program must be board certified in General Psychiatry after completing accredited residency training. The Child and Adolescent Psychiatry Fellowship is a two year program followed by a three part examination, written, oral and clinical. Passing all three parts is a requirement for Board Certification.

All Details of the development of this program will be discussed in this presentation.
Abstract Number: 201

Results of a Pilot Study To Teach Child and Adolescent Psychiatry Assessment Skills to Allied Health Professionals in Saudi Arabia

GLOBAL PERSPECTIVES ON CHILD AND ADOLESCENT PSYCHIATRY TRAINING
Symposium Type: Workshops

Mr. K A. Bazaid1
1 - Children's Hospital of Eastern Ontario

Introduction: Identifying which children and youth need treatment for psychiatric disorders is challenging in developing countries such as Saudi Arabia. About 50% of the population is younger than 18, but fewer child psychiatrists work in the entire country. Allied health professionals (AHPs), e.g., psychologists, and social workers can help fill this gap, but need further training in assessment.

Objective: Develop and pilot a new training model for Saudi Arabian AHPs in the assessment of pediatric psychiatric disorders.

Methods: Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD) were previously identified as top priorities for Saudi AHPs. A multi-disciplinary task force modified pediatric psychiatric assessment and DSM-5 criteria to make them relevant for AHPs for clinical work in Saudi Arabia. A patient with each diagnosis and a family member were recruited and consented to participate in the one day training course. A local child psychiatrist served as interviewer and also was the back-up physician should any problems arise for the patients. Written evaluations were obtained at the end of the course.

Results: 37 AHPs attended. Overall scores were in the excellent range; 97% of participants reported the course achieved its goal. Enthusiasm was high for the inclusion of live patients; one participant reported that the course was unique in improving her skills, stating ?I came in empty and I am leaving full.?

Conclusions: Our approach to training AHPs, using clinical engagement with patients was well-received. Our next steps will be to develop such courses for other diagnoses and measure long-term effects.
Abstract Number: 202

The Shortage of Child and Adolescent Psychiatrists

GLOBAL PERSPECTIVES ON CHILD AND ADOLESCENT PSYCHIATRY TRAINING
Symposium Type: Workshops

Mr. B Leventhal
UCSF

It is not entirely clear how many child and adolescent psychiatrists there are in the world. In some sense, this lack of clarity reflects part of the problem. Since we do not have a reliable census, it is hard to know how much too little we are. Even using the most generous estimates, it appears that there are only about 20,000 child and adolescent psychiatrists worldwide. Even if fully allocated to the world’s most populous countries (China and India), there would be less than one child and adolescent psychiatrist per 1/100,000 children. Clearly, we are far too little to meet the needs of the world.

How can we understand this problem? While many have considered this issue, few have offered data or solutions. We certainly live in complex times that add further burdens on children with psychiatric disorders. With increasing urbanization and industrialization, the demands on children and adolescents are increasing. There is a growing need for education and more sophisticated levels of adaptation in order to succeed in our ever more challenging world. And, there are still far too many places where children face poverty, inadequate sanitation, limited healthcare and poor nutrition, as well as high levels of stress, and exposure to violence and trauma. These factors serve to create or further complicate child and adolescent psychiatric disorders, which are among the most common conditions facing children and adolescents as they make the challenging journey to adulthood.

Clearly, there is not only a great but a growing need for child and adolescent psychiatrists. If there were a similar shortage of other medical specialists, there would have been a great outcry, and extra resources would have been committed to make sure that there were adequate numbers to meet the needs of the population, at least in the developed countries.
Symposium Number: 42

College/university Student Wellness

Symposium Type: Regular Symposium
Prof. C Lochner

Young adults entering university are at increased risk for mental health problems. This includes, but is not limited to, psychopathologies such as anxiety and mood disorders, substance use and other risky behaviours. Although treatment and support services are available in many educational institutions, not many students access these. In addition, despite scientific evidence of risk factors for mental health problems during this sensitive developmental life stage, there is a lack of local evidence-based methods for using this knowledge to identify students that may be more at risk for psychopathology and to identify and ultimately remove barriers to treatment seeking. With this in mind, the foci of this symposium will be: To describe a cross-continental four-year longitudinal study of student wellness, and to present data from year 1 of the project at one site (Stellenbosch University). These presentations will include data on treatment seeking, suicidality and its impact on academic performance, depression and anxiety and impact on academic performance, and trauma and psychopathology in this cohort.
Abstract Number: 219

College/university Student Wellness: A Literature Review

COLLEGE/UNIVERSITY STUDENT WELLNESS
Symposium Type: Regular Symposium

Prof. C Lochner\textsuperscript{1}, Mr. L Taljaard\textsuperscript{1}, Prof. D Stein\textsuperscript{2}
1 - Stellenbosch University 2 - University of Cape Town

Young adults entering university are at increased risk for mental health problems. This includes, but is not limited to, psychopathologies such as anxiety and mood disorders, substance use and other risky behaviours. Although treatment and support services are available in many educational institutions, not many students access these. In addition, despite scientific evidence of risk factors for mental health problems during this sensitive developmental life stage, there is a lack of local evidence-based methods for using this knowledge to identify students that may be more at risk for psychopathology and to identify and ultimately remove barriers to treatment seeking.

With this in mind, the aims of this presentation are:

To introduce the issue of, and the need for research on, college/university student wellness.
To describe this cross-continental four-year longitudinal study of student wellness.
To briefly introduce each workshop presenters focus area.
To provide a summary of lessons learnt, and of future directions.

This presentation will thus introduce the topic of college/university student wellness to the audience and provide an overview of the rationale, aims and objectives of this research project at one site (South Africa), and introduce attendees to the foci that will be presented during the workshop.
Abstract Number: 220

The Relationship Between Childhood Adversity, Recent Stressors And Depressive Symptoms In First-year Students At A South African University

COLLEGE/UNIVERSITY STUDENT WELLNESS
Symposium Type: Regular Symposium
Dr. S Mall¹, L Taljaard², J Roos³, Prof. D Stein¹, Prof. C Lochner²
¹ - University of Cape Town 2 - Stellenbosch University 3 - Mental Health Information Centre of Southern Africa

Background
University students are at risk of depressive symptoms (DS) due to academic, financial and assimilation pressures. This risk may be heightened by recent stressors (RS) and/or by childhood adversity (CA). 772 first year students at one university in South Africa completed an e-survey to explore the relationship between CA, RS and current DS.

Methods
A CA questionnaire was used to retrospectively measure several domains of childhood experiences. RS were assessed based on events reported in the last 12 months. Bivariate and logistic regression methods were employed to test differences in DS in four groups: (1) those who had experienced solely CA (n=175), (2) solely RS (n=312), (3) a combination of CA and RS (n=162) or (4) neither CA nor recent stressors (n=123) (reference group).

Results
Bivariate analyses suggested significant differences between the four groups with regard to DS (p<0.01). After controlling for race and gender in the adjusted logistic regression model, the groups with current and/or childhood adversity (i.e. groups 1, 2 and 3) were more likely to experience DS than the reference group (group 4). Specifically, those students with both CA and RS (group 3) were 4.0 times more likely than group 4 to have current DS (OR= 4.0; CI (2.4-6.4)). Students with solely CA, and those with solely RS, were 0.3 times (CI (0.4-0.9) and 0.072 times (CI (0.1-0.5)), respectively, more likely to experience DS than the reference group.

Conclusions
Exposure to recent stressors and/or a history of childhood adversity, put individuals at significantly increased risk for the development of depressive symptoms. This may be more pronounced during the transitional period of adolescence to early adulthood characteristic of the university/college years. First-year students should be made aware of, and encouraged to make use of services to improve their stress management strategies.
Abstract Number: 221

Impact Of Mood And Anxiety On Academic Performance Of First-year Students At A South African University

COLLEGE/UNIVERSITY STUDENT WELLNESS
Symposium Type: Regular Symposium

Ms. N Horak¹ , L Taljaard¹ , J Roos² , Prof. D Stein³ , Prof. C Lochner¹
¹ - Stellenbosch University ² - Mental Health Information Centre of Southern Africa ³ - University of Cape Town

Background:
The university years can be considered as formative years in which youth experience increased risk for behavioural and emotional problems which may impact negatively on their academic performance. We aimed to investigate the relationship between mood and anxiety symptomatology and academic performance in first-year students at a South African university.

Methods:
We collected information on mood and anxiety symptomatology and academic performance from 675 first-year students (35.4% male, 64.6% female; mean age: 18.99 1.66) via an online survey. Symptoms were assessed using a combination of items from standardized measures resembling the Diagnostic and Statistical Manual of Disorders Version IV (DSM-IV) criteria for the respective disorders. Academic year performance (AYP) for consenting respondents (n=593) was obtained from the university's Department of Institutional Planning and Development. Gender and age were included as covariates in the regression model.

Results:
Students reported significant depressive (35.9%), (hypo-)manic (13.2%), generalized anxiety (39.7%), panic (6.2%), obsessive-compulsive (3.6%) and posttraumatic stress (22.1%) symptoms. Presence of depressive or (hypo-)manic symptomatology was associated with a significantly lower AYP of 3.7% (p=.026) and 4.7% (p=.027), respectively, compared with students without this symptomatology. Anxiety symptomatology and AYP did not show a significant association.

Conclusion:
Results suggest that mood symptomatology can have a significant negative impact on students’ academic performance. Understanding the association between mental status and academic performance may assist university administration, health services and students themselves in addressing symptoms before these and additional stressors negatively impact academic performance within the university setting.
Abstract Number: 222

The Impact Of Lifetime Suicidal Thoughts And Behaviours On Academic Performance In First-year Students

COLLEGE/UNIVERSITY STUDENT WELLNESS
Symposium Type: Regular Symposium

Mr. L Taljaard¹, J Roos², Prof. D Stein³, Prof. C Lochner¹
¹ - Stellenbosch University 2 - Mental Health Information Centre of Southern Africa 3 - University of Cape Town

Background
High numbers of university/college students report lifetime suicidal thoughts and behaviours (STB), with estimates of suicidal ideation ranging between 8.1?53.0%, and attempts between 1.0?11.2%. STB during early life is associated with adverse outcomes such as mental and physical health problems, and while STB among university students are common, the associations between STB and academic performance are not well understood.

Methods
First-year students of Stellenbosch University were invited to complete an e-survey on lifetime STB, as well as collecting data on students’ academic year percentage (AYP). Generalised linear modelling was conducted, adjusting for gender, population and lifetime history of psychopathology.

Results
A racially representative sample of n=593 students (64.7% female) consented to taking part as well as having their academic records accessed. Ages ranged from 18 to 32 years of age (M = 18.8; SD = 1.2 years). 36.7% of students reported lifetime suicide thoughts, while 24.7% reported suicide plans, and 7% reported previous suicide attempts. Additionally, 20.9% of students reported a history of self-harm behaviours without suicide intent. A statistically significant negative association was observed between lifetime presence of suicide attempts and AYP (p = 0.007), which was on average 8.1% less in students with such a history compared to those without. There was also a trend for lifetime suicide plans to be associated with lower AYP (p = 0.09); AYP was on average 4.3% less in students with such a history compared to those without.

Conclusion
Lifetime STB in this sample is highly prevalent. The strong negative impact thereof on academic performance in first-year university students is very concerning. Early identification of individuals with a history of suicidality, and timeous intervention should be prioritized by student wellness services.
Abstract Number: 223

Mental Health Treatment Seeking Among First-year Students At A South African University: Preliminary Findings From An International Study On Student Health And Wellness

COLLEGE/UNIVERSITY STUDENT WELLNESS
Symposium Type: Regular Symposium

Mr. J Roos
1 - Mental Health Information Centre of Southern Africa

Background
University years are a key developmental period in which students can experience increased risk for academic, behavioural, and emotional problems. Despite the availability of treatment services at many universities, few students actually access these.

Methods
An e-survey that included questions on treatment seeking for mental health related issues was sent to all first-year students at Stellenbosch University.

Results
772 students (35.2% male, mean age 18.95 years) took part. The majority of students reported good physical (73.5%) and mental (72%) health. However, 38.4% reported lifetime psychopathology, including depression, bipolar disorder, panic disorder, social anxiety disorder, generalized anxiety disorder, post-traumatic stress disorder or obsessive-compulsive disorder. Alcohol use was frequent in the past 12 months; 34.1% of respondents reporting having alcoholic beverages 1-2 days a week, and 29.4% indicating that they have 5 or more drinks on a typical drinking day. Few students sought help for mental health problems in the past (26.2% counselling; 11.4% pharmacotherapy) whereas 7.2% reported that they are still in treatment, while 21.2% have stopped treatment, and 71.6% never received any treatment. One or more of the following were reported as reasons for not seeking treatment: wanting to handle the problem independently (54.7%), preferring to discuss matters with friends or relatives (43.1%), financial constraints (38.8%), and being too embarrassed (32.6%).

Conclusion
Findings suggest that there are high rates of behavioural and emotional problems in this cohort, all of which may impact on academic performance. The majority of these students does not seek help however. Increased awareness and destigmatisation of mental illness may lead to increased treatment seeking, and improved health outcomes and academic performance in this cohort.
Emerald: Emerging Mental Health Systems In Low- And Middle-income Countries

Symposium Number: 48

Symposium Type: Regular Symposium

Prof. G Thornicroft

Emerald is a five year, European Commission funded programme of research, which started in November 2012. Emerald stands for emerging mental health systems in low- and middle-income countries (LMICs). The programme of research is coordinated by Professor Graham Thornicroft at King's College London. The Emerald consortium consists of twelve participating institutions based in five different EU member states, as well as seven partners in six LMICs across Africa and Asia (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda). The aim of Emerald is improve mental health outcomes in LMICs by enhancing health system performance. It aims to do so by identifying key barriers to the effective delivery of mental health services within health systems, and offering solutions for the delivery of mental health services in in LMICs. The project hopes to thereby improve mental health outcomes in LMICs in a fair and efficient way. Emerald consists of four major areas of work: 1. Capacity building in mental health systems research. 2. Adequate, fair and sustainable resourcing for mental health (health system inputs). 3. Integrated provision of mental health services (health system processes). 4. Improved coverage and goal attainment in mental health (health system outputs). The symposium will present three pieces of work from the Emerald study: 1) cross-country analysis of user involvement interviews and plans for future service user involvement; 2) cross country results from the household economic impact of depression, psychosis, alcohol use disorder, and epilepsy; and 3) cross country barriers to and through care. Session 1 speaker: Professor Atalay Alem, Principal Investigator, Emerald Ethiopia. Session 2 speaker: Ms Sumaiyah Docrat, Researcher, Emerald South Africa, Cape Town. Session 3 speaker: Professor Inge Petersen, Principal Investigator, Emerald South Africa, Durban.
Abstract Number: 277

Service User Involvement In Mental Health System Strengthening: 6 Low And Middle-income Countries

EMERALD: EMERGING MENTAL HEALTH SYSTEMS IN LOW- AND MIDDLE-INCOME COUNTRIES

Symposium Type: Regular Symposium

Mr. A Alem¹, Dr. L Cole², Mr. M Semrau³, C Hanlon¹, Dr. J Abdulmalik⁴, S Evans-Lacko³, Prof. O Gureje⁴, M Jordans⁵, F Kigozi⁶, L Kola⁷, J Lamichhane⁶, Prof. C Lund⁹, J Mugisha⁶, Mr. I Petersen¹⁰, S Samudre¹¹, R Shidhaye¹¹, N Upadhaya¹², Prof. G Thornicroft, H Lempp²

¹- Addis Ababa University 2- King’s College London 3- King’s Collge London 4- University of Ibadan 5- HealthNet TPO 6- Butabika National Referral and Teaching Mental Hospital 7- University of Ibadan 8- Nepal Mental Health Foundation 9- University of Cape Town 10- University of KwaZulu-Natal 11- Public Health Foundation of India 12- Transcultural Psychosocial Organisation, Nepal

Background: Service user involvement in mental health policy, service planning, service monitoring, advocacy and research has the potential to strengthen the mental health system. The Emerald project aims to increase service user involvement in mental health system strengthening in six low- and middle-income countries (LMICs).

Methods: The following steps have been taken in the Emerald LMICs: (1) a scoping situation analysis of publically available documents to understand the baseline context, (2) a qualitative study with service users, caregivers, representative organisations, policy-makers and planners to explore the baseline level of involvement, barriers and facilitators to greater involvement (a total of 103 in-depth interviews were conducted), and (3) development and adaptation of training resources to empower service users for involvement.

Findings: In all of the Emerald LMICs the level of service user involvement is low, but there is variation in the degree of mobilisation of service users and numbers of representative organisations across countries. The qualitative study identified common barriers to involvement across sites: the need to prioritize their health care and mental health literacy of service users, competing priorities from service users due to poverty and needs for livelihoods, stigmatising attitudes from all levels of the system, power dynamics between professionals and service users, service users feeling ill-equipped to participate.

Differing models of service user involvement have now been developed across the Emerald countries. In three Emerald countries, PhD students are implementing models of service user involvement in primary care based mental health services and will evaluate the process and impact of involvement.

Conclusions: There is a lack of evidence to guide service user involvement in mental health system strengthening in LMICs. In the Emerald project, we are seeking to generate contextually relevant evidence to help to make involvement an integral part of primary care-based mental health care in LMICs.
Household Economic Impact Of Depression, Psychosis, Alcohol Use Disorder And Epilepsy: A Cross-sectional Survey In 6 Low And Middle-income Countries

Abstract Number: 289

EMERALD: EMERGING MENTAL HEALTH SYSTEMS IN LOW- AND MIDDLE-INCOME COUNTRIES
Symposium Type: Regular Symposium

Ms. S Docrat¹, Prof. C Lund¹, Dr. J Abdulmalik², R Adhikari³, Mr. A Alem⁴, A Fekadu⁴, Prof. O Gureje², D Hailemariam⁴, Y Hailemichael⁴, C Hanlon⁴, D Kizza⁵, S Nanda³, N Upadhaya³, D Chisholm⁷

¹ - University of Cape Town ² - University of Ibadan ³ - Transcultural Psychosocial Organization, Nepal ⁴ - Addis Ababa University ⁵ - Butabika National Referral and Teaching Mental Hospital ⁶ - Public Health Foundation of India ⁷ - World Health Organization

Background: The economic impact of illness on households in low and middle-income countries (LMIC) has been well documented. The adoption of the Sustainable Development Goals (SDGs), in particular the goal of universal health coverage reflects a commitment by the United Nations and many development partners to protect vulnerable households against the economically catastrophic consequences of illness. This is particularly important in the case of mental illness, which has long been neglected in international health and development policy and has now been included in the SDGs. It is crucial that research examines the household economic impact of mental illness in LMIC, to understand how mental illness and household economic status are related; and who should be offered financial risk protection, with the goal of improving equity. The aim of this study is to assess the impact of mental illness on household consumption, production and assets in six LMIC.

Methods: We conducted a cross-sectional household survey in one district in each of the six countries. The surveys were conducted in households with a member who was living with a mental, neurological or substance use disorder (alcohol use disorder, depression, epilepsy or psychosis) or a control physical health condition for which they were receiving care in a local primary care clinic.

Analysis and Results: Frequency distributions and univariate descriptive statistics will be presented as a preliminary analysis, to describe: means and/or medians of different categories of economic costs and total costs among households of both screen-positive and screen-negative individuals. Further analysis will be guided by testing a conceptual framework, developed by the authors, to illustrate several mechanisms by which the economic impacts of mental illness may differ from classic descriptions of the economic impacts of illness. This framework has informed a number of specific hypotheses which will be tested.
Abstract Number: 290

Strengthening Mental Health System Governance In Six Low-and Middle-income Countries In Africa And South Asia: Challenges And Opportunities

EMERALD: EMERGING MENTAL HEALTH SYSTEMS IN LOW- AND MIDDLE-INCOME COUNTRIES

Symposium Type: Regular Symposium

Mr. I Petersen 1, Dr. J Cole 2, Mr. M Semrau 3, D Marais 4, Dr. J Abdulmalik 5, S Ahuja 6, Mr. A Alem 7, D Chisholm 8, C Egbe 9, Prof. O Gureje 5, C Hanlon 7, Prof. C Lund 9, R Shidhaye 6, M Jordans 10, F Kigozi 11, J Mugisha 11, N Upadhaya 12, Prof. G Thornicroft

1 · University of KwaZulu-Natal 2 · King's College London 3 · University of Kwazulu-Natal 4 · University of Ibadan 6 · Public health Foundation of India 7 · Addis Ababa University 8 · World Health Organization 9 · University of Cape Town 10 · HealthNet TPO 11 · Butabika National Referral and Teaching Mental Hospital 12 · Transcultural Psychosocial Organization, Nepal

Poor governance has been identified as a barrier to effective integration of mental health care in low- and middle-income countries (LMICs). Governance includes providing the necessary policy framework to promote and protect the mental health of a population, health system design and quality assurance to ensure optimal policy implementation. The aim of this study was to identify key governance issues that need to be addressed in LMICs to facilitate adequate integration of mental health into primary and other generic settings and platforms in LMICs. Key informant qualitative interviews were held with 141 participants across six LMIC countries participating in the Emerging mental health systems in low- and middle-income countries (Emerald) research programme: Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda. Data were transcribed (and where necessary, translated into English) and analysed thematically using framework analysis, first at the country level then merged at a cross-country level. While there was generally good progress with regard to strategic vision in the form of the development of national mental health policies, key governance issues that emerged included: strengthening the capacity of managers at sub-national levels to develop and implement integrated plans; strengthening key aspects of essential health system building blocks to promote responsiveness, efficiency and effectiveness; developing workable mechanisms for inter-sectoral collaboration, community and service user engagement; and innovative approaches to improving mental health literacy and stigma reduction to increase access to care. In addition to the need for overall good governance of a health care system in LMICs, this study identifies a number of specific strategies to improve governance for integrated mental health care.
Telepsychiatry is the use of telecommunication and information technologies to provide psychiatric care at a distance. One widely used application of telepsychiatry is providing care through video-visits, which is cost-efficient, and provides continuity and equity of care. The patient and the healthcare provider meet in a virtual room by means of a secure videoconference system. The system can be used for consultation/liaison, for teaching, for diagnostics, psychological treatment and for monitoring treatment effects. In this symposium, experiences of applying telepsychiatry in different settings and countries will be shared. A short video connection with a psychiatrist in another country will be demonstrated.
Abstract Number: 402

An Overview Of International Applications Of Telepsychiatric Services

TELEPSYCHIATRY - INTERNATIONAL EXPERIENCES
Symposium Type: Regular Symposium

Dr. C Allgulander¹
¹ - Karolinska Institutet

The application of telepsychiatric services started in rural areas in the 1950s to create access to psychiatrists over long distances. It has since been implemented in Australia, Canada, the USA, South Africa, Denmark, Norway, Sweden, and more. Patient satisfaction is generally high, and there are no known contra-indications. It reduces cost of transport in correctional facilities, and transporting frail patients across distances. Psychiatrists can log on from home, from a clinic or while travelling. Costs incurred by transport and lodging are eliminated. There are, generally speaking, no legal hurdles.
Abstract Number: 485

Impressions Of A Year Of Telepsychiatric Services In Hudiksvall, North Sweden

TELEPSYCHIATRY - INTERNATIONAL EXPERIENCES
Symposium Type: Regular Symposium

Mr. A Svensson
1 - Gävleborg County, Sweden

While working in New South Wales, Australia, in 2010 I was impressed with the benefits of patient consultations by means of video across distances. As head of the county psychiatric clinic in Hudiksvall, north Sweden (pop. 37 000) with a large catchment area (18 000 sq. km) and a shortage of psychiatrists, I implemented telepsychiatric services in November 2015.

The outpatient teams have since been serviced weekly by remote psychiatrists for diagnostics and treatments. Patient consultations were added in March 2016. Anonymously the staff has rated the quality and value of these services. These ratings have come out between 4 and 5 on a 5 point scale.

In this presentation our experiences of telepsychiatric services will be shared with the audience.
Abstract Number: 573

Telepsychiatry In The Future

TELEPSYCHIATRY - INTERNATIONAL EXPERIENCES
Symposium Type: Regular Symposium

Mr. F Papadopoulos¹
¹ Dep. of Neuroscience, Psychiatry, Uppsala University, Sweden

There is an exponential growth in the usage of telepsychiatric services worldwide. Today, these services include mostly video-consultations and in a lesser degree messaging and store-and-forward techniques. The increasing computational power and the widespread usage of smartphones enable the development of new innovative ways for providing care. Mobile mental health (m-health) applications, real time emotion recognition and symptom monitoring, clinical decision support, virtual reality and holograms are expected to change the way telepsychiatry is practiced by healthcare providers and experienced by the patients and caregivers.
Abstract Number: 580

Telepsychiatry In South Africa -from Evidence To Practice?

TELEPSYCHIATRY - INTERNATIONAL EXPERIENCES
Symposium Type: Regular Symposium

Prof. J Chipps
1 - U. Western Cape

The aim of this research was to develop a clinical and educational model for the implementation of videoconference-based telepsychiatry in a resource poor environment such as South Africa.

Methodology: A mixed methods, modified seven stage framework was used to develop a model for telepsychiatry in KwaZulu-Natal, a province of South Africa. The stages were: Stage 1 - Engagement of Stakeholders; Stage 2 - A Quantitative Survey of Designated Hospitals to identify their needs in providing mental health services; Stage 3 - Quantitative Surveys of District Managers and Designated Hospital managers to assess their perceptions of e-health readiness for the implementation of possible telepsychiatry programs; Stage 4 - Review of evidence of effectiveness of clinical and educational telepsychiatry; Stage 5 - Development of clinical guidelines for telepsychiatry; Stage 6 - Implementation and evaluation of psychiatric registrar training programs and telepsychiatry educational and clinical outreach services; and Stage 7 – Synthesis of the findings from stages 2 to 6 into a model for telepsychiatry for South Africa.

Findings: KwaZulu-Natal has a severe shortage of specialist staff and services for mental health care users. There are only 32 psychiatrists. Most of the 50 designated psychiatric hospitals are ill equipped to provide mental health care. There is good evidence that telepsychiatry could be effective in complementing current outreach psychiatry services. KwaZulu-Natal has 30 hospitals with videoconference equipment and is well placed to provide videoconference-based education for psychiatric staff and clinical tele-consultation services for mental health care users, but there is a poor level of e-health readiness. Both clinical and educational projects were implemented.

Conclusion:
Using practice guidelines and a model for providing a coordinated and supported virtual service which is integrated into current outreach, telepsychiatry can support current strategies to address the needs of mental health care users.
To be successful, telemental health services need the trust of clinicians, service users and both formal and informal carers. The International Code of Practice for Telehealth Services provides a quality benchmark against which telemental, among other telehealth services, can be assessed and certified. In so doing, it provides a basis for that trust.

The Code addresses the way that services, related procedures and practices are organised and the way that risks are addressed. It also points to some of the skills, knowledge and competencies that are required by service staff. This is not done in a prescriptive way. Rather, the Code offers a framework that guides services and gives them flexibility in the way they respond to the needs of service users and carers. At the same time, some of the practical and psychological issues that impact on the effectiveness of ‘remote’ consultation, are recognised.

Service requirements that are addressed in the Code include the way in which communication takes place with users and carers. Specific attention is given to tele-consultations, whether undertaken via telephone, video-links (including interactive TV), and to the protocols that need to be in place for these. The Code also sets out requirements that will help to minimise the potential for people’s privacy or autonomy to be undermined.

The Code is, therefore, timely as more users and carers have access to affordable and portable (as well as fixed) technologies through which they can be reached or by which they can engage with telemental health services.
King's Sierra Leone Partnership (KSLP): providing mental health and psychosocial support (MHPSS) services as part of the emergency response during the Ebola Virus Disease (EVD) Outbreak in Sierra Leone

Prior to EVD mental health service provision in Sierra Leone was poor with a treatment gap of over 90%. The rate of MHPSS problems has increased following the outbreak. Providing MHPSS services was key to the successful Ebola response. KSLP is a capacity building organisation and were asked to support the emergency response and the post EVD recovery programme. During the outbreak KSLP worked in partnership with the Government of Sierra Leone to: 1. Maintain MHPSS services for all by creating a nurse-led service within the main acute hospital in the country. Integrated into the existing system and providing inpatient liaison services and an outpatient clinic for the local community. 2. Provide comprehensive and accessible care, for those affected by EVD, which was integrated into the general service. 3. Retain a healthy staff group by providing psychosocial support focusing on managing discrimination and stress, along with housing and occupational health needs. The mortality rate amongst infected health care workers was 60%. Staff were not only at risk of death, they faced stigma, blame and social exclusion. 4. Create a sustainable system resilient and able to withstand future emergencies. Building capacity through clinical supervision programme for mental health nurses, postgraduate and undergraduate training and mental health awareness training for health and social care workers. The purpose of this presentation is to: Inform the audience of the impact of the EVD outbreak on the mental health and social care systems in Sierra Leone. Share our experience of partnership; working with the government and partners to deliver programmed activities during and after the outbreak. Contribute to the knowledge base of best practice on health systems strengthening and resilience building within low resource settings during emergencies. The symposium will include an oral presentation, video contributions from service users and other stakeholders and discussion.
Abstract Number: 437

**Establishing A Mental Health And Psychosocial Support (mhpss) Service In Sierra Leone Following The Ebola Virus Disease Outbreak: An Integrated Approach To Care**

King’s Sierra Leone Partnership (KSLP): providing mental health and psychosocial support (MHPSS) services as part of the emergency response during the Ebola Virus Disease (EVD) Outbreak in Sierra Leone

Symposium Type: Regular Symposium

Mr. A Muana¹, Dr. S Kamara², Dr. A Walder³, A Kabbedijk³, P Hughes³

1 - Sierra Leone Psychiatric Hospital, Ministry of Health and Sanitation, Government of Sierra Leone 2 - King’s Sierra Leone Partnership 3 - King's Sierra Leone Partnership, King's Centre for Global Health, King's College London

**BACKGROUND:**

Ebola Virus Disease (EVD) worsened the fragile healthcare system in Sierra Leone. To improve access to care the Government created mental health units in each of the 14 districts. King’s Sierra Leone Partnership (KSLP) were asked to support the development of this new service at the main hospital in the country, Connaught Hospital.

**OBJECTIVES:**

To establish a nurse led MHPSS service integrated into the acute medical hospital; providing an inpatient liaison service and an outpatient clinic.

**METHODS:**

The service accepts referrals for individuals of any age with known or suspected mental health problems. Fees and charges are waived for those unable to pay. Other activities include support sessions (group and one-to-one) for EVD healthcare workers; mental health awareness training for general nurses; and outreach sessions to community hospitals.

**RESULTS OVER 12 MONTHS:**

Of the 140 patients seen: 52% (n=75) of them female; 19% (n=27) were children <17yrs; 55% were inpatients; 5% were EVD survivors; and 9% had been affected by EVD.

Disorders included: psychosis (21%, n=30), moderate-severe depression/emotional distress (12%, n=17), epilepsy/seizures (7%, n=10) and ‘other psychological complaints’ (50%, n=71) which included mild emotional distress/depression, mild anxiety disorders, grief and social problems.

Management included psychological interventions (61%, n=141); medication (14.6% n=34); and social interventions (25%, n=58).

Other services included staff support sessions (group and one-to-one) for EVD healthcare workers; mental health awareness training for general nurses; and outreach sessions to community hospitals.

**CONCLUSIONS:**

A successful partnership between the Health Ministry, KSLP and the hospital management enabled the establishment of a successfully integrated mental health service (increasing access to treatment and providing psychosocial support to Ebola healthcare workers during the outbreak).
Abstract Number: 686

Findings From A Neuropsychiatric Referral Clinic For Ebola Virus Disease Survivors: No One Size Fits All.

KING’S SIERRA LEONE PARTNERSHIP (KSLP): PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) SERVICES AS PART OF THE EMERGENCY RESPONSE DURING THE EBOLA VIRUS DISEASE (EVD) OUTBREAK IN SIERRA LEONE

Symposium Type: Regular Symposium

Dr. A Walder 1, P Howlett 2, M Lado 3, S Sevalie 3, D Lisk 4, F Sahr 3, F Sesay 3, A N’jai 4, M Solbrig 5

1 - King’s Sierra Leone Partnership, King’s Centre for Global Health, King’s College London 2 - King’s Sierra Leone Partnership 3 - 34th Regimental Military Hospital, Freetown, Sierra Leone 4 - Connaught Hospital, Government of Sierra Leone 5 - University of Kansas

Background: The West Africa Ebola Virus Disease (EVD) outbreak left over 17,000 survivors; 4051 – 5116 in Sierra Leone. Neurological, psychiatric sequelae (1,2) and psychological distress (3) have been reported. This study describes the findings of a detailed assessment of a cohort of referred EVD survivors.

Methods: Adult EVD survivors were selected from an established survivor cohort using defined criteria. At screening each underwent physician led history, neurological examination and psychiatric screening. Based on clinical criteria referrals were made to a joint neurological/psychiatric clinic and offered Brain Computer Tomography (CT) scanning. Psychiatric assessment included Mini International Neuropsychiatric Interview (MINI-plus), Mini Mental State Examination (MMSE) and World Health Organisation Disability Assessment Schedule 2 (WHODAS).

Results: 87/324 of the initial cohort fitted criteria, 45/87 were contactable, 38/87 attended screening. 60% (24/38) of those screened were referred to joint clinic; 79% (19/24) attended. 68% (13/19) were female with median age of 32 (IQR 26-41). 29% (5/17) had abnormalities on CT scanning. 63% (12/19) had symptoms requiring mental health follow up, the majority psychosocial. 26% (5/19) met criteria for mental disorder, most common diagnosis was Major Depressive Disorder. The most common neurological complaint, 47% (9/19) was headache. No significant cognitive deficit was found. Median WHODAS score was 8.33% (IQR 3.125 -13.54); disability was attributed to physical and psychological causes.

Conclusion:
A broad range and severity of neurological and psychiatric symptoms was found a year after discharge. Psychosocial problems are common; the majority required mental health follow up. Few fulfilled criteria for severe mental disorder, had significant cognitive deficits or severe disability scores. This clinic supports the need for screening in survivors and appropriate referral to specialist neurology, mental health and psychosocial services. Our data is limited by a lack of adapted, piloted tools for this population and supports the need for larger studies.
Abstract Number: 898

King’s Sierra Leone Partnership (kslp): Providing Mental Health And Psychosocial Support (mhpss) Services As Part Of The Emergency Response During The Ebola Virus Disease (evd) Outbreak In Sierra Leone

KING’S SIERRA LEONE PARTNERSHIP (KSLP): PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) SERVICES AS PART OF THE EMERGENCY RESPONSE DURING THE EBOLA VIRUS DISEASE (EVD) OUTBREAK IN SIERRA LEONE

Symposium Type: Regular Symposium

Dr. S Karama
1
1 - King’s Sierra Leone Partnership

Background: The West Africa Ebola Virus Disease (EVD) outbreak left over 17,000 survivors; 4051 – 5116 in Sierra Leone. Neurological, psychiatric sequelae (1,2) and psychological distress (3) have been reported. This study describes the findings of a detailed assessment of a cohort of referred EVD survivors.

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Symposium Number: 83

Training The New Generation: An International Perspective On Psychiatric Education

Symposium Type: Regular Symposium
Dr. M Asmer

Psychiatry training programs in Canada, the United Kingdom (U.K.), the United States (U.S.), Australia, and New Zealand have several similarities and notable differences. In Canada, Psychiatry residency programs require 5 years of training. Subspecialty fellowship opportunities are available in the fields of child and adolescent psychiatry, forensic, and geriatric psychiatry. In their first year, residents rotate through specialties such as internal medicine, family medicine, emergency medicine and neurology. Psychiatrists in the U.K. must complete undergraduate education, foundation years and Postgraduate training before gaining specialist qualification in Psychiatry. Training is structured and trainees are assessed based on series of assessments completed during clinical practice under supervision. Audits, knowledge of Clinical Governance, Research methods, Critical appraisals, publications and Teaching are promoted throughout training. American Psychiatry residency is completed in 4 years. Subspecialty training programs are similar to the Canadian options, and also include psychosomatic medicine, clinical neurophysiology, pain medicine, sleep medicine, and hospice and palliative medicine. Programs must complete competency based evaluations for each rotation and logs for psychotherapy competencies. Most programs the Canada and the U.S. are now shifting to a competency based structure. This system has already been in place since 2013 in New Zealand and Australia, where competency is measured through quarterly Entrustable Professional Activities (EPAs). This model of medical education focuses on residents achieving milestones prior to moving on to a new rotation, which will add more accountability to the learners. The focus will be on achieving specific skills and demonstrating performance, and not on time spent in specific rotations. All training models require the completion of a final clinical examination held by their respective National regulatory bodies. Our symposium will compare these models, and explore the shift towards competency-based training, and the advantages and potential challenges this will entail.
Abstract Number: 423

Psychiatry Residency Training In Canada - Perspectives On The Current System

TRAINING THE NEW GENERATION: AN INTERNATIONAL PERSPECTIVE ON PSYCHIATRIC EDUCATION
Symposium Type: Regular Symposium

Dr. M Asmer
1 - Queen's University

In Canada, psychiatry residency programs require 5 years of training. subspecialty fellowship opportunities are available in the fields of child and adolescent psychiatry, forensic, and geriatric psychiatry. In their first year, residents rotate through specialties such as internal medicine, family medicine, emergency medicine and neurology. They can do up to three months of psychiatry in their first year, and choose from a wide range of selective rotations as well. The second and third years of training comprises six months each of inpatient adult psychiatry, outpatient adult psychiatry, child and adolescent psychiatry and geriatric psychiatry. The fourth and fifth years of training involve rotations in rehabilitation psychiatry, consultation liaison psychiatry, shared care and a range of elective and selective experiences. In terms of psychotherapy training requirements, residents must develop competence in supportive, psychodynamic, and cognitive behavioral psychotherapies, and must complete 1200 hours or more of psychotherapy. Residents are exposed to other modalities such as interpersonal therapy, family therapy and dialectical behavior therapy. With regards to research, most programs require residents to complete at least one research project over the course of residency. Graduating residents complete the Royal College of Physicians and Surgeons of Canada Psychiatry Exam. The exam consists of both a written portion and an observed standardized clinical examination component. This seminar will describe the current system, and its advantages and disadvantages as compared to the new competency-based curriculum.
Abstract Number: 511

Change Ahead: The Shift To Competency Based Medical Education And What It Will Mean For Psychiatry Residency Training In Canada

TRAINING THE NEW GENERATION: AN INTERNATIONAL PERSPECTIVE ON PSYCHIATRIC EDUCATION
Symposium Type: Regular Symposium

Dr. S Pentold1, Dr. M Asmer2
1 - Queen's University, Canada 2 - Queen's University

The medical climate in Canada has changed significantly over the past few decades. Public demand for increased accountability among physicians continues to grow in response to cases of physician negligence and/or incompetence in the media. Healthcare costs and demands continue to balloon, while funding for healthcare freezes or shrinks. Although Canadian residents today are the most highly educated in history, there remains a potential for residents to graduate with gaps in knowledge and/or lacking essential skills or abilities. The CanMEDS framework of competencies (Medical Expert, Scholar, Leader, Communicator, Collaborator, Educator, Health Advocate and Professional) has guided assessment of residents across all specialties in Canada, but the Royal College is expanding on this framework with the Competency By Design initiative. This presentation will expand on the rationale for this shift, explore what the shift will look like and provide a demonstration of what a psychiatry resident’s journey through a CBME program would look like.
Abstract Number: 512

Psychiatry Training In The United Kingdom

TRAINING THE NEW GENERATION: AN INTERNATIONAL PERSPECTIVE ON PSYCHIATRIC EDUCATION
Symposium Type: Regular Symposium

Dr. T Munshi\textsuperscript{1}, Dr. M Asmer\textsuperscript{1}
\textsuperscript{1} - Queen's University

Psychiatrists in the United Kingdom (UK) have to complete undergraduate education, foundation years and Postgraduate training before gaining specialist qualification in Psychiatry. Postgraduate training is done in Royal College’s recognised training schemes in the UK and require clearing the Membership of the Royal College of Psychiatrists (MRCPsych) examination which is a mandatory requirement for gaining the Certificate of Completion of Training (CCT). Psychiatry training is structured and trainees are assessed based on a series of assessments called Work Place Based assessments completed during clinical practice under supervision.

Psychiatry training starts with:
1. A Medical degree (usually 5 years): All psychiatrists are qualified doctors, so first you must gain a place at a medical school.
2. Foundation training (2 years): After medical school you will spend 2 years working in a hospital as a ‘foundation program trainee.’ This will extend the knowledge and skills you have gained as a medical student.
3. Specialty training (usually 6 years): On completion of your foundation program you will undertake six years of specialty training; three year core training program (CT1-CT3) and three years in a higher training program (ST4-ST6).

Audits, knowledge of clinical governance, research methods, critical appraisals, publications and teaching is promoted throughout the training period.
Abstract Number: 513

Psychiatry Residency Training In The U.S.A.

TRAINING THE NEW GENERATION: AN INTERNATIONAL PERSPECTIVE ON PSYCHIATRIC EDUCATION
Symposium Type: Regular Symposium

Dr. M Mazhar1, Dr. M Asmer2
1 - Queen's University, Canada 2 - Queen's University

In the United States (U.S.), psychiatry categorical residency training consists of 4 years of training. Psychiatry residents must train for a minimum of 4 months in primary care, 2 in neurology, 6 in adult inpatient psychiatry, 12 in continuous adult outpatient psychiatry, 2 in child and adolescent psychiatry, 2 in consultation liaison psychiatry, 1 in geriatric psychiatry, and 1 in addiction psychiatry to sit for the board certification examination. Electives are usually completed during the final year of training. In terms of psychotherapy training requirements, residents are required to develop competence in applying supportive, psychodynamic, and cognitive behavioral psychotherapies. Residents are also exposed to research to promote an atmosphere of curiosity and academic inquiry. Most programs require trainees to participate in at least one quality-assessment and quality-improvement (QA/QI) project. Despite opportunity, research experiences during residency are typically brief and fragmented across years of training. Trainees are required to document patient logs and complete both written-Psychiatry Resident-In-Training Examination (PRITE) and Clinical Skills Verification (CSV) annual Examinations. Programs must complete competency based evaluations (usually including 360-degree evaluations) upon completion of each rotation. Graduating residents sit for the American Board of Psychiatry and Neurology (ABPN) examinations.
Abstract Number: 515

Psychiatry Training In Australia & New Zealand

TRAINING THE NEW GENERATION: AN INTERNATIONAL PERSPECTIVE ON PSYCHIATRIC EDUCATION
Symposium Type: Regular Symposium

Mr. J Adirim¹, Dr. M Asmer¹
1 - Queen's University

Beginning in 2013, the Royal Australian & New Zealand College of Psychiatrists (RANZCP) has adopted a competency-based psychiatric training program. Requirements for entrance to the program include a medical degree, a minimum of 1-year experience as a medical intern, and general registration as a medical practitioner. The training program lasts for 5 years and is broken up into 3 clinical stages. Stage 1 consists of year 1 of training and requires 12 months of experience in adult psychiatry with a minimum of 6 months to take place in an acute setting. Stage 2 consists of years 2 and 3 of training and requires 6 months of Child and Adolescent Psychiatry, 6 months of Consult-Liaison Psychiatry, and 1 year of electives. Stage 3 consists of 2 years of psychiatry electives. Throughout training, competency is measured through quarterly Entrustable Professional Activities (EPAs). Requirement for psychotherapy includes attaining competency in psychodynamic, supportive and cognitive-behavioural therapies, as well as completing a 1-year psychotherapeutic case with accompanying 10,000 word case write-up. There is a research requirement of completion of a minimum of 1 project during the program. The RANZCP exam consists of a multiple-choice exam, an essay exam, and a 12-station OSCE.
Symposium Number: 99

Emergency Screening Systems For Persons With Mental Illness: Enhancing Collaboration Between The Police, Health Care And Community Mental Health Professionals

Symposium Type: Regular Symposium
Dr. R Hoffman

This symposium will report on a new approach to screening and assessment of psychiatric patient safety and care issues that creates a more seamless collaborative relationship between police, hospitals and community mental health service providers. The interRAI Brief Mental Health Screener (BMHS) is a valid predictor of the characteristics of persons most likely to be taken to hospital by police officers and those persons most likely to be admitted. It enhances the ability of police officers to identify persons with serious mental disorders while providing an evidence-based framework to standardize police officer observations. This symposium will include three presentations the first of which will be on the RAI Mental Health (RAI MH) and the Emergency Screener for Psychiatry (ESP). The RAI MH is a comprehensive psychiatric assessment system used with all persons admitted to hospitals for inpatient psychiatric care while the ESP was developed as a comprehensive patient safety assessment with predictive algorithms for harm to self, harm to others and inability to care for self. The second presentation will focus on the development and use of the BMHS by over 5000 police officers as a mental health screening system. The benefits of its continued usage will be explored. The third presentation will centre on the impact the use of BMHS and ESP has had on mental health and addictions programs both inpatient and community and also the effect the BMHS has had on police service administration and resource management. The symposia will conclude with a discussion on how the use of these psychiatric assessment systems promotes better inter-agency and systems collaboration resulting in a more seamless system of psychiatric care.
Creation Of A Multidisciplinary Tourette Syndrome Clinic

Symposium Number: 114
Symposium Type: Regular Symposium
Dr. J Batterson

Tourette Syndrome is a neuropsychiatric disorder marked with tics and a high rate of mental disorders including Obsessive-Compulsive Disorder, Attention Deficit/Hyperactivity Disorder and Major Depression. Individuals with Tourette also have higher rates of learning disorders, processing delays and other neuropsychological disorders. Use of a multidisciplinary team to address these needs which include Neurology, Psychiatry, Neuropsychology, Nursing, Occupational Therapy and Family Therapy. We intend to have presentations from three of these disciplines including Psychiatry, Neurology and Neuropsychology to discuss their respective areas of work. We will discuss diagnosis, neurological implications, psychopharmacology and new psychological interventions including Comprehensive Behavioral Interventions for Tics (CBIT). We will also discuss the importance of testing for neuropsychological deficits.
Abstract Number: 603

Creation Of A Multi-disciplinary Tourette Syndrome Clinic

CREATION OF A MULTIDISCIPLINARY TOURETTE SYNDROME CLINIC
Symposium Type: Regular Symposium

Dr. J Batterson¹, Dr. K Coffman², J Hall¹
¹- Children's Mercy Kansas City 2- Children's Mercy Hospital

Objectives: 1. The participants will learn about a working model for collaboration between the disciplines in the treatment of children and adolescents with Tourette Syndrome.
2. Participants will learn about common neuropsychological deficits in patients with Tourette Syndrome.
3. Participants will learn about Neurological and Psychiatric treatments for Tourette

Methodology: Work has been done over the past 4 years to bring together the expertise of Neurologists, Psychiatrists, Nursing, Occupational Therapy, Family Therapy and Neuropsychological testing. The clinic treated 300 new patients and 850 patients overall in 2015.

Research: We plan to assess the impact of the clinic through the use of quality of life survey.

Conclusion: The clinic has been a success as measured by a strong referral base, strong verbal satisfaction and we suspect a quality of life survey will support this.
Symposium Number: 117

Integrating Primary Care And Mental Health In Southern Europe

Symposium Type: Zonal Symposium
Prof. Z Zemishlany

The over-arching policy direction for mental health systems in Europe in the last decades has been moving patients out of mental hospitals towards care in the community. This change necessitated the establishment and collaboration between community mental health centers, rehabilitation facilities and primary care physicians (GPs). In this Zonal Symposium each association will present the patterns of collaboration between primary care and mental health services in their country. The 3 formal presentations will focus on the "consultation-liaison model (Israel), telemedicine (Italy) and a Balint Group (Portugal), as tools to improve collaboration between psychiatrists and GPs in the treatment of common mental disorders. The representatives of other countries of the Zone will participate in the general discussion that will follow the formal presentations.
Abstract Number: 664

The Use Of Telemedicine Tools To Improve Collaboration Between Department Of Mental Health Psychiatrists And GPs For Treatment Of Common Mental Disorders

INTEGRATING PRIMARY CARE AND MENTAL HEALTH IN SOUTHERN EUROPE
Symposium Type: Zonal Symposium

Dr. E Zanalda
1 - Societa Italiana di Psichiatria

Since 1978 Italy became the first developed country to base its mental health care solely on a community network of mental health facilities. This process was neither linear nor uniform also because Public Health System provides services through regional authorities. In the 22 Italian regions the Department of Mental Health (DMH) distinguish their selves for catchment area and treatment competence. Other than treating adult psychiatric disorders, 25% of them can also treat neurodevelopmental disorders and/or substance related and addiction disorders, being equipped with specialized units for dependence or neuropsychiatric for youth. However, the increasing incidence of depression requires more collaboration with GPs, which, often, are the first contact with depressive patients. Telemedicine could be a useful tool to strengthen collaboration between psychiatrists and GPs. It may shorten the waiting list, enhance patients’ own skills and provide a quick and useful health network. In the last two years, Piemonte and Veneto regions have participated to MasterMind European Pilot Study for telemedicine implementation in the depression treatment. This project is implementing both computerized Cognitive Behavioral Treatment and the use of Video-Conference (VC) for patients with depression. This service will allow patients, GPs, and specialists (psychiatrists, psychologists and psychotherapists) to monitor patients’ condition during and after treatment by providing timely assistance with a reduction of traveling from one place to another of both patients and doctors. More precisely, regular VC sessions will be scheduled between patients and GPs (if patients require basic medical care), or patients and specialists (if patients require specialized assistance), or GPs and specialists (if GPs require clinical supervision on psychiatric and psychological issues from a specialist). The MasterMind project will also develop guidelines for promoting and facilitating the broader implementation across Europe of a safe, effective and efficient service.
Abstract Number: 673

Integrating Primary Care And Mental Health Practices By Means Of The Balint Groups Methodology In Portugal.

INTEGRATING PRIMARY CARE AND MENTAL HEALTH IN SOUTHERN EUROPE
Symposium Type: Zonal Symposium

Mr. Z Marques-Teixeira¹
1 - University of Porto

In Portugal, national, regional and local practices and programs within the co-operation between mental health services and primary health care (PHC) professionals have been implemented for the last thirty years, reinforced by mental health legislation since the nineties. PHC capacity-building actions aiming at enhancing general practitioners (GPs) attitudes, knowledge and skills, towards early detection and treatment of, in particular, common mental disorders, are relevant. An experience of a Balint Group for both, training GPs in mental health issues, and supervising their clinical activity in this field is described.
Abstract Number: 691

**The Israeli Reform: Integrating Mental Health Into Primary Care**

INTEGRATING PRIMARY CARE AND MENTAL HEALTH IN SOUTHERN EUROPE

Symposium Type: Zonal Symposium

Prof. Z Zemishlany
1 - Tel Aviv University

An important step toward integration of mental health into general health in Israel was initiated on 1 July 2015 within the framework of the Israeli Mental Health Reform. In this reform, psychiatric care was transferred from the state to the four health maintenance organizations (HMOs) providing general health services. As a consequence, the health providers have started a process of reorganizing the treatment of mental disorders, including the collaboration between primary care and psychiatrists. There is good evidence, from both randomized controlled trials and descriptive studies, that various collaboration models between psychiatrists and primary care physicians in the community may improve the psychiatric care of patients suffering from depression, anxiety and somatization disorders. The studies demonstrate that collaboration models increase accessibility and patient compliance, decrease stigmatization, and increase remission rates of depressive disorders. An additional consequence is augmentation of primary staff skills and knowledge in the field of psychiatry while fostering a humanistic atmosphere in the primary clinic. The various patterns of collaboration, from a single point of referral to a psychiatric consultation and to the "consultation-liaison" model will be discussed. There is no single best practice model that can be followed by all. The collaboration model should be adjusted to the local capacities of the primary care and mental health systems. Intertating mental health into primary care is the most viable way of ensuring that people have access to the mental health care they need. Collaboration between psychiatrists and primary care physicians, as well as education programs, are essential to increase the skills and confidence of the GPs to effectively assess, diagnose, treat and refer people with mental disorders. Mental health care delivered in primary care minimizes stigma and in the long run may save time for the GPs and financial resources for the health providers.
Symposium Number: 86


Symposium Type: Regular Symposium
Dr. T Van Bortel

Worldwide, an estimate one-in-four people experience a mental health problem at one point in their life. This number of people, however, does not measure the suffering, isolation, lost productivity, brake on developing human potential and on development in general for countries. Mental health problems such as depression, burnout, substance use disorders or dementia can affect large parts of a country’s population. While this common phenomenon drains the economy through absenteeism and healthcare costs, the persisting stigma and taboo surrounding these illnesses makes the uptake of solutions at business and government levels slow and difficult. Simultaneously, stigma of mental ill-health often prevents the many employees affected by mental ill-health to seek help. Several questions have been raised about the responsibility of the employer to help reduce stigma related to mental ill-health. An increasing amount of businesses advocate that investing in a mentally healthy workforce is good business. It can lower total medical costs, increase productivity, decrease the number of sick days and disability costs and more. Over the past two years, the work of the Global Agenda Council on Mental Health - hosted by the World Economic Forum - has focused on this and has launched a website highlighting actions that can be taken to work towards a mentally healthy organisation (http://www.joinmq.org/pages/seven-actions-towards-a-mentally-healthy-organisation) which is aimed at helping individuals - at any level within an organization - to develop and build the case for tackling mental ill-health in the workplace. This symposium sets out the Council’s work providing an insight into the benefits of a mentally healthy work environment, the motivation or case for investment in mental health in the workplace, global Case Study learnings from what companies and organisations worldwide are already putting into place, and an overview of our toolkit with resources to get started and/or learn more.
Abstract Number: 873

Introducing The Wef Global Agenda Council On Mental Health And The ‘seven-steps Guide’

'SEVEN ACTIONS TOWARDS A MENTALLY HEALTHY ORGANISATION' - WORLD ECONOMIC FORUM GLOBAL AGENDA COUNCIL ON MENTAL HEALTH (2014-2016)

Symposium Type: Regular Symposium

Dr. S Saxena
1 - World Health Organisation, Geneva

To the individual mental illness can be isolating, exhausting and sometimes deadly. But it also takes its toll more broadly on organisations and businesses across the globe. Whether it is a small business or a multi-national FTSE 100 company, tackling mental illness head on is a necessity in today’s world. Over the past 15 years there has been an increase in the awareness, acceptance and action in mental health in many domains including the workplace. This introductory presentation of the WEF Symposium on ‘Mentally Healthy Organisations’ will provide a brief overview of: (1) What the issues are; (2) What can be done; (3) Who should be involved; (4) The importance of awareness of the workplace environment and how it can be adapted; (5) and a brief overview of the Seven Steps Guide developed by the World Economic Forum Global Agenda Council on Mental Health (2014-2016), which will then be discussed in more depth in the subsequent presentations.
Abstract Number: 874

The Business Case: Learning From Motivations Of Organisational Leaders And The Economic Case For Investing In Mental Health In The Workplace

'SEVEN ACTIONS TOWARDS A MENTALLY HEALTHY ORGANISATION' - WORLD ECONOMIC FORUM GLOBAL AGENDA COUNCIL ON MENTAL HEALTH (2014-2016)
Symposium Type: Regular Symposium

Prof. D Bhugra¹
¹ - CAREIF

From an investors’ or owners’ perspective, policies that promote mental health are good not only for the people who work for the organisation but also for its financial performance. For many employers protecting, supporting and enhancing the mental health and wellbeing of employees is the primary motivation for undertaking action. There is a body of evidence that details the economic costs related to workplace mental health, covering absenteeism, presenteeism and the wider costs of staff turnover and recruitment. In addition, there is also evidence and case studies that point toward practices that are effective in addressing risk factors and in building resilience to overcome and manage life’s stressors. This comes at a time of significant economic upheaval and organisational pressures to do more with less as well as an ever-growing appreciation that companies’ greatest assets are their people. During this presentation, key learnings from the motivations of organisational leaders and the economic case for investing in mental health in the workplace are being set out and discussed.
Abstract Number: 875

Global Organisational Case Studies And Findings

‘SEVEN ACTIONS TOWARDS A MENTALLY HEALTHY ORGANISATION’ - WORLD ECONOMIC FORUM GLOBAL AGENDA COUNCIL ON MENTAL HEALTH (2014-2016)

Symposium Type: Regular Symposium

Dr. T Van Bortel
1 - University of Cambridge

Around the world, companies and organisations are increasingly recognising mental health as an essential component of promoting employee health and welfare and, consequently, are putting mental health policies into place. As part of the World Economic Agenda Council research for the compilation of the ‘Seven-Steps Guide’, global examples of organisational case studies were collated and analysed. In total, 23 global organisations took part. These case studies will be set out and discussed in this talk as well as the key learnings and innovation drawn from their analysis. The case studies represent diversity of industry, work population, and continents; however, the main (though not sole) focus is on large corporates and Western high income countries (the multiple reasons for this will be discussed too). The company case-studies are based on information that was provided by organisations in response to a one-page in-depth questionnaire and interview investigating the different organisational strategies to foster a culture of good mental health in the workplace globally. Of particular interest were holistic and integrated approaches to health and employee welfare, including mental, physical, spiritual, social, and environmental aspects of health. The three broad areas of interest in the questionnaire revolved around: (1) The development stage of any policies and practices to address and promote mental health in the workplace, (2) The details of these policies and practices, (3) Monitoring and effectiveness of these policies and practices, all of which will be discussed in this Case Study presentation.
Abstract Number: 876

Wef Mentally Healthy Organisations’ Toolbox, Learnings And Conclusions

‘SEVEN ACTIONS TOWARDS A MENTALLY HEALTHY ORGANISATION’ - WORLD ECONOMIC FORUM GLOBAL AGENDA COUNCIL ON MENTAL HEALTH (2014-2016)

Symposium Type: Regular Symposium

Mr. P Collins

Every organisation is different, and will require a unique set of policies to best deal with the needs of its staff. It’s therefore important to identify what these needs are, and how a workplace mental health programme could begin to address these. The European Network for Workplace Health Promotion (ENWHP) has produced a questionnaire whose questions will help you focus on key workplace issues. There are a range of different tools available to start building your workplace mental health policies. The resources set out in the WEF Toolbox provide a solid starting ground in addressing the needs of you and your colleagues. The types of resources available in the WEF Toolbox are categorised by: (1) Educational materials, (2) Local training programmes, (3) Diagnostic tools, (4) Mental health and well-being interventions, (5) Mental health and well-being strategies, (6) Managing a good mental health and well-being culture. The WEF Mentally Healthy Organisations’ Toolbox and Learnings will be set out and discussed in this presentation and final conclusions from the overall WEF work will be drawn to conclude this symposium.
Symposium Number: 73

Global Mental Health: Challenges And Opportunities

Symposium Type: Regular Symposium
Dr. S Okpaku

There is an abundance of definitions of globalisation. They all emphasize an ascendency of capitalism and interconnectivity in an ever shrinking world space. Four major dimensions can be distilled from these definitions. These dimensions are historical, economic, political and socio cultural, for example many low income and middle income countries have had a recent colonial part and the majority are non-western. Hence globalisation has not gained a universal acceptance as evidenced by demonstrations at G10 meetings. In fact it has been suggested that globalisation is a back door approach to neo-colonization and that the process has had a further marginalization of countries in Africa, South America and Asia. Similarly global mental health has not gained a universal acceptance. The Grand Challenges report of 2011 was criticized for lack of sensitivity to local conditions and cultures. There is a suspicion of westernization and over medicalization of mental health and illness. In attempting to reduce the tension between the different schools, a definition of global mental health is offered. This definition identifies five criteria-namely universal and transnational, public health, stakeholders, problem ownership, and team criteria. This symposium will address aspects of this approach to global mental health. Objectives At the conclusion of the symposium attendees will have: 1) a better appreciation of the debate surrounding the definition of global mental health 2) a better understanding and ability to distinguish global mental health from its predecessor-community mental health. Reference: Okpaku SO (2014) History and background of global mental health, Essentials of Global Mental Health, Cambridge University Press.
Abstract Number: 442

Am I My Brother's Keeper An Overview Of Global Mental Health-history, Challenges, Opportunities, And Criticisms.

GLOBAL MENTAL HEALTH: CHALLENGES AND OPPORTUNITIES
Symposium Type: Regular Symposium

Dr. S Okpaku
1 - Center for Health Culture and Society

Global health and global mental health are shifts in paradigm that are in response to the globalization process. Meanwhile, there is a shift in the definition and portfolio of health to include for example human rights and climate change. Many rich nations are beginning to include health policies within their foreign policies. Many stakeholders share the international vision of equity to all. We are in this together.

This presentation will give a history of global mental health. It will present a definition of global mental health along 5 criteria. This definition as will be useful for research and scholarship. The presentation will highlight what some of the rich countries are contributing to global health, and what more they can do. It will also highlight the reciprocal benefits not only in terms of cultural and friendship benefits, but also potential education, research, and training benefits. It will define global mental health as the range of activities concerned with health that meets five principal criteria: universal and transuniversal criterion; public health criterion; stakeholder's criterion; problem ownership criterion; and team criterion. This definition distinguishes it from community mental health and it allows for us likely to facilitate scholarship and research.

Global mental health like the overarching process of globalization is not without any criticism. There is a vocal group that challenges the westernization and over medicalization of mental health. The role of such group as a watch dog will also be presented.
Abstract Number: 443

The Burden And Treatment Gap Of Mental Illness

GLOBAL MENTAL HEALTH: CHALLENGES AND OPPORTUNITIES
Symposium Type: Regular Symposium

Prof. R Kohn ¹, Dr. S Okpaku ²
1 - Brown University 2 - Center for Health Culture and Society

Well-designed epidemiological studies that provide information on prevalence of mental illness and utilization of mental health services exist. The WHO Atlas and the WHO-AIMS provides information on mental health resources and services for many countries. Using data from the Americas as an example, the burden of disease for neuropsychiatric disorders accounts for 15.5% of all DALYs and 38.2% of all YLDs. Yet in Latin America the average mental health care budget is only 2.25% of the total budget, with 83% going to long term care mental hospitals. For severe and moderate disorders among adults with affective disorders, anxiety disorders and substance use disorders, the median treatment gap is estimated to be 73.5% for the Americas, 47.2% for North America, and 77.9% for Latin America. For all disorders regardless of severity the treatment gap in the Americas is 78.1%. The treatment gap in the United States for schizophrenia is 42.0%. However, for Latin America and the Caribbean the treatment gap is 56.4%. The median treatment gap for the Americas for children and adolescents is 63.8% and 52.6% for severe disorders. Barriers to care continue to need to be bridged, and are one of the main obstacles to reducing the treatment gap.
Abstract Number: 444

Task Shifting And Sharing Opportunities And Caveats-perspectives Of Stakeholders In A West African Nation

GLOBAL MENTAL HEALTH: CHALLENGES AND OPPORTUNITIES
Symposium Type: Regular Symposium

Mr. V Agyapong
1
1 - University of Alberta

Recent years have seen growing interest in the effectiveness of task shifting as a strategy for addressing expanding health care challenges in settings with shortages of qualified health personnel. In Ghana, task-shifting has been practiced within the mental health care delivery system for several decades due to the absence of adequate numbers of trained psychiatrists. With a population of almost 25 million people, the West African nation Ghana has only 18 trained psychiatrists (with just 12 in active public sector service) who practice mainly in the southern half of the country. Four of the ten regions of Ghana have no psychiatrist and in these regions, mental health delivery, if available, is provided primarily by Community Mental Health Nurses, Community Mental Health Officers and Clinical Psychiatry Officers who serve as gate keepers of mental health for large sections of the Ghanaian population. This study sought to generate new knowledge on the impact and challenges associated with task shifting on the West African nation’s mental health delivery system from the perspectives of stakeholders. We evaluate proposals from stakeholders including psychiatrists, community mental health workers, senior policy makers and policy coordinators on how to overcome the challenges posed by task shifting.
Abstract Number: 445

Global Mental Health: Undergraduate And Graduate Medical Education Perspectives

GLOBAL MENTAL HEALTH: CHALLENGES AND OPPORTUNITIES
Symposium Type: Regular Symposium

Dr. M Smith

International health education experiences have contributed to improved cultural competence, acquisition of knowledge, and development of valuable skills in medical students and residents, but there has been a relative lag in understanding Psychiatry’s potential to be involved in educational global health experiences. Academic psychiatrists are beginning to recognize the value of developing and supporting clinical and educational relationships globally and are creating collaborative partnerships with this in mind. Clinical educators recognize the benefits of their students’ and residents’ involvement in countries with limited health care resources, and are recognizing the multiple benefits that these learners bring back to their academic health centers. While these future health care professionals may return home with more nuanced perspectives regarding access to care and population health, opportunities to learn about local philosophies and traditions are frequently missed.

This presentation will examine implementation of community-building practices in the U.S. that were inspired by years of travel to Southern Africa to teach faith leaders about mental illnesses, HIV infection, and neglected tropical diseases. The author will discuss how the focus on the interconnectedness learned abroad has been adopted as the organizing principle in collaborating with academic and community-based partners to implement an innovative health care workforce development initiative. She will explain how lessons learned from faith and community leaders in Zambia and D.R. Congo were utilized to bring health professions students and individuals with limited access to health care together to start promoting health and wellness in their local community and how students, residents, and the local community benefit from this global exchange, regardless of whether they travel abroad to participate in global mental health. Initiatives currently being developed at the national and international levels to promote medical student and resident involvement in global mental health experiences will also be explored.
Symposium Number: 79

Design And Delivery Of Care Pathways (part 2)

Symposium Type: Regular Symposium
Dr. M Kar Ray

Care pathways have become the norm for mental health care delivery. The series of two symposiums provides insights into processes involved in design and delivery of pathways across a spectrum of diagnostic groups and settings. Cambridge has a track record of delivering innovative service models. We will provide an overview of the various pathways in our services and the hurdles one would expect to overcome. There are certain pathways like Early Interventions (EI) in Psychosis which have turned into an international movement. The EI agenda provides a unique case study of what works. The perinatal pathway has had recent impetus in the UK in the hope of setting up another preventative approach to circumvent poor health running from one generation to the next. The inpatient Personality Disorder pathway takes us to the other extreme and shows how recovery principles are as applicable at the severe end as well. In part 2 of the symposium we will begin with the 333 model of acute inpatient care. It comprise of a 3 day assessment, 3 weeks treatment, 3 months recovery pathway backed up by home treatment. The latter overlaps with Emergency Departments which is often where patients end up if there are gaps between inpatient and community care. Findings from a new systems approach to reduce out of hours A&E presentation will be shared. The community personality disorder pathway will provide a further example of integrating community care across pathways. The symposium will finish with insights from our efforts to set up a PRImary care Service for Mental health (PRISM). It is an attempt to reverse the pyramid of investment and manage demand at the earliest step and facilitate specialist care pathway delivery in secondary care.
Abstract Number: 500

333 - Shifting Mindsets In Acute Care Delivery

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 2)
Symposium Type: Regular Symposium

Dr. M Kar Ray¹
¹ - Cambridgeshire and Peterborough NHS Foundation Trust

A radical redesign of mental health acute care has been implemented in Cambridgeshire and Peterborough NHS Foundation Trust. Traditional ward based care has been replaced by functionalized time limited pathways focused on assessment and specific interventions. The Crisis Resolution and Home Treatment Team provides the foundation for three recovery oriented inpatient pathways: 3 day assessment, 3 week treatment and 3 month recovery.

The pathways are underpinned by recovery principles of finding and maintaining hope, re-establishment of a positive identity and building a life that is meaningful to the person. Making common sense common practice has been key. Patients do not fit into pathways, the pathways fit around the patient. Time scales are indicative and not absolute. Staff and patients working in partnership set up realistic but challenging milestones towards which they work together and hold themselves to account. A balance sheet approach to safety planning and regular scrutiny of how a particular intervention is adding value to an individual is crucial.

The focused approach on recovery has reduced lengths of stay and ensured that any stay on any ward is meaningful and adds value. The bed capacity that has been created has made the acute care service more responsive resulting in earlier intervention, decreased suffering and improved outcomes. We have delivered on ‘smaller ward sizes at the heart of healing environments’ initiative. Over 60 patients placed out of area long term, have returned home and bed stock has been reduced by over 50. ‘Quality Up, Costs Down’ is at the heart of 333. The evaluation of these pathways has showed consistent high scores on all the quality metrics (integrated assessment tool, respect-enablement-value scores, patient experience survey scores). Interestingly even on readmission rates they have outperformed the traditional locality based wards which had much longer periods of stay.
Abstract Number: 501

Psychiatry In The Emergency Department: The Cambridge Experience

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 2)
Symposium Type: Regular Symposium

Mr. Z Green-Thompson
1 - Cambridgeshire and Peterborough NHS Foundation Trust

Striving to provide excellence in care in the Emergency Department setting for patients with psychiatric illness is said to require a patient-centred approach especially where patients are agitated. The PROMISE (PROactive Management of Integrated Services & Environments) vision itself, to “promote dignity by eliminating force in mental health”, is part of the foundation of excellent care.

The environment of a modern ED however lends itself poorly to providing a calm, familiar and safe setting due to the pace, noise and multifold purpose. Where patients do not require urgent medical treatment (e.g. DSH or overdose related) however, ED attendance can serve as a litmus test for community psychiatric services.

These efforts to obviate the need for patients in distress to present to the ED do not begin or end at the front door of the ED. In Cambridge a First Response Service and a Sanctuary has been set up to circumvent such ED presentations. Lessons derived from this – a systems approach integrating the ED, paramedics, police, GPs and the wider community will be shared to set up a cycle of continuous improvement.

Teaching is another core role for a psychiatric team serving an ED and targeted training of ED staff – the front door of the entire health ecosystem – is imperative. Understanding the concept of patient capacity (incl. how to act in a patient’s best interests), guidelines on managing agitation (with an emphasis on verbal de-escalation first rather than reacting immediately with rapid tranquillisation) are but two areas of focus.

In this light innovative further attempt to fashion responsive out of hours psychiatric care in the community are vital. A systems approach is requisite to best achieve the patient-centred approach we aim for.
Abstract Number: 502

Personality Disorder Pathway - Efficient And Effective

DESIGN AND DELIVERY OF CARE PATHWAYS (PART 2)
Symposium Type: Regular Symposium

Mr. P Peters
1 - Cambridgeshire and Peterborough NHS Foundation Trust

Patients with personality disorders tend to be difficult to help, overwhelming, complex, chaotic, and don't easily fit into generic treatment models. Treatment becomes ineffective because those with PD get excluded; or inefficient because they can feel too risky to discharge.

We used our collective clinical experience as well as research evidence to design a pathway that would address these particular clinical challenges as well as the resource limitations that we faced. Offering treatment in groups is a way of improving efficacy and efficiency, as is the team structure which is delineated along functional lines with no one person having full responsibility for any single patient. The patient graduates through different stages of the treatment pathway. Treatment is biopsychosocial, paying attention to all aspects of the patient’s functioning and addressing attitudes and behaviour in the wider community. Interventions are time limited and structured, and because patients know exactly what is on offer, their expectations are managed from the very beginning. Endings are therefore addressed from the outset.

Risk tends to escalate at times of transition i.e. coming into treatment, changes of staffing, and especially discharge. The duty/crisis team running alongside treatment pathways provides a container of risk, and allows the rest of the system to function more therapeutically and to hold the boundaries of the treatment process.

Staff operate as a “team mind” - a cohesive multidisciplinary group of people who work within a flattened hierarchy to hold patients collectively. The consultant psychiatrists and senior clinicians provide a supervisory, consultative function, being readily available to the team. This prevents the patient becoming over-attached to individuals, prevents burnout and acting out of unhelpful dynamics. Our strapline is “Wellbeing through integration” – both within the patient, in the pathway, and in the wider community.
Abstract Number: 503

**Prism - Primary Care Service For Mental Health**

**DESIGN AND DELIVERY OF CARE PATHWAYS (PART 2)**

Symposium Type: Regular Symposium

Mr. N Kanakakahewa¹
1 - Cambridgeshire and Peterborough NHS Foundation Trust

Primary care supports a population and has very limited control on demand growth. Secondary care is often set up around delivering interventions and have a caseload model which defines the capacity of practitioners. Within primary care resources to provide an appropriate service is minimal, this translates into referrals into secondary care. Increasing numbers result in higher thresholds for entry into secondary care. So the demand capacity chasm keeps growing and patients keep falling through the gap. Opportunities for early interventions are lost and when the patient does meet the threshold, they are often so unwell that they need much higher levels and length of support which then perpetuates the cycle of demand capacity mismatch.

PRISM is an attempt to break this spiral by setting up a primary care service for mental health which can support both with step down as well as step up. Stratifying the need and ensuring that patients go on to the right step of a stepped care model makes the process lean and improves access. Risk stratification on serious mental illness registers for those who have been stepped down can also provide a unique way to work proactively with an entire population. The goal is to spot early warning signs and enable rapid reaccess without patients getting very unwell. For such an approach it is imperative that secondary care interventions have a considerable focus on self-management so that patients can be supported in primary care like any other patient with physical illness. This promotes recovery and does not foster dependence and maintenance. A diverse workforce that comprises of those with professional and lived experience of mental health is needed. To triage and assess, they need breadth of knowledge and experience and access to colleagues in secondary care who have depth of knowledge and provide specialist interventions.
Abstract Number: 681

An Academic and Research Inpatient Unit for Children and Adolescents with Autism and Intellectual Disability in Psychiatric Crisis: The Perspective of a Charge Nurse

AN ACADEMIC AND RESEARCH INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS WITH AUTISM AND INTELLECTUAL DISABILITY IN PSYCHIATRIC CRISIS.

Symposium Type: Regular Symposium

Dr. D Kaplan¹, Mr. L Sheridan, RN, BSN², Dr. H Apencha³, B Rossman, MA⁴

¹ - Sheppardpratt.org 2 - Sheppard Pratt Psychiatric Hospital Maryland, USA 3 - Sheppard Pratt Health System 4 - Sheppard Pratt Psychiatric Hospital

Neuropsychiatric nurses provide care to patients with severe and persistent behavioral problems related to an developmental illness or syndrome. The majority of our patients are admitted due to imminent physical threat to self or others. The etiology of the observed self-injurious behavior or physical aggression varies and is determined by the team. Our nurses, especially the Charge Nurse, can best be described as the pulse of the clinical unit. They are responsible for maintaining the safety and standard of care of patients, the safety and assignments of direct-care staff, need to possess an in-depth knowledge of all patients, must advocate for all medical and psychiatric needs and effectively communicate with the multidisciplinary team. One of the vital functions of a neuropsychiatric nurse is to administer medications, specific to the patients' needs. The patient population frequently requires patient specific medication administration techniques secondary to physiological abnormalities or sensory problems. As these medications are titrated or tapered, nurses constantly assess each patient's responses. All nurses have the training to assess the response to somatic edications. Neuropsychiatric nurses however not only focus on the somatic response to a medication, but are also trained to assess the patient's behavioral response. During medication trials, functional assessments are completed by neuropsychiatric nurses to obtain an accurate picture of the presenting behavioral problems, and then the response to psychotropie medication. Child and adolescent neuropsychiatry is a rapidly developing field and increased numbers of well-trained pediatric neuropsychiatric nurses are essential. Historically psychiatric nursing has recruited from a pool of newly graduated nurses, The field of pediatric neuropsychiatry however, needs to place a higher standard on initial and continued education and know how to recruit nurses that are lifelong learners.
Abstract Number: 801

An Academic And Research Inpatient Unit For Children And Adolescents With Autism And Intellectual Disability In Psychiatric Crisis: Overview

AN ACADEMIC AND RESEARCH INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS WITH AUTISM AND INTELLECTUAL DISABILITY IN PSYCHIATRIC CRISIS.
Symposium Type: Regular Symposium

Dr. D Kaplan¹
1 - Sheppardpratt.org

Our specialized coed inpatient unit cares for children aged 4-18 who suffer from Autism Spectrum Disorders and Intellectual and Developmental Disabilities. We have 14 beds with an average length of stay of 12-14 days. Apart from 2 double rooms all patients have private en-suite rooms. The program is richly staffed with 2 child and adolescent psychiatrists (subspecialized in developmental disabilities), specialized nurses, and the following full time staff: 2 ABA trained behavioral therapists, a speech pathologist, 2 social workers, an OT, a discharge coordinator, 10 daytime and evening, and 5 nighttime mental health workers, and a part time art/dance therapist and teacher. In addition we have a consulting pediatrician, pediatric pharmacist, eating disorder psychiatrists, forensic psychiatrists and trauma psychologist. Additionally six Child and Adolescent Psychiatry Fellows spend 2 months rotating back to back on our unit every year. Available investigations include cognitive and psychological testing, EEGs, EKGs, ADOS testing, genetic testing, and MRI studies. Our primary treatment modalities are psychotropic medication and behavioral therapy but we utilize other therapies as indicated, including sensory integration, DBT and sand tray work. A recent addition is a series of books from the UK called “Books Beyond Words”. We also heavily utilize technology with an electronic medical record and 3 large TV monitors displaying each patients behavioral graphs and treatment plan. The patients have the use of 8 iPads for communication training, education and entertainment. Four years ago the unit became a founding member of the Autism and Developmental Disabilities Inpatient Research Consortium (ADDIRC) funded mainly by the Simons Foundation to study hospitalized severely autistic children and adolescents in psychiatric crisis. The funding for the consortium for the past 4 and next 2 years amounts to 3 million dollars and provides partial salary support for the 2 PIs and funding to the hospital.
Abstract Number: 802

An Academic And Research Inpatient Unit For Children And Adolescents With Autism And Intellectual Disability In Psychiatric Crisis: The Perspective Of The Behavioral Tech/mental Health Worker

AN ACADEMIC AND RESEARCH INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS WITH AUTISM AND INTELLECTUAL DISABILITY IN PSYCHIATRIC CRISIS.

Symposium Type: Regular Symposium

Dr. H Apencha
1 - Sheppard Pratt Health System

Despite the growing realization that children with autism with or without intellectual disabilities are prone to mental health problems, clinicians continue to be challenged in recognizing their psychiatric disorders. Few studies have addressed the daily challenges faced by the caregivers of children diagnosed with autism spectrum disorder. This presentation will firstly examine the experience of the Behavioral Tech/MHW, the challenges they face, and their coping mechanisms. Secondly I will describe how the MHW collects behavioral data and how it is analyzed, deals with challenging patient behavior; deals with criticisms from coworkers, and deals with the lack of support for the MHW at times and finally the emotional well-being of the MHW. Thirdly I will highlight the key strategies and resources that mental health workers have found helpful. Forth I will highlight the strategies employed by MHWs to give support to the patients on the unit. I will discuss our higher staff to patient ratio and how to provide care safely, in the least restrictive environment, stressing documentable clinical effectiveness, and multi-disciplinary teamwork with the patient and family. Fifth I will discuss how MHWs encourage positive change in the patient’s life by focusing on the development of increased independence and self-help skills, working to reintegrate them into the community as effectively and efficiently as possible. Finally in this presentation I will demonstrate how our mental health workers are motivated to provide comprehensive, continuous, and coordinated care to strengthen the patient-family dyad and promote the full development and societal inclusion of children with autism.
Abstract Number: 803

An Academic And Research Inpatient Unit For Children And Adolescents With Autism And Intellectual Disability In Psychiatric Crisis: Neuropsychological Testing

AN ACADEMIC AND RESEARCH INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS WITH AUTISM AND INTELLECTUAL DISABILITY IN PSYCHIATRIC CRISIS.

Symposium Type: Regular Symposium

Mr. B Rossman¹
1 - Sheppard Pratt Psychiatric Hospital

I have been working as a psychology associate under psychologist Dr. Melinda Stein Ph.D for several years doing intelligence testing and have recently begun autism assessment through ADDIRC (Autism and Developmental Inpatient Research Consortium). When the various units wish to clarify a diagnosis of intellectual disability I will administer the WISC-V or WAIS-IV to obtain information regarding cognitive functioning. Likewise, when a unit wishes to clarify an autism diagnosis, I am able to administer the ADOS-2 assessment to assess the likelihood of autism as a diagnosis which is also used in a national study regarding inpatient treatment of children and adolescents with autism.
Abstract Number: 899

Reflections From The Ground: The Personal Impact Of Ebola Virus Disease

KING’S SIERRA LEONE PARTNERSHIP (KSLP): PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) SERVICES AS PART OF THE EMERGENCY RESPONSE DURING THE EBOLA VIRUS DISEASE (EVD) OUTBREAK IN SIERRA LEONE

Symposium Type: Regular Symposium

Dr. A Walder¹, S Sevalie²
1 - King's Sierra Leone Partnership, King's Centre for Global Health, King's College London 3 - 34th Regimental Military Hospital, Freetown, Sierra Leone

Background: The West Africa Ebola Virus Disease (EVD) outbreak left over 17,000 survivors; 4051–5116 in Sierra Leone. Neurological, psychiatric sequelae (1,2) and psychological distress (3) have been reported. This study describes the findings of a detailed assessment of a cohort of referred EVD survivors.

Methods: Adult EVD survivors were selected from an established survivor cohort using defined criteria. At screening each underwent physician led history, neurological examination and psychiatric screening. Based on clinical criteria referrals were made to a joint neurological/psychiatric clinic and offered Brain Computer Tomography (CT) scanning. Psychiatric assessment included Mini International Neuropsychiatric Interview (MINI-plus), Mini Mental State Examination (MMSE) and World Health Organisation Disability Assessment Schedule 2 (WHODAS).

Results: 87/324 of the initial cohort fitted criteria, 45/87 were contactable, 38/87 attended screening. 60% (24/38) of those screened were referred to joint clinic; 79% (19/24) attended. 68% (13/19) were female with median age of 32 (IQR 26-41). 29% (5/17) had abnormalities on CT scanning. 63% (12/19) had symptoms requiring mental health follow up, the majority psychosocial. 26% (5/19) met criteria for mental disorder, most common diagnosis was Major Depressive Disorder. The most common neurological complaint, 47% (9/19) was headache. No significant cognitive deficit was found. Median WHODAS score was 8.33% (IQR 3.125 -13.54); disability was attributed to physical and psychological causes.

Conclusion:
A broad range and severity of neurological and psychiatric symptoms was found a year after discharge. Psychosocial problems are common; the majority required mental health follow up. Few fulfilled criteria for severe mental disorder, had significant cognitive deficits or severe disability scores. This clinic supports the need for screening in survivors and appropriate referral to specialist neurology, mental health and psychosocial services. Our data is limited by a lack of adapted, piloted tools for this population and supports the need for larger studies.
Symposium Number: 121

Current Issues In Nordic And Baltic Psychiatry

Symposium Type: Zonal Symposium
Prof. J Korkeila

The symposium deals with current issues in psychiatry among Nordic and Baltic countries. Professor Sami Pirkola will present results of evaluation of a national mental health strategy in Finland. Professor Alkyds Navickas will give a talk on suicides in Lithuania. The presentation describes the time-trend of suicides and their determinants from early 20th century to the present times. Dr Ottar Gudmundson will present on the practices used in Icelandic hospitals where no restraints and seclusion are used. Professor Jyrki Korkeila will deal with issues regarding job satisfaction and reasons career choice in psychiatry in Finland. Dr. Ants Kas's talk: Towards Refinement and cost-effectiveness in mental care: Developing Dual Diagnosis Outpatient Unit in NEMC Psychiatry Clinic
No period in Icelandic history so radiates glory as the time from the settlement to 1262, when the King of Norway came to power. Landnáma (the Book of the Settlement), Íslendingasögur (The Íslendingasögur) and Sturlunga (The Saga of the Sturlung family) all deal with this period and describe the complex lives and struggles of the first settlers and their descendants.

These books are the country's most important contribution to world literature. They provide insight into the difficult life that awaited the settlers who crossed the ocean from Norway, stopping in Ireland and elsewhere along the way. The Sagas describe the heroes of the era, their love and struggles. Modern psychiatry would define most of the main characters as suffering from personality disorders of various kinds. The renowned poet and viking Egill Skallagrímsson was obviously suffering from bipolar disorder. Tha sagas describe depressive periods and anxiety.

Their sex life was controlled by a lot of laws and Christian regulations. The fathers owned their daughters and the women had no control over their own life. Public administration and power were entirely in the hands of men. This absence of a centralised executive was the weakness of this period and gradually brought the commonwealth to an end. The spirit of the age was characterised by a complete lack of respect for people’s lives and emotions. In the masculine society of the time intercourse between individuals of the same sex was condemned. According to old law texts rape was a serious offence against the family and owners of the woman, but not so much against herself.

The author will review the psychiatric and sexual problems of this era.
Abstract Number: 866

Towards Refinement And Cost-effectiveness In Psychiatric Care: Developing Dual Diagnosis Outpatient Unit Nemc Psychiatry Clinic

CURRENT ISSUES IN NORDIC AND BALTIC PSYCHIATRY

Symposium Type: Zonal Symposium
Dr. A Kask
1 North Estonia Medical Centre Foundation

Substance-use disorder is frequent comorbidity in psychiatric patients and vice versa. Since early 90s there have been several national initiatives globally to optimize treatment by enhancing capabilities of psychiatric units to work with patients with dual diagnosis/co-occurring disorder.

Up to now the treatment of co-occurring psychiatric and substance use disorders in Estonia has been fractional and non-integrated. First attempt to combine it was made in 2005 by establishment of dual diagnosis day-care center in Tallinn by providing drug-free setting with social workers and opportunity to see medical personnel on on-need basis. Since 2013 a center has been reorganised into dedicated hospital-affiliated outpatient treatment unit and staffed with psychologist and psychiatrist (on part-time basis) providing diagnostic capacity and integrated treatment for co-occurring psychiatric and substance use disorders. The rationale, challenges in establishing the unit, diagnostic issues and current treatment approaches to severe mental disorder occurring together with substance use disorder are discussed in presentation.
Abstract Number: 867

The Evaluation Of A National Level Strategic Mental Health Program: Case Finland

CURRENT ISSUES IN NORDIC AND BALTIC PSYCHIATRY
Symposium Type: Zonal Symposium

Prof. S Pirkola
1 - University of Tampere, Finland

In Finland, a governmental initiative was made in 2005 to develop a national level strategic mental health plan or program. A task force involving researchers, developers, and mental health professionals, published the Mieli 2009 (Mind 2009) program in 2009 for a road map for promoting mental health and developing better services during 2009 - 2015.

The Mieli 2009 program had four thematic initiatives: 1) improving client orientation; 2) improving earlier intervening and activity; 3) integrating and developing mental health and substance abuse services; and 4) developing legislation and steering regarding national mental health and substance abuse service needs. When the Mieli 2009 program ended in 2015, its success and effectiveness were thoroughly evaluated by both qualitative and quantitative methods. While most national and aggregate-level data, related to for instance suicide incidence, alcohol consumption or psychiatric hospital use, were indicative of improvements in mental health, promotive or preventive interventions and strategies for earlier activity had not been very successful. Some integration of services had occurred, but steering or national-level management of the mental health systems, had not developed in a notable amount.

Altogether, a need for strategic planning of services as well as the promotion of mental health still continue.
Symposium Number: 114

Creation Of A Multidisciplinary Tourette Syndrome Clinic

Symposium Type: Regular Symposium
Dr. J Batterson

Tourette Syndrome is a neuropsychiatric disorder marked with tics and a high rate of mental disorders including Obsessive-Compulsive Disorder, Attention Deficit/Hyperactivity Disorder and Major Depression. Individuals with Tourette also have higher rates of learning disorders, processing delays and other neuropsychological disorders. Use of a multidisciplinary team to address these needs which include Neurology, Psychiatry, Neuropsychology, Nursing, Occupational Therapy and Family Therapy. We intend to have presentations from three of these disciplines including Psychiatry, Neurology and Neuropsychology to discuss their respective areas of work. We will discuss diagnosis, neurological implications, psychopharmacology and new psychological interventions including Comprehensive Behavioral Interventions for Tics (CBIT). We will also discuss the importance of testing for neuropsychological deficits.
The Main Gaps For Randomized-controlled Trials In Psychiatry

Within the medical specialties, psychiatry always had the major stigma, receiving few resources for its development. However, over the past century, there was a huge development of diagnosis and treatment of mental disorders. The diagnostic improvement, including the development of structured interviews (i.e., SCID and CIDI), which have been validated for several languages, allowed for large mental health surveys in various cultures, and also the unification of nosological concepts worldwide. Moreover, it became possible to carry out intervention studies to evaluate the increasingly available therapies (i.e., psychotropic drugs and psychotherapies) for various psychiatric disorders. Within these studies, randomized controlled trials are those of choice. Their results, preferably aggregated through meta-analysis, guide the development of guidelines for psychiatric treatment. Unfortunately, some areas within psychiatry have had few studies of this type, and the clinical decisions are often based on observational studies, case series, case reports, or personal professional experience. As part of the work of the WPA Scientific Publications Committee (2014-2017), it was performed a bibliometric analysis using Pubmed database, aiming the identification of psychiatric areas with less RCTs in the last five years. For this analysis, mental disorders were divided by chapters of ICD-10: (F00-F09) Organic, including symptomatic, mental disorders; (F10-F19) Mental and behavioural disorders due to psychoactive substance use; (F20-F29) Schizophrenia, schizotypal and delusional disorders; (F30-F39) Mood [affective] disorders; (F40-F48) Neurotic, stress-related and somatoform disorders; (F50-F59) Behavioural syndromes associated with physiological disturbances and physical factors; (F60-F69) Disorders of adult personality and behaviour; and (F70-F79) Mental retardation. (F90-F98) Behavioural and emotional disorders with onset usually occurring in childhood and adolescence and (F80-F89) Disorders of psychological development were excluded from the present analysis.
Abstract Number: 849

Scientific Publishing In Africa – A South African Perspective

WPA SCIENTIFIC PUBLICATIONS COMMITTEE SYMPOSIUM
Symposium Type: Sectional Symposium

Prof. C Szabo
1 - Wits

Indigenous knowledge is critical to informing local health policy. The paucity of credible, local, publications in developing world settings is a major concern. A brief review of the situation in Africa (in relation to Psychiatry/mental health), with specific reference to South Africa, will be provided noting efforts to address the status quo as well as proposing a possible way forward.
Abstract Number: 850

Writing A Scientific Paper: A Simple Hypothesis-based Approach

WPA SCIENTIFIC PUBLICATIONS COMMITTEE SYMPOSIUM
Symposium Type: Sectional Symposium

Mr. R Heun¹
1 - St James House

This talk will propose a simple hypothesis-based approach to write a scientific paper: The introduction should develop a hypothesis and address the relevance of the hypothesis for the advancement of psychiatric knowledge. It should end by explicitly naming the hypothesis to be tested. - The method should name the sample, the tools and statistical approach used to test the above hypothesis. - The results should describe the sample, the test results, and the data that support or refute the study hypothesis. - The discussion should start with the study results in relation to the tested hypothesis, clarify if the hypothesis been supported by the data; the study results should be compared to other relevant studies; the discussion should explain how the confirmation or refutation of the study hypothesis fits with other study results in the area and outline what the results mean for psychiatric knowledge, specifically and in general. It should state what are the limitations and what conclusions can be made for future studies.
Abstract Number: 851

Wpa Iberoamerican Digital Psychiatric Library

WPA SCIENTIFIC PUBLICATIONS COMMITTEE SYMPOSIUM
Symposium Type: Sectional Symposium

Dr. A Cía  
1 - WPA Zone 5 Regional Delegate

This digital library is an innovative project organized by the Publications Committee of WPA, under the coordination of Dr. Cía, WPA Zone 5 Delegate. It seeks to gather all the Psychiatric Journals published in Spanish in a digital version (including issues of the last 3 years) in a single website, allowing registered health professionals to access for free, search through keywords and have permanent updates on new issues. This Library will also receive digital versions or e-books from those psychiatric authors in Spanish who are willing to transfer copyright. The development of the website require experts to index the material (setting keywords by theme and author) and obtain authorizations from societies and entities involved in the project.

Given the importance of Spanish in the scientific world, there is a vast psychiatric and mental health literature that remains unknown and this website will contribute to spread it to interested professionals from more than 20 nations, offering journals in digital version from all the National Societies from Latin America and Spain and other important Journals of Psychiatry in this language.
Symposium Number: 118

Early Career Symposium: Leadership & Mentorship

Symposium Type: Regular Symposium
Dr. I Westmore

The current WPA President, Prof Dinesh Bhugra is a co-author of the book: Leadership in Psychiatry, in which the authors highlight the need for leadership development, particularly for early career psychiatrists: "The psychiatric profession must ensure that its next generation of leaders has the appropriate skills to provide mental health services in the face of globalization and urbanization, new technologies, and competing demands for shrinking resources. Developing leadership skills and leaders is critical in order to optimize the use of resources, their application, service planning and delivery of services for patients and their families. The aim of this symposium is to work towards creating an awareness of the need for leadership in psychiatry, particularly for psychiatrists and mental health care professionals in training, or in the early years of their career. It will consider, in the first presentation, the changing global trends in service delivery and how leadership can influence policy and outcomes, reflecting on the unique contribution of those trained in psychiatry. The leadership skills required for psychiatrists taking on an array of roles post-qualification will be explored in the second presentation, and in the third presentation, the role of mentorship in leadership development will be discussed."
Abstract Number: 628

Psychiatrists As Leaders: Global Challenges, Trends In Leadership Skills And Changing Roles For Clinicians.

EARLY CAREER SYMPOSIUM: LEADERSHIP & MENTORSHIP
Symposium Type: Regular Symposium

Mr. S Wessely¹, Dr. I Westmore²
¹ - Royal College of Psychiatrists ² - SASOP

In a world where the burden of mental health disease is on the increase, and resources are limited, psychiatrists are called upon to take a leading role in various aspects of mental healthcare. The roles vary depending on the part of the world and setting in which the clinician works, which can range from a sole practitioner in a private practice or hospital, to work in a public hospital or university department. With the stigma associated with mental illness still influencing access to care around the world, psychiatrists are increasingly being called on the adopt an advocacy or political role, to influence policy makers on a national and international level.

Psychiatric leadership is fundamental to services, and to ensuring safety, clinical effectiveness and improved patient experience (Royal College of Psychiatrists). This presentation will highlight the global challenges facing psychiatrists in this regard, review the different leadership roles that clinicians could be called to take up, and allude to the changing roles for 21st century psychiatrists.
Abstract Number: 629

Leadership Skills For Psychiatrists.

EARLY CAREER SYMPOSIUM: LEADERSHIP & MENTORSHIP
Symposium Type: Regular Symposium

Dr. Z Zingela
1 - Private Practice

It has been said that: “Good leaders can be born or made — being born is the more mysterious part.” Early career psychiatrists will often be called upon to take up positions of leadership on various levels once they have completed their training, but might not feel equipped or ready to take on such roles. Effective leadership is paramount to the development of service delivery programs, work within a multidisciplinary team, progressive university departments and training institutions and within national and international associations of psychiatry.

This presentation will highlight the various skills needed for psychiatrists working in different settings and explore the trends in leadership development worldwide. It will cover aspects such as “Learning to be Leaders”, the “tasks of Leadership”, growing as a leader, and styles of leadership required specifically in the mental health arena.
Abstract Number: 808

Leadership Skills For Clinicians

EARLY CAREER SYMPOSIUM: LEADERSHIP & MENTORSHIP
Symposium Type: Regular Symposium

Dr. Z Zingela
1 - Private Practice

From the days of qualifying as a doctor, playing a leadership role is taken as a given. Despite this however, few medical curricula across the world include leadership skills as part of the syllabus. Are leaders born or created? Can one graduate to guiding and directing people over night by virtue of an extra qualification? These and other aspects of leadership within the clinical setting will be discussed. The type of leadership suited for the clinical environment will be explored. Other questions to be addressed will focus on career opportunities for good clinical leaders within the South African sector. Both public and private clinical settings will be covered in addressing application of good leadership skills within both environments. A case study of the Eastern Cape will also be discussed to illustrate how leadership skills had to be employed to engage the department of health at both national and provincial level to improve mental health services in the region. A global perspective of clinical leadership skills will also be employed to illustrate effective leadership styles suitable leadership styles applicable to the South African setting.
Abstract Number: 809

**Succeeding In A Research Career: Can I Get There From Here?**

**EARLY CAREER SYMPOSIUM: LEADERSHIP & MENTORSHIP**
Symposium Type: Regular Symposium

Mr. M Oquendo¹
1 - American Psychiatric Association

Success in research requires dogged commitment and persistence. The ability to publish papers at a reasonable clip, obtain grant support from external funding agencies, and have opportunities to teach to demonstrate one's pedagogical skills, relies on a solid, broad-based skill-set covering diverse domains. This session will demystify the process and describe strategies that can maximize the likelihood of success in a university setting. For example, setting goals in consultation with mentors; learning the details about how to reach important milestones such as academic promotion; invitations to review for journals and editorial boards; the central role of networking to find collaborators; the importance of being a good citizen of your community (hospital, university) and of showing collegiality; and perhaps most essential, asking for help. The first half of the session will contain formal didactics allowing for question and answer during the second half.
Symposium Number: 136

The Role Of Mental Health Care Facility Design In Providing Integrated Care For The Community

Symposium Type: Regular Symposium
Dr. A Janse Van Rensburg

In the South African context, the Mental Health Care Act of 2004, with its emphasis on the deinstitutionalization of mental health care and the redistribution of the acute assessment function to different levels of facilities, demanded changes in the operation and therefore design of mental health care facilities at all levels, in both the public and the private sector. This has resulted in the reformulation of design norms, in strategies for the provision of suitable facilities, in the upgrading or redesign of certain mental health care facilities, and in architectural research proposals for alternative facility typologies. The presentations will touch on all these aspects, with the aim of exploring to what extent the intention of current legislation and policy has been integrated into the design of the facilities through which the community currently has to access mental health care in South Africa.
Abstract Number: 829

Mental Health Facility Design For Integrative Care

THE ROLE OF MENTAL HEALTH CARE FACILITY DESIGN IN PROVIDING INTEGRATED CARE FOR THE COMMUNITY

Symposium Type: Regular Symposium

Dr. A Janse Van Rensburg
1
1 - University of the Witwatersrand

This paper discusses the integrative role of the architect in designing spaces that allow for optimal integrative care. This includes the translation of the requirements of the mental health care act into spatial norms that make it possible for healthcare practitioners to implement these requirements, strategies for addressing infrastructure challenges at the lowest practical cost to make care more accessible to larger numbers of users, developing researched facility typologies and detailed design guidelines that optimally support health care workers and users, to the eventual application of these principles in the design or refurbishment of the physical spaces of individual facilities.
Abstract Number: 830

Refurbishment Of An Acute Adult Inpatient Psychiatric Unit In A General Tertiary Referral Hospital.

THE ROLE OF MENTAL HEALTH CARE FACILITY DESIGN IN PROVIDING INTEGRATED CARE FOR THE COMMUNITY
Symposium Type: Regular Symposium

Mr. B Janse van Rensburg
1
1 - University of the Witwatersrand

Helen Joseph Hospital in Gauteng is a general tertiary referral hospital. The psychiatric ward was accommodated in a standard hospital ward layout on the second floor, necessitating unsuitable security arrangements precluding recreational options, and functionally separated from the psychiatric Outpatients Department. With the introduction of the Mental Health Care Act of 2004 this became an acute 72-hour assessment unit. As was the case with many other units, the existing facilities could not accommodate care that met the new legislative requirements without modification, but it took a long time for the Department of Health to implement this. Early in 2008 a Khanyisa service excellence award made it possible for the ward to make essential minor modifications to the security divisions itself, to reappoint the foyer area as social space and repaint in a less institutional style. Although this utilised a very small budget, the difference it made to staff morale and user possibilities was dramatic. Later in 2008, the DOH issued instructions to increase the number of beds in all facilities. The same voluntary design team developed and published [2] proposals for a larger-scale refurbishment that would allow for 40 beds, the integration of the ward and the OPD, for more supportive care and recreational options in line with the requirements of the MHC act, and more adequate academic facilities. This was used as a basis for the eventual departmental refurbishment of the unit, which is now nearing completion in 2016. This makes it one of the few acute 72-hour assessment facilities which can now fully apply the intent of the 2004 MCH act.
Abstract Number: 831

Design Principles Considered In The Refurbishment Of The Historic Valkenberg Hospital

THE ROLE OF MENTAL HEALTH CARE FACILITY DESIGN IN PROVIDING INTEGRATED CARE FOR THE COMMUNITY
Symposium Type: Regular Symposium

Prof. L Private practice

Valkenberg hospital in Cape Town is an historic dedicated psychiatric hospital which was recently refurbished. The architect discusses the planning principles and considerations used in the development of an appropriate design approach for the revitalization of the hospital, which takes into account current approaches to mental health care and education within the context of a historic urban park setting.
Abstract Number: 832

Research And Development Of Design Norms For Mental Health Facilities

THE ROLE OF MENTAL HEALTH CARE FACILITY DESIGN IN PROVIDING INTEGRATED CARE FOR THE COMMUNITY
Symposium Type: Regular Symposium

Mr. J Nice¹
¹ - CSIR Built Environment Unit

The vision for the NHI white paper identifies structural issues which are barriers to integration and universal health coverage. Integration is described in at least three different ways being levels of continuum of care, integration between public and private practice (funding, staff etc.) and an integrated Interdisciplinary patient centered approach. The IUSS Mental Health (MH) guidelines and the proposed Adult Post Acute Services (APAS) guideline consider an integrated normative approach through the various service platforms namely: Primary Health Care and Community Centres, community based health services, and psychiatric hospitals nominally supporting integration in continuum of care. By limiting the applicability of the IUSS to the public sector, important opportunities for integration have been lost and fragmentation occurs. Whilst the APAS emphasises an interdisciplinary patient centered approach, the mental health document could be strengthened in this regard. This paper argues that whilst the recent gazetted IUSS guidelines provide a useful start much work is needed.
Abstract Number: 833

Infrastructure And Capacity Of Mental Health Facilities In Terms Of The National Mental Health Policy Framework And Strategic Plan.

THE ROLE OF MENTAL HEALTH CARE FACILITY DESIGN IN PROVIDING INTEGRATED CARE FOR THE COMMUNITY

Symposium Type: Regular Symposium

Dr. L Robertson¹
1 - University of the Witwatersrand

Deinstitutionalisation of the mentally ill began in South Africa in the mid-1990s with the White Paper for the Transformation of the Health System so that all people with severe mental illness are now living in the community. The National Mental Health Policy Framework and Strategic Plan 2013 – 2020 (NMHPF) serves to guide provinces in the provision of promotive and preventative mental health as well as the treatment of rehabilitation of people with mental illness. The scaling up of integrated primary mental health services is a key objective of the NMHPF and staffing norms are provided for this purpose. Simultaneously, the South African Department of Health has started implementing the ‘Ideal Clinic’ programme. This programme specifies ideal facility standards across 10 components, which include infrastructure and capacity, for integrated primary care. Whilst the Ideal Clinic provides for primary mental health care, it is expected that all patients requiring specialist input will be referred to hospital. Existing districts are required to upgrade their facilities to meet the set Ideal Clinic standards. Of 138 evaluated in the Gauteng province in 2015, all but one did not achieve the minimum grade. This presentation focuses on the challenges experienced by facility managers and mental health nurses in one district of Gauteng province, Sedibeng, regarding the adaptation of existing infrastructure to the implementation of integrated primary mental health care and the provision of appropriate care for people with severe mental illness in the community.

References
Symposium Number: 130

Sport Psychiatry - Practical Aspects

Symposium Type: Sectional Symposium
Prof. T Wenzel

Sport psychiatry can be seen as a developing field, not the least because of the broad participation base. Sport can be an excellent supportive factor in prevention and support of treatment in public health, but can also be accompanied by risks, such as the development of affective or eating disorders, posttraumatic stress, and traumatic brain injury (TBI). The symposium gives an overview of the field, and presents results of recent work on the impact and prevention of TBI in athletes as an example for the work of the WPA Section on Sport and Exercise Psychiatry.
Abstract Number: 676

Brain Trauma In Sport - An Update

SPORT PSYCHIATRY - PRACTICAL ASPECTS
Symposium Type: Sectional Symposium

Prof. D Baron¹, Prof. T Wenzel²
¹ - Keck School of Medicine at USC, USA ² - Austria

Brain trauma can be seen as a frequently neglected issue in all fields of sport, including not only professional or high performance athletes as in the case of the recently much discussed (American) football league, but also for example in school sports. Blunt brain injury can be due to numerous mechanical factors, and might lead to symptoms not always attributed to TBI, which are not always correctly attributed to TBI, while impact can be substantial. The presentation gives an overview of the state of knowledge on TBI in sports, including recent data on complex mechanisms. Information, early recognition and intervention, as well as prevention are crucial aspects in a “healthy sports” approach that should not be limited to professional athletes. The WPA scientific section on Sport and Exercise Psychiatry section information program and other programs aim at contributing to this tasks.
Abstract Number: 677

Sport Psychiatry: Challenges In A Developing Field

SPORT PSYCHIATRY - PRACTICAL ASPECTS
Symposium Type: Sectional Symposium

Prof. T Wenzel¹, Prof. D Baron², N Steinhoff³
¹ - Austria ² - Keck School of Medicine at USC, USA ³ - Neurologisches Rehabilitationszentrum, Sonderkrankenanstalt Kittsee, Austria

Objectives: In spite of the globalisation in sport and sport sciences, and an increasing awareness of the relevance of mental health problems like eating disorders and depression in athletes, the field can still be seen as new (1). The second focus consists of the use of sport to improve mental health and bridge tensions between groups. Still, data so far can be seen as limited.

Method: A review of the literature was conducted to identify both areas covered by present data and those reported as being of relevance but so far neglected by systematic research.

Results: Some clinical fields such as brain trauma, depression and eating disorders have yielded substantial research results and can be seen as well explored at least at a basic level. A considerable number of studies have also documented the impact of exercise, movement or sports on mental health and in the support of treatment or secondary and tertiary prevention in patients suffering from mental disorders.

Conclusions: In taking care of athletes, but also in public sports and in the use of sport or systematic exercise in mental disorders, more research on both risks and resources provided by sport can be identified. Dissemination of information in professional and amateur sports is a crucial issue. The model of the section program on brain trauma demonstrates how this task can be provided at a low cost and sustainable level.
Symposium Number: 135

Trauma And Access To Care

Symposium Type: Sectional Symposium
Prof. V Kovess

Trauma is present in many countries mostly developing countries affected by wars. Epidemiology allows to study the mental health consequences of these traumas: PTSD as other mental health disorders. Risk factors could also be studied as personality traits such as sensibility allowing some preventive approaches. Access to care has to be implemented, embedded into primary care and monitored. Epidemiology allows to gather data through population surveys but could use health insurance data as well to monitor psychotropic drug use such as antipsychotics. The symposium will present data from different countries: Lebanon, Guatemala, South Africa, Nigeria and France and Europe.
Abstract Number: 696

Association Between Witnessing Traumatic Events And Psychopathology In South Africa

TRAUMA AND ACCESS TO CARE
Symposium Type: Sectional Symposium

Mr. I Atwoli1, Prof. V Kovess2
1 - Moi University School of Medicine 2 - Deniker Foundation

Background: The high burden of witnessing traumatic events has been demonstrated in previous research in South Africa. However, previous work has focused on PTSD rather than a broader range of psychopathological outcomes. This study examined the association between witnessing trauma and multiple outcomes including mood, anxiety and substance use disorders.

Methods: Regression models measured the odds of mood, anxiety, and substance use disorders among those who reported witnessing in the South African Stress and Health Study (SASH). Discrete-time survival analysis was used to examine whether witnessing was associated with earlier onset of mental disorders.

Results: Witnessing trauma was more commonly reported among males and those with low-average education. Posttraumatic stress disorder, mood, and anxiety disorders varied significantly with witnessing status, and witnessing was associated with exposure to a higher number of traumatic events compared to other types of traumatic events. Respondents reporting witnessing trauma had elevated odds of mood and anxiety disorders, but not substance use disorders.

Conclusion: Witnessing trauma is common in the South African population and results in increased risk of mood and anxiety disorders. Interventions aimed at reducing the burden of trauma and its outcomes must now increase their focus on bystanders and other observers, rather than just focusing on those directly affected.
Abstract Number: 697

The Mental Health Of The Mayan Population In Guatemala

TRAUMA AND ACCESS TO CARE
Symposium Type: Sectional Symposium

Prof. R Kohn\textsuperscript{1}, Prof. V Kovess\textsuperscript{2}
\textsuperscript{1} - Brown University \textsuperscript{2} - Deniker Foundation

The prevalence and risk factors for mental disorders in Indigenous populations in Latin America is limited. The data analysis was based on the 2009 Guatemalan National Mental Health Survey, which is the first large population-based mental health survey completed countrywide in Guatemala and Central America. A representative sample of the Spanish speaking adult population of Guatemala was interviewed using the Composite International Diagnostic Interview (CIDI) to obtain a DSM-IV diagnosis.

Guatemala has a population of 14.2 million people of which slightly less than half are indigenous. The indigenous people are concentrated in the rural regions of the country. About 28 different languages are spoken across Guatemala; the majority of the population speaks Spanish. There are four officially recognized ethnic groups: three indigenous populations (Maya 39\%, Xinca 0.1\%, Garifuna 0.1\%), and one admixed population (Ladino, 60\%). For the purposes of this study, we grouped all three indigenous populations together. The sociodemographic characteristic of the survey participants was 62.7\% females, 27.8\% Mayan population, median age 36 years old. This was the first diagnostic survey in Latin America to include a substantial number of indigenous people (n = 1452 of which 409 are Mayan). There were no statistically significant differences in the rates of mental disorders, with the exception of the Ladino population having higher rates of substance use disorders. The indigenous population had higher rates of PTSD when exposed to violence of war. Service utilization is low in Guatemala and lower yet among the indigenous population. As in other studies, rates of mental disorders across ethnic groups do not widely differ. However, large disparities exist in treatment utilization.
Abstract Number: 698

Sensitivity, Childhood Adversity And Ptsd In Children And Adolescents

TRAUMA AND ACCESS TO CARE
Symposium Type: Sectional Symposium

Prof. E Karam¹, Prof. V Kovess²
1 - IDRAAC 2 - Deniker Foundation

While it has been well established that Childhood Adversities (CAs) are clear predictors of PTSD, the search for risk factors continues. One such risk factor seems to be sensitivity. This relatively new concept was studied in a group of 2,570 Lebanese children and adolescents in Lebanon who in addition received a school based intervention. The mean PTSD score was 14.2±12.4 on the PTSD Reaction Index (PTSD-RI) scale. The main predictive factors of PTSD were age, gender, CAs. Positive Home Environment (PHE) was an independent protective factor (B: -0.230, p<0.001). In addition sensitivity was a solid independent predictor of PTSD (B: 0.098, p<0.001). It interacted with gender (p<0.05), exposure to CAs (p< 0.05) and PHE (-1.1SD: p<0.05). Further analysis is under way to assess the possible role of sensitivity in the response to treatment.
Abstract Number: 699

Challenges And Opportunities Of Integrating Mental Health Service To Primary Care

TRAUMA AND ACCESS TO CARE
Symposium Type: Sectional Symposium

Mr. O Gureje\textsuperscript{1}, Prof. V Kovess\textsuperscript{2}
\textsuperscript{1} - University of Ibadan \textsuperscript{2} - Deniker Foundation

There is a consensus that, to bridge the treatment gap for mental disorders that exists in low- and middle-income countries, mental health service needs to be integrated into primary health care. However, this goal is hampered by the poor training of primary care workers in the detection and treatment of common mental disorders in these countries. The shortage of mental health specialists also deprives these workers of the support and supervision they need to provide evidence-based mental health care. This extant situation creates an opportunity for significant improvement in mental health service delivery through targeted capacity building and collaborative care approach. In seeking to seize this opportunity, we have recently been engaged in a number of approaches to integrate mental health service to primary and maternal care in Anglophone West African countries. The efforts have generated varying degrees of policy interests in the countries and led to the adoption of the first national program for scaling up mental health care in one (Nigeria). In this presentation, these activities will be described and the resulting impacts will be highlighted. Also, in implementing these activities, a number of challenges have emerged. Among these are the complexity of the organizational structure of the health systems and how to negotiate the various barriers to sustainability. Understanding this complexity is an example of the lessons learnt and provides a template for similar efforts in settings sharing comparable contexts.
Usage Of Antipsychotic Drugs In Young And Adult Population

TRAUMA AND ACCESS TO CARE
Symposium Type: Sectional Symposium

Prof. V Kovess
1 - Deniker Foundation

The antipsychotic utilization rates for children and adolescents has been reported to increase in all developed countries. The reasons evoked for the raising rates concern the more frequent use of antipsychotics known as 'atypical' or second generation antipsychotics (SGA) with fewer side effects than conventional antipsychotics or first generation antipsychotic (FGA) which would have expanded the prescription spectrum including behavioural disorders. Health insurance data allows to study pattern of prescription for children as for adults. In France for example as observed in previous studies the rise in SGA use was chiefly observed in youths aged 15 years and under, including very young children aged 5 years and under although the shift from FGA to SGA drugs was comparable to that observed in other countries, the rate of FGA drugs prescribing was markedly higher than in other countries such as the United States, where FGA prescription has now nearly disappeared in youths. Other data could come from general population survey as WMH Europe in adult where data were collected trough general population surveys; questions on 12-month psychotropic use were asked to 34,204 respondents from 10 European countries of the EU-World Mental Health surveys. 1.9% of the French women and 1.5 of the French men has a use of antipsychotic drugs with no gender difference; this percentage was lower that in some of the countries: Belgium, Northern Ireland and Spain and higher than some others. Most of these data concern developed countries and an attempt will be made to describe what could be know about antipsychotic usage in developing countries for children and adults.
Symposium Number: 135

Trauma And Access To Care

Symposium Type: Sectional Symposium
Prof. V Kovess

Trauma is present in many countries mostly developing countries affected by wars. Epidemiology allows to study the mental health consequences of these traumas: PTSD as other mental health disorders. Risk factors could also be studied as personality traits such as sensibility allowing some preventive approaches. Access to care has to be implemented, embedded into primary care and monitored. Epidemiology allows to gather data trough population surveys but could use health insurance data as well to monitor psychotropic drug use such as antipsychotics. The symposium will present data from different countries: Lebanon, Guatemala, South Africa, Nigeria and France and Europe.
Funding Opportunities For Post-graduate Studies In Psychiatry.

EARLY CAREER SYMPOSIUM: FUNDING & FINANCING MENTAL HEALTH CARE AND EDUCATION
Symposium Type: Regular Symposium

Dr. B Chiliza¹, Dr. I Westmore²
1 - Stellenbosch University 2 - SASOP

In 2007, only a third of South African permanent academic staff members (tertiary institutions) had a PhD, with only 26 per million of the countries population being produced in that year. A majority of these PhD graduates were in economics, humanities and religious studies. In addition, there is a need to accelerate the pace at which PhD graduates are produced in sub-Saharan Africa and many other lower and middle income countries in order to meet both developmental and health care needs that these countries produce.

This presentation will explore funding opportunities for post-graduate studies in psychiatry and mental health, opportunities for study in Africa as opposed to upper income countries, and emerging efforts to reverse the problem of so-called ‘brain drain’ for newly qualified psychiatrists. I shall also focus on the increasing need for South to South collaborations in developing the next generation of clinician researchers in Africa. In addition, the role of professional societies in addressing this issue will be discussed.
Abstract Number: 616

Funding Models for Psychiatric Services: The African Perspective

EARLY CAREER SYMPOSIUM: FUNDING & FINANCING MENTAL HEALTH CARE AND EDUCATION
Symposium Type: Regular Symposium

Prof. L. Atwoli¹, Dr. I. Westmore²
¹ - Moi University School of Medicine ² - SASSOP

Presentations 2 and 3 will inform attendants on different psychiatric health care funding models globally and how these models affect their careers and practice of psychiatry. The topics will seek to explain and evaluate different psychiatric health care models that are used in different parts of the world and how these affect issues of access to psychiatric health care, service delivery and quality of psychiatric health care that is afforded to those in need of it.

In this presentation the focus will be on psychiatric health services on the African continent.
Abstract Number: 617

Psychiatric Services Funding Models: First World Experiences

EARLY CAREER SYMPOSIUM: FUNDING & FINANCING MENTAL HEALTH CARE AND EDUCATION
Symposium Type: Regular Symposium

Dr. M Riba1, Dr. I Westmore2
1 - University of Michigan 2 - SASOP

In the United States, there have been many funding models that have been used to support the provision of psychiatric services. Some of these models have included fee for service, managed care, public-private partnerships, employer and insurance based models, care through state and federal partnerships, etc. Instead of reviewing these, all of which have pluses and minuses and relate to ability to pay, location, type of psychiatric condition, this presentation will focus on the latest provision of care that Medicare will fund which is Psychiatric Consultations in Collaborative Care. The Centers for Medicare and Medicaid Services (CMS) has agreed that Medicare will begin reimbursement in 2017 for collaborative care services. This model was developed by the late Wayne Katon, MD and Jürgen Unutzer, MD, MPH at the AIMS Center of the University of Washington and is the only evidence-based model and has been proven effective in more than 80 randomized, controlled trials. The focus of this presentation will be to review collaborative care and how this will help psychiatrists and primary care physicians work together to encourage systems to implement this evidence-based model.

References


Raney LK: Integrating Primary Care and Behavioral Health: The Role of the Psychiatrist in the Collaborative Care Model. American Journal of Psychiatry, 721-28, August 2015

APA/APM Report on Dissemination of Integrated Care within Adult Primary Care Settings: The collaborative Care Model. American Psychiatric Association / Academy of Psychosomatic Medicine, Spring 2016
Abstract Number: 620

National Health Insurance (nhi) Funding Model: The Road Ahead For South Africa.

EARLY CAREER SYMPOSIUM: FUNDING & FINANCING MENTAL HEALTH CARE AND EDUCATION
Symposium Type: Regular Symposium

Mr. R Allen¹, Dr. I Westmore²
1 - Lentegeur Hospital 2 - SASOP

National Health Insurance (NHI) is merely a financing system that seeks to ensure that “All South Africans will have access to needed promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality and are affordable without exposing them to financial hardships”

This bland statement however hides within in detail that has led and is leading to much (unfortunately often acrimonious) discussion, debate and publication that, while seeking to achieve clarity, consensus and compromise, serve often to deepen anxieties and concerns around the future precisely because not enough is known with any degree of certainty as to what the final outcome will be for those concerned.

Some of those who are or who should be concerned are young professionals just embarking on their careers, who, (hopefully) having read valid, cogent submissions and comments on the NHI white paper from relevant commentators, may now be wondering “how does this affect me?”.

This talk will seek to introduce some perspectives from which to consider comments either made verbally or published; perspectives which hopefully will allow for a balanced consideration of the future that the NHI promises (realistic or not).

References:
National Department of Health, Republic of South Africa. NATIONAL HEALTH INSURANCE FOR SOUTH AFRICA: TOWARDS UNIVERSAL HEALTH COVERAGE (www.nhisa.co.za/A_legislation.asp)

Various submissions: (www.nhisa.co.za/B_submissions.asp)
Joint Symposium Of The Portuguese Society Of Psychiatry And Mental Health And The Mozambique Society Of Psychiatry (english/portuguese)

Symposium Type: Regular Symposium
Mr. Z Marques-Teixeira

Having in mind the particular relationship of the two Portuguese speaking Societies, the Mozambique and the Portuguese, and the interrelationship of their member in the pedagogic and scientific dimensions, it is done opportunity for the young generation of Mozambique psychiatrists to present the experience in the area of HIV and Alcoholism. Iris also present a communication of the post graduated program for Mozambique residents in Oporto and Minho Universities.
Symposium Number: 143

The Most Prevalent Issues Of Psychiatry And Mental Health Of Wpa Zone 5

Symposium Type: Zonal Symposium
Dr. A Cia

The WPA Zone 5 National Psychiatric Associations of Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay appointed through their representatives, during a Regional Meeting, arrived to the following conclusions on the current most relevant issues of Psychiatry and Mental Health in their Region:

1) MENTAL HEALTHCARE POLICIES: Some of our countries have passed mental healthcare laws. In some nations, these laws proved to be obsolete and barely applicable to the present scenario. We believe that the national psychiatry associations should have an active participation in the elaboration of mental healthcare bills and the adjustments to the current legislation.

2) PROFESSIONAL EDUCATION AND TRAINING: Physicians receive poor training in mental health. It is necessary to improve education programs on Psychiatry. We must retrieve the value of the physician and the psychiatrist role in particular as essential members of the interdisciplinary team in mental healthcare.

3) ADDICTIONS: Abuse and addiction disorders have increased representing a problem for public healthcare. Despite the constant production of new illegal substances, alcohol abuse and dependence keep standing as the most prevalent problem. We face a scenario of an ever-growing number of addicts and consumption at a younger age.

4) VIOLENCE IN SOCIETY: All around the region, violence in its many forms has significantly increased, especially against vulnerable groups. We assist ever more violence victims with several traumatic consequences. There is increasing violence against healthcare teams in their work environment.

5) STIGMA AND SEGREGATION: Stigma and segregation towards those with mental disorders and towards the psychiatric and mental health care practice is an important problem that every country throughout the region should take heed of.

6) CONDITIONS OF PSYCHIATRY PRACTICE: Administered Medicine nowadays is exerting inappropriate pressure on the conditions of psychiatric practice; consultation timing is reduced, psychopathological perspective is undermined and therapeutic tools are limited.
Abstract Number: 777

Mental Healthcare Policies

THE MOST PREVALENT ISSUES OF PSYCHIATRY AND MENTAL HEALTH OF WPA ZONE 5
Symposium Type: Zonal Symposium

Dr. A Cía
1
1 - WPA Zone 5 Regional Delegate

The WPA Zone 5 National Psychiatric Associations of Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay appointed through their representatives, arrived to the following conclusions on the current most relevant issues of Psychiatry and Mental Health in their Region.
Some of our countries have passed mental healthcare laws. In some nations, these laws proved to be obsolete and barely applicable to the present scenario. We believe that the national psychiatry associations should have an active participation in the elaboration of mental healthcare bills and the adjustments to the current legislation.
Abstract Number: 778

Professional Education And Training

THE MOST PREVALENT ISSUES OF PSYCHIATRY AND MENTAL HEALTH OF WPA ZONE 5
Symposium Type: Zonal Symposium

Mr. L Risco¹
¹ - Universidad de Chile

Physicians receive poor training in mental health. Is necessary to improve education programs on Psychiatry We must retrieve the value of the physician and the psychiatrist role in particular as essential members of the interdisciplinary team in mental healthcare.
Abstract Number: 779

Addictions And Violence In Society

THE MOST PREVALENT ISSUES OF PSYCHIATRY AND MENTAL HEALTH OF WPA ZONE 5
Symposium Type: Zonal Symposium

Mr. J Bueno
1 - Rio de Janeiro University

Abuse and addiction disorders have increased representing a problem for public healthcare. Despite the constant production of new illegal substances, alcohol abuse and dependence keep standing as the most prevalent problem. We face a scenario of an ever growing number of addicts and consumption at a younger age. All around the region, violence in its many forms has significantly increased, especially against vulnerable groups. We assist ever more violence victims with several traumatic consequences. There is increasing violence against healthcare teams in their work environment.
Abstract Number: 780

Stigma And Segregation

THE MOST PREVALENT ISSUES OF PSYCHIATRY AND MENTAL HEALTH OF WPA ZONE 5
Symposium Type: Zonal Symposium

Mr. A Da Silva¹
1 - University of Brasilia

Stigma and segregation towards those with mental disorders and towards the psychiatric and mental health care practice –an important problem that every country throughout the region should take heed of. The concept of psicofobia will be explained.
Symposium Number: 128

Telepsychiatry To Overcome Shortages in Psychiatric Subspecialties in the Developing World

Symposium Type: Regular Symposium
Dr. D Kaplan

Telepsychiatry can be a powerful tool to help overcome the acute shortages of psychiatrists, particularly child and adolescent psychiatrists, in developing as in developed countries. This symposium will consist of four parts: 1. An outline of the potential benefit of telepsychiatry in a South African child and adolescent mental health service 2. A description of a successful telepsychiatry program in the USA (video demonstration included), 3. The importance of a successful support team for telepsychiatry, and finally 4, a presentation by a global leader in telemedicine, on how telepsychiatry has great potential to overcome the shortage of psychiatrists in all countries.
Abstract Number: 689

Telepsychiatry To Overcome Shortages in Subspecialties

TELEPSYCHIATRY TO OVERCOME SHORTAGES IN PSYCHIATRIC SUBSPECIALTIES IN THE DEVELOPING WORLD
Symposium Type: Regular Symposium

Dr. D Kaplan¹, Mr. M Mars, MBChB, MD², Mr. B Rossman³
1 - Sheppardpratt.org 2 - Dept. of Telehealth, Nelson R Mandela School of Medicine, Univ. of Kwazulu-Natal, South Africa 3 - Sheppard Pratt Psychiatric Hospital

Telepsychiatry holds great promise for countries with few psychiatrists by providing access to scarce human resources at a distance and reducing the need for patients or psychiatrists to travel. In the government sector hospitals and clinics in South Africa, which serve approximately 85% of the population, there are 0.35 psychiatrists per 100,000 people. Subspecialties like child and adolescent psychiatry are particularly underserved. Uptake of telemedicine in South Africa has been limited for a number of reasons; videoconference infrastructure is expensive, connectivity is often poor in rural areas, there is a general lack of awareness of telemedicine and Provincial Departments of Health have not budgeted for it. In KwaZulu-Natal videoconferencing is widely used for tele-education, including psychiatry, a clinical telepsychiatry service has been trialled and guidelines for telepsychiatry have been developed and endorsed by the College of Psychiatrists of South Africa.

While clinical service remains the end goal, tele-education, and clinical and administrative support are easier to implement and are more attractive to technophobic or sceptical clinicians. Tele-education allows access to experts in subspecialties, both local and international, and offers the opportunity to provide continuing medical education to staff who have to manage mental health patients as at designated district hospitals with no psychiatrists. Local experience in telepsychiatry and tele-education will be described and an international tele-education and support program for child and adolescent psychiatry will be outlined.
Abstract Number: 814

Telepsychiatry To Overcome Shortages In Subspecialties: A Description Of A South African Child And Adolescent Mental Health Service

TELEPSYCHIATRY TO OVERCOME SHORTAGES IN PSYCHIATRIC SUBSPECIALTIES IN THE DEVELOPING WORLD

Symposium Type: Regular Symposium

Dr. R Nassen
1
1 - Stellenbosch University

Child and adolescent mental health users in South Africa, experience significant barriers to accessing mental health services at primary and district levels of care, both within the metropoles and rural catchment areas. The South African Mental Health Policy Framework acknowledges the childhood origins of most mental disorders with 50% having their onset before the age of 14 years. Funding constraints however have limited the expansion of child and adolescent mental health services sufficient to serve the need, and in line with policy frameworks. The Lentegeur Hospital Child and Adolescent Mental Health Service (LGH CAMH) is a tertiary level academic unit, located in Cape Town. Mental health care is provided for young people from adverse social, economic and family environments. A particular focus has been outreach and support to local district and rural catchments and includes clinical supervision, visits to district hospitals and community health clinics, mentoring, training, advocacy and improved networking. Challenges to the sustainability of such programmes include time constraints, cost, geographic distances from base, travel time and safety in environments which are characterised by crime and violence. This presentation will detail aspects of the LGH CAMH programmes whose impact would be enhanced with the establishment of a CAMH telepsychiatry programme. The initial focus would be provision of clinical supervision, mentoring and training of personnel via videoconferencing, podcasts and use of a mobile platform. The aim would be to maximally utilise existing personnel and resources in order to improve the quality of inputs to larger numbers of children and adolescents, particularly in distant geographic areas.
Abstract Number: 815

A 13 Year Old Usa Telepsychiatry Program At Sheppard Pratt In Maryland, Usa.

TELEPSYCHIATRY TO OVERCOME SHORTAGES IN PSYCHIATRIC SUBSPECIALTIES IN THE DEVELOPING WORLD
Symposium Type: Regular Symposium

Dr. D Kaplan
1
1 - Sheppardpratt.org

Our telepsychiatry program started with a federal grant for rural health services in 2003. In 2014 a second grant was obtained from CareFirst, an HMO, to demonstrate to feasibility of embedding psychiatric services in medical settings. We currently have 10 senior child and adult and adult psychiatrists, as well as 7 supervised adult psychiatry residents, all working part time to provide direct care services to 9 programs at 14 locations in rural Maryland. We utilize electronic medical records (EMRs), either with direct entry or faxing notes immediately following the sessions. ePrescribing is utilized increasingly in our programs for non-controlled psychotropics. Over the past 12 months 450 evaluations and 2,250 follow ups were completed. There are over 1300 active cases. Patient satisfaction has been very high with over 90% satisfied or very satisfied with the service. Other services provided include bimonthly Adult and monthly Child and Adolescent Grand Rounds, broadcast respectively to 12 and 7 sites; Risk Management Series and Clinical and Administrative meetings to the various programs. Our program, the largest of its kind in Maryland, is financially viable and continues to develop and grow.
Abstract Number: 816

The Role Of The Telepsychiatry Support Team

TELEPSYCHIATRY TO OVERCOME SHORTAGES IN PSYCHIATRIC SUBSPECIALTIES IN THE DEVELOPING WORLD

Symposium Type: Regular Symposium

Mr. B Rossman
1

1 - Sheppard Pratt Psychiatric Hospital

As a key member of the telepsychiatry support team I have worked side by side with Dr. Desmond Kaplan, Medical Director of the service since September of 2009. During that time I have helped to transcribe evaluation and follow up notes, and have assisted with other aspects of telepsychiatry, including reviewing DSM diagnostic criteria, real time medication research to help Dr. Kaplan make informed dosage decisions, and during sessions have called pharmacies and state insurance agencies to ensure that patients receive their medication and have it paid for. Clearly, effective telepsychiatry depends on an efficient and motivated team working seamlessly to provide the best possible mental health care for the rural patient.