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A fuller picture: Evaluating an art therapy programme in a multi-disciplinary mental health service

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Art therapy has a long history in mental health care but requires an enhanced evidence based in order to better identify its precise role in contemporary services. This paper describes an evaluation of an art therapy programme in an acute adult psychiatry admission unit in Ireland. A mixed method research design was used. Quantitative data were collected through a survey of 35 staff members and 11 service-users. Qualitative data included free-text comments collected in the survey and individual feedback from service-users. Both methods aimed to assess the role of art therapy as part of a multidisciplinary mental health service. Thematic content analysis was employed to analyse qualitative data. Staff demonstrated overwhelming support for art therapy as one element within multidisciplinary services available to patients in the acute psychiatry setting, qualitative feedback associated art therapy with improvements in quality of life and individual support, and emphasised its role as a nonverbal intervention, especially useful for those who find talking therapy difficult. Creative self-expression is valued by staff and service-users as part of the recovery process. Recommendations arising from the research include continuing the art therapy service, expanding it to include rehabilitation patients, provision of information and education sessions to staff and further research to identify other potential long-term effects. The low response of staff and small sample in this study, however, must be noted as limitations to these findings.

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IECs, drug trials and regulators—the hounds barking up the wrong tree

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As India hurtles on into the 21st century with dizzying speed, the constantly evolving ethics, law and its interpretations fall behind. The cut and paste policy makers constantly impose regulations out of sync with the geopolitical realities. The Mental Health Care Bill now awaiting approval arose because we signed first on a global body convention and now are forced to comply. The family, a ubiquitous feature of our patient support system is slowly being derecognized. Instead, NGOs are the new approved caregivers. Our patriarchal society, earlier a repository of warmth and security is now jeered at. The mental health professional, the last mile delivery of mental health is in a quixotic position and some of the tantalizing issues of surreptitious drug administration, informed consent, the newer laws enacted or being enacted, narcoanalysis and drug trials will be discussed with pragmatic solutions offered to a disinterested regulator.

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Surreptitious drug administration: Collective decision making over riding personal autonomy

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A quaint problem indeed. This is an issue where ethical and practical management issues lock horns. An individual with no insight on a rampage, a threat to self and others cannot be given medicines without consent except in an indoor facility and admitted under a specific provision of the current statute. Contrary to the law, the mental health policy envisages community care of the individual. For a time defined interval, surreptitious medication can be administered providing much needed relief to the caregivers and calms the recipient. Surreptitious medication can of course be an instrument of control and hence would necessitate a system of checks and balances. Surreptitious medication tests legal and ethical boundaries. It offers relief to caregivers but can be an instrument of abuse. The act of administering a drug without the individual's consent is prima facie wrong but if the context is woven in, a whole new dimension arises.

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Microanalysis: The ethical minefield

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Mental health professionals had always yearned for an intervention, which was restricted to them alone, was safe and had a commercial potential. Narco analysis or chemical hypnosis with or without the supervision of an anesthetist presented such an opportunity in India's largely poorly regulated medical practice. The turning point however was the unrestricted use of narco analysis for forensic reasons often against the will of the recipient that caught the attention of the judiciary. Professionals in candid confessions spoke of the tool replacing normal polite enquiries and unnecessary voyeuristic information being fettered out. Anecdotal evidence suggested police resorting to this tool without client consent or judicial permission. A series of flats after searching enquiry on the statute has led to complete disarray. The legal issues have relegated the ethical issues of consent, the usefulness of "forced" information, the aftermath of "forced" information to the backburner. Currently, the tool is regulated by the judiciary and selectively applied with consent. In the clinical setting, it is fast disappearing.

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Informed consent: Pitfalls in a patriarchal & poorly literate society

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The judiciary enquiring *suomotu* into deaths following an oncology trial in central India opened a can of worms. Searching investigation suggested that informed consent was only a cosmetic exercise and the victim was usually illiterate, poor and for a monetary reward and without being informed of the consequences of the intervention, subjected to a drug trial. Further, the process of informed consent was dispensed with and “patient” was asked to sign at the bottom of the document, no questions asked. The ‘patient’ in these trials usually is from the urban poor or deeply patriarchal, poorly literate rural hinterland. This led to a media outcry, a witch-hunt, indictments, penal action and the regulatory body now insisting on a video filmed informed consent. The wheel has truly turned full circle. The regulators while seeking idealistic regulation seem to live in a utopian world. The patriarchal and illiterate populace of rural India is far removed from the rarefied world of videotaped informed consent and presents an ethically quixotic situation.

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When it's the time to switch the therapeutic approach on electroconvulsive therapy for residual positive symptoms in schizophrenia?

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Introduction Schizophrenia is clearly one of the most debilitating diseases. Luckily, in the past 20 years, there has been a wide and good change in symptomatology due to the new atypical antipsychotics. Still, there are patients who are treatment resistant after different adjustments like switching or adding antipsychotics. Most of the clinicians consider Clozapine the “last resort”. But what if it doesn't work so well on some patients?

Objective To determine the point when it's time to try electroconvulsive therapy in schizophrenia treatment-resistant patients or remain on conventional approach.

Aims The aim of this work is to determine whether it's better for those patients who have residual positive symptoms to use oral/depot antipsychotics or to switch on electroconvulsive therapy.

Methods This work presents the case of the patient C.D., 35 years, diagnosed with paranoid schizophrenia since 2008. Risperidone, Olanzapine, Aripiprazole were introduced during time, with some improvement on the positive symptomatology, but the patient developed several side-effects. At his last admission in our hospital, he came after a suicidal attempt caused by high anxiety and depression due to his false beliefs. Clozapine was introduced, but after one month of treatment, the patient still had the belief that his neighbours want to harm him somehow.

Results The patient and his mother definitively refused electroconvulsive therapy because of their personal beliefs. He affirmed that he can live with this “low-dose” of suspiciousness which, unfortunately, had a negative impact on his social life.

Conclusions We still recommend electroconvulsive therapy in these situations, even though, there are many misconceptions regarding this approach.

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The effects of personality traits of university students in their romantic relationships

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Introduction Most people will have romantic relationship in different periods of their life and sometimes this relationship can contain abuse. The abuse which is perceived in romantic relationships can be an important problem for university students.

Objective This study was conducted to determine the effects of personality traits of university students in the abuse which is perceived in their romantic relationships.

Methods The study was descriptive and analytical. The students of Marmara University Faculties of Law, Pharmacy, Nursing and Midwifery, Cinema and Television department comprised the sample. The measuring instruments consisted of a personal information form, the Basic Personality Traits Instrument (BPTI) and Romantic Relationship Assessment Inventory (RRAI). The data were analyzed with the SPSS 11.5 programme, using the “Mann–Whitney U Test”, “Kruskal–Wallis Test”, “Spearman's Correlation Test”.

Results RRAI mean score was 102.41 ± 33.79 ; subscale of BPTI's mean scores were; extraversion 28.60 ± 5.97 ; conscientiousness 28.30 ± 5.91 ; agreeableness 33.73 ± 4.29 ; neuroticism 26.09 ± 6.48 ; openness to experience 21.91 ± 3.83 ; negative valence 9.82 ± 3.36 . There was a low level negative significant relation was obtained between subscale of conscientiousness ($r = -0.196, P = 0.000$), agreeableness ($r = -0.168, P = 0.000$), a low level positive significant relation was found between subdimensions of neuroticism ($r = 0.168, P = 0.000$), negative valence ($r = 0.255, P = 0.000$) and abuse.

Conclusion In conclusion, there is a relation between personality traits and perceived abuse. Therefore, education programmes should be prepared about abusive behaviour and its risk factors and consequences.

Keywords Personality traits; Romantic relationships; Abuse of romantic relationships; Dating violence; Partner abuse

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Community based mental health care in Bosnia and Herzegovina – an overview of the last six years

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Introduction Mental health care in Bosnia and Herzegovina (BH) is changing and shows the new trends more than 20 years. In last 6 years is established strong network of community mental health centers (CMHC) as a most important service in the prevention, treatment and rehabilitation of mental illnesses.

Objectives Project of mental health in BH (PMH) is the largest reform project, supported by the Swiss Government and it is planned to be implemented in whole BH emphasizing importance of community mental health care and putting patients in the focus of the reform.