P207: Pilot testing of the Health and Social Care Professionals' Knowledge & Attitudes towards Later Life Sexuality (HSCP-KALLS) instrument

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Objective: Due to a lack of validated assessment instruments, this study aimed to pilot test the newly developed *Health and Social Care Professionals' Knowledge & Attitudes Towards Later Life Sexuality (HSCP-KALLS)* instrument. The HSCP-KALLS instrument is designed to assess health and social care professionals' knowledge (46 items) and attitudes (40 items) towards later life sexuality including components related to dementia, sex worker services and Lesbian, Gay, Bisexual, Transgender, Intersex or Queer/Questioning (LGBTIQ+).

Methods: A group of health and social care professionals (n = 22) and Healthcare-related educator (n = 2) were invited to complete the HSCP-KALLS instrument. Feedback on items phrasing and the experience of completing the instrument was sought.

Results: Written feedback regarding either phrase of items or use of the instrument was not specifically addressed by participants. A high level of internal consistency was revealed for both the knowledge and attitude items (α = 0.84 & 0.88, respectively). A decent level of knowledge (M=39.75, SD=4.90) and positive attitudes (M=161.04, SD=13.50) towards later life sexuality were demonstrated by participants. Participants had greater knowledge on items related to ageing, intimacy, and sexuality (95%), with a lower level of knowledge on items related to sexuality diversity (e.g., LGBTIQ+). Providing more trainings about later life sexuality was frequently addressed in the knowledge written feedback. Participants generally demonstrated positive attitudes towards later life sexuality. However, a high proportion of ambivalent responses were noted on some attitude items (e.g., A9 & A18) that participants indicated in written feedback that their responses would depend on circumstances.

Conclusion: Preliminary reliability and feasibility of using the HSCP-KALLS instrument has been encouraging, with further testing in large samples now, required to robustly establish psychometric properties. Supporting later life sexuality is essential and the use of HSCP-KALLS instrument can inform and identify professional development needs of health and social care professionals to improve care provision for older people by supporting their expression of sexuality in healthcare settings.

P208: The activities of Initial- phase Intensive Support Team for Dementia (IPIST) in Japan

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Objective: The Intensive Initial Support Team for Dementia (IPIST) is a multidisciplinary outreach team that provides intensive initial assessment and support for dementia in Japan, introduced based on the Memory Service in the UK. All municipalities are required to establish at least one team, which consists of at least one physician and two professional staffs such as public health nurses and care workers. IPIST usually complete the work within approximately six months, including consultation with medical specialists and introduction of public supports. IPIST sometimes faces “complex case” that is difficult to manage. Because complex cases often have psychiatric problems, accessibility to psychiatric resources is important for IPIST. This study investigated the percentage of psychiatric professionals among IPIST members and the characteristics of complex cases they face.
Methods: Through all 1741 municipalities in Japan, a questionnaire was distributed to each IPIST regarding the complex cases they experienced during April-September 2020. The questionnaire asked for the characteristics of each IPIST (e.g., specialty of the team physician, availability of staff with psychiatric expertise, etc.) and which of the 12 categories each complex case fit into, allowing multiple choice.

Results: We could collect responses from 1291 IPISTs. 43.3% of IPISTs had a psychiatrist, 43.1% had an internal medicine physician, 13.4% had a neurologist, and 17.0% had some other physician as their team physician. In addition, 59.4% of the teams had medical staff members with psychiatric experience, including psychiatrists. A total of 7340 cases were reported as complex cases. While the most common category for difficulties in case management was "refusal of services" (19.5%), factors requiring psychiatric intervention such as "behavioral and psychological symptoms of dementia" (16.0%), "co-occurring mental illness" (7.3%), "complaints from neighbors" (7.1%), and "trash-house" (4.3%) were also frequently observed.

Conclusion: The survey revealed that many IPISTs already had psychiatrists and other professionals with clinical psychiatric experience, and that they managed a lot of complex cases with issues that would be the target of psychiatric intervention. We believe early psychiatric engagement is important in many complex cases in outreach support for community residents with suspected dementia.

P14: "Invisible hence inexistent?": Sexual violence in older adults

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