Results: in the basic group physical's "I" disorder at the stage of sex self-consciousness (preference of external attributes of the opposite sex, negative perception of own corporal shape) have appeared are connected as among themselves, and with physical's "I" disorder on the following, sexual role stage (negative perception of the physiological displays one's anatomic sex) that has led to disorder at the stage of psychosexual orientations (choice of the opposite sex social and gender role). Infringements of development mental "I" on gender-role stage (preference of interests and hobbies more peculiar to the opposite sex in our culture and elements of musculan behaviour) have appeared are caused by infringements mental "I" at a stage of sexual consciousness (preference of game activity in the group of opposite sex) in the group of comparison.

Conclusions: pathogenesis of gender dysphoria at women with organic mental disorders connected with physical's "I" disorder at the stages of sex self-consciousness and sexual role.

P0257

My efforts and actions in making my treatment for mentall illness safer for me

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Patient safety of mentally ill can be endangered everywhere: in hospital, community, at home/family. There are lots of problems surrounding the mentally ill patient's safety during the treatment: Lower quality of medical services because of mental patients stigma& discrimination, Lack of compliance in therapeutic process which causes unsafe situations (refusal of medication, wrong medication or dose), Medical mistakes in treatment related to the fact that mental patients physical illness is often disregarded and neglected, Low awareness about side effects of psychiatric medication, Patients with severe/chronic mental illness can be easily misused or manipulated.

The authors are showing the story of a mentally ill patient and problems with patient safety in his medical treatment, around the issues of Patients engagement, Openness/ Honesty/Disclosure, Partnerships, Networking with various organizations and especially with the NGOs for human rights of mentally ill and at the end the action of the World Alliance for Patient Safety Workstands.

Authors are describing several activities conducted: Raising awareness about patient safety in mental field, Partnership of all key players (experts, professionals, families, patients), Education of patient advocates and patient for patient safety champions, Dissemination of good practice and solutions to prevent medical errors and improve patients safety, Learning from experience of mental patients (patient is an expert of his own experience, he is in a center of health care system and should be seen as a compass, conscience, teacher, catalyst and witness), Changing of European mental health policy to cover care of both physical and mental health.

P0258

Examining parental agreement and compliance with recommendations made by a mental health telephone triage service

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Objective: To date, the Calgary Health Region Child and Adolescent Mental Health Program (CAMHP) has triaged 23,883 referrals of which 14,034 have been enrolled and 9,849 have been referred at the time of triage to usually non-affiliated community-based programs or to the primary care referral source with recommendations. This paper reports on the results of a survey of those not accepted directly to CAMHP services in order to examine whether or not the recommendations made to the families seeking services were perceived as being appropriate.

Design and Methods: A survey was developed and a list of those who had been declined service and given recommendations to seek service in the community was generated and these were contacted based on random selection.

Results: Highlights include that a rating of 3.5/10 with respect to being satisfied with the service received on a scale of 1-10, with one being the best and ten being the worst. Additionally, when asked if AMH matched an appropriate mental health service to meet their child's needs, respondents replied Yes (56/69), No (11/69), Don't Remember (1/69), or Did not utilize the service (1/69).

Conclusions: The vast majority of clients surveyed were satisfied and felt that the recommendations made by AMH were appropriate. Implications for Practice or Policy AMH services appear to be appropriately aware of and linked with community serves to the extent that clients report a high level of contextual endorsement of the recommendations that are made.

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P0259

The place of the Western Canada waitlist project in regional child and adolescent mental health program services

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The Place of the Western Canada Waitlist Project in Regional Child and Adolescent Mental Health Program Services.

In this presentation is described the history of the Western Canada Waitlist Project (WCWL) and its implementation within the Child and Adolescent Mental Health Program. Highlighted is how the Western Canada Waitlist Project fits into regional clinical and accountability processes. Our results confirm that the Western Canada Waitlist Project Children's Mental Health component is a useful, economic instrument. For example, 11,067 Children's Mental Health Priority Criteria Score (CMH-PCS) forms have been completed since the beginning of the project in 2002. Not only have the WCWL data been used clinically to place clients within the continuum of care and develop priority and safety flags, the WCWL data have also been used to predict and model clinical outcomes. The current paper highlights the degree to which the WCWL-CMH-PCS, gathered at the time of screening and triage, prior to admission, predicts clinical outcomes at the time of discharge. Described is the way in which we plan to use this information to flag on admission, for the purpose of additional intervention, children who are at risk of poor clinical outcomes.

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