institutions, being twice that of non-show in other medical specialties, and is associated with a greater risk of morbidity and mortality.

Aims and objectives   Our study was conducted to assess the rate and factors associated with missed first appointments in an outpatient mental health clinic, in order to find correlates between the various factors and the probability of non-show among newly referred patients.

Methods   This was a retrospective study of 400 consecutive outpatients referred to a single regional mental health clinic in northern Israel during 9 months. Data was collected on sociodemographics, attendance rates, source of referral, the presence of chronic physical illnesses and time elapsed between referral to appointment. The findings were statistically analyzed to identify factors associated with patient non-show rate.

Results   Of the 400 patients included in the study, the non-show rate was 39.6%. Patients who missed appointments were significantly more likely to be younger, to belong to the Arab sector and to wait longer for their appointment. They were less likely to be physically ill. Gender, marital status and source of referral were not significantly associated with the non-show rate.

Conclusions   Given the problematic potential outcome of non-show to mental health clinics, it is important to identify high-risk factors associated with non-show and unique to the population in question, so that interventions can be targeted at them, thus improving treatment outcome and reducing risk to patients.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

EV1104

Establishing a physical health monitoring service for patients on depot antipsychotic medication

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Introduction   Patients with major mental illness are recognised to be at risk of premature death for a multitude of reasons. Those with schizophrenia and bipolar disorder are at highest risk.

Objectives   International best practice recommends monitoring of blood tests, physical parameters such as weight, BMI, waist circumference and blood pressure, and side effects of patients prescribed antipsychotic medication. A clinic was established to target these interventions.

Aims   This initiative aimed to improve the physical health monitoring of patients prescribed depot antipsychotic medication in a catchment area of approximately 36,000 in Ireland.

Methods   A twice-yearly, multidisciplinary monitoring clinic was established. A protocol was drawn up, following a literature review and inspection of current international guidelines, and a proforma assisted as an aide-mémoire. A self-report questionnaire, the Glasgow Antipsychotic Side Effect Scale, was used to enquire about side effects.

Results   Evaluation took place in descriptive form with audit used to examine outcomes. Full blood test monitoring improved from 9% of patients to 61% in one year, with 78% of patients having had at least one blood test recorded. Prior to the clinic's establishment, only one patient had had any physical parameters recorded, but this improved to 96% recorded after the clinics were run. Side effect documentation also improved.

Conclusions   The clinic was well-received and led to improved teamwork. Future recommendations include organising the clinic so as to include simultaneous blood testing. A similar project is being planned to target all patients attending who are prescribed antipsychotic medication.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

EV1105

How much longer will a patient stay in acute unit if mechanical restraint is required?

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Introduction   Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. In order to implement measures to prevent agitation and therefore mechanical restraint, it is important to quantify the effects and costs of those procedures. The aim of this study is to determine whether the application of mechanical restraint in psychiatry acute unit is related to a longer stay in hospital.

Material and methods   We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of our institution, between 2012 and 2015. For every discharge, the presence of at least one mechanical restraint was coded, resulting in two groups. The length of stay of the groups was then compared performing a *t*-test.

Results   The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated. There are significant differences between the length of stay of admissions with and without episode of mechanical restraint. The episode of mechanical restraint during an admission is associated with 5 to 9 more days of stay in the unit ($P < 0.001$).

Conclusions   The performance of a mechanical restraint is associated with a statistically significant and clinically relevant higher length of stay. These results suggest that preventing agitation, and therefore mechanical restraint, would be possible to decrease length of stay, and therefore costs related to hospitalization.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

EV1106

Predictors and rate for one-year inpatient readmission in the psychiatric hospital of Sarajevo Canton

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Introduction   Number of patients who are again unexpectedly admitted to hospital after a previous hospitalization are used to evaluating the quality of hospital care. Readmission can be represented by the total number and by readmission rate.

Objective Understanding the risk factors that can lead to readmission is a factor for the development of interventions that can improve the quality of care.

Aims The purpose of this study was to examine number and predictors of psychiatric readmission within 14 days, 30 days and, 3 and 6 months.

Methods In this retrospective study, analyses were conducted in a sample of 566 discharge adult patients who were admitted to a Psychiatric Hospital of Sarajevo Canton from 1st January to 31st December 2013.

Result Total number of readmission was 14%. The readmission rate within 30 days was 2.8%, number of readmission quarterly was 9.1%, number of readmission within 6 months after discharge was 13%.

In the study, several factors were significantly associated with increased risk of readmission including non-compliance with drug treatment, social problems, aggressiveness, suicidality.

Conclusion Our study suggesting that the prevention of psychiatric readmission requires continuous multidisciplinary work with patients and family members.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1108

Quality management and economic downturn. Post-modern topics of community psychiatry

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Introduction The reduction of the budget allocated to community psychiatry is part of financial needs in times of economic crisis. However, the community psychiatry is based on human resources rather than on technological devices and the economic downturn affects the quality of care in a field where the social and relational capital developed by mental health workers is fundamental. Some authors such as Serge Latouche propose to stem the economic decline with the concept of "degrowth", a constructive idea but difficult to apply.

Objective We would like to analyze whether the economic downturn has consequences only for the organization of psychiatric services or even for people with severe mental disorders. Another issue concerns the possibility that economic downturn increases the social exclusion of vulnerable people.

Results People who live on social welfare or disability pension remain on the margins of society but also those supported by families feel increasingly marginalized with respect to the future.

Conclusions The provision of mental health services may not meet the implicit and explicit wishes in the demand for health by citizens and society. It's therefore necessary to review the quality management within community psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Rehabilitation and psychoeducation

EV1110

An evaluation of the EOLAS psychoeducation programme for service users: An innovative approach to collaboration between clinicians and 'experts by experience'

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Introduction Psychoeducation for service users has been shown in several recent meta-analyses to improve adherence with treatment, decrease rehospitalization rates and improve various measures of quality of life. The 8-week EOLAS Programme for service users with schizophrenia or bipolar disorder is unique in being designed, co-facilitated and evaluated collaboratively by both clinician and peer representatives. EOLAS forms part of the service plan of the national Health Service in Ireland.

Aims and objectives To evaluate the impact of the EOLAS programme on participants' perceived knowledge, confidence, advocacy, recovery attitudes and hope.

Methodology Anonymised questionnaires were administered to participants before and after completion of the EOLAS Programme. All survey participants were invited to attend for interview to examine qualitatively their experience of the programme. Interviews were recorded and subjected to thematic analysis.

Results Forty-five subjects completed pre- and post-programme questionnaires (participation rate = 55%).

Significant improvements ($P < 0.05$) were identified across each of the 5 domains examined (i.e. perceived knowledge, confidence, advocacy, recovery attitudes, hope). Expressed satisfaction with the programme was high (95%).

At interview, participants ($n = 12$) particularly valued:
– the opportunity to ask questions of the psychiatrist e.g. about medication;
– improving self-care skills e.g. monitoring early warning signs of relapse;
– co-facilitation by a peer, which provided extra credibility and inspired hope;
– sharing experiences with peers.

Conclusions The EOLAS programme succeeds in meeting the needs of the participants across the target domains. This success depends on the unique collaboration between clinicians and peer experts on which EOLAS is based.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1111

Attitude toward medication as a predictor of therapeutic adherence. Importance of psychoeducation on treatment

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