Aims and method To show positive trends and practices in BH as well as obstacles in some fields of the reform.

Results For the last six years are made positive national mental health policies, established case management model in work with people with severe mental disorders, broad spectrum of services recognized by health insurance (validation of the work for all team members), user initiatives (organization), active role of primary mental health care, reduction of hospitalization, etc. On the other way, yet are not established protected housing, early interventions services and universal methodology or team structure in all CMHC.

Conclusions Community based mental health care shown as a good choice in the reform of the mental health in BH, confirming positive results from other countries. That is a reason to continue with improvements based on daily practices of the teams in CMHC. Disclosure of interest The authors have not supplied their declaration of competing interest.

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#### EV0648

## Access to mental health services among internally displaced persons in Ukraine: Results from a nationwide survey

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Background There are an estimated 1.4 million internally displaced persons (IDPs) in Ukraine as a result of the armed conflict in Ukraine.

Objectives (i) Measure the burden of key mental disorders (PTSD, depression and anxiety); (ii) examine rates of utilization of health and psychosocial support services; (iii) examine the patterns of utilisation of services.

Methods The study used a cross-sectional survey design and was conducted throughout Ukraine between March and May 2016 with 2203 IDPs aged 18 years and over. Time-location sampling was chosen as a probabilistic sampling method. Outcome measures were the PCL-5 for PTSD, the PHQ-9 for depression and the GAD-7 for anxiety. Descriptive and multivariate regression analyses were used.

Results Of the 2203 respondents, 703 reported experiencing a mental health or emotional problem over the previous 12 months and were also screened positive with PTSD, depression or anxiety. Of these 703, 180 had sought care (with sources of care to be given in the presentation). Therefore, 523 respondents did not seek care, equating to an overall treatment gap of 74%, (74% for PTSD, 71% for depression and 70% for anxiety). Key reasons for not utilising treatment included preferring to use their own medications (n = 176); unaffordability of health services (n = 118) or medications (n = 140); poor understanding by health care providers (n = 123); poor quality of services (n = 78) and stigma/embarrassment (n = 41).

Conclusions The findings support the need for a scaled-up, comprehensive and trauma informed response to provision of the mental health care of IDPs in Ukraine.

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

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#### EV0649

#### Taking care of people suffering from neuropsychiatric illness living at home

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Content background People suffering from neuropsychiatric illness are often in need of caring and nursing over a long period of time. Research shows that patients suffering from such illness do not very often get enough care in practice.

Aim To gain knowledge about nurses experiences from taking care of older people living at home and suffering from chronic and neuropsychiatric illness.

Method Qualitative analysis: fieldwork and qualitative interviews with 11 nurses who worked in four units in two different municipalities in Norway.

Results Challenges in clinical nursing explain the process nurses work in when they take care of people with neuropsychiatric illnesses living at home. This is caring for patients, taking care of family members, managing complex patient situations and the need for coaching and cooperation.

Conclusion To gain a good cooperation with other health personnel to strengthen the competence is important, especially when the goal is caring. Nurses with education in neuropsychiatric care can strengthen the competence maybe and reach a better patient care. The organization of the community health system needs to be studied.

Keywords Home care; Nursing; Elderly; Neuropsychiatric illness

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

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#### EV0650

#### Linguistic validation of a battery for measurement of affirming attitudes about mental illness

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Introduction Stigma restrains the life opportunities of individuals with serious mental illness. This study aimed at performing a linguistic validation of a battery for measurement of affirming attitudes; a battery that might be used to test the impact of anti-stigma and socially inclusive programs.

Methods Three measures were considered: the Recovery Scale, Empowerment Scale and Self-Determination Scale. Two native Arabic speakers, bilingual in English, independently translated the original measures into Arabic. A collaborative pooled version of the questionnaires was then obtained from the two translations. The pooled version was back-translated into English by a professional translator. A draft Arabic version of the battery was obtained from the comparison between the original questionnaires and the back-translation and was tested on 30 Arabic-speaking medical students. We also discussed the existence of other wording that enables the meaning of statements to be expressed clearly.

Results The test of the different items allowed the detection of three typing errors. It also highlighted mistranslating two terms to one term that does not distinguish between them in term of the meaning: "Goal" and "Purpose". Comments were reported on the wording of certain items in the questionnaire. These comments referred to the problems related to the grammatical and syntactical construction of certain expressions. The translation from English into Tunisian dialect is different from our dialect.

Conclusion We proposed an Arabic version of a battery of measures that reflect affirming attitudes. This is a step for reliable measures that assess stigma in Arabic countries.

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#### EV0651

### The assessment of a drama therapy process for patients with severe psychiatric patients

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*Introduction* Drama therapy is a useful therapy method for improving the life quality of psychiatric patients. Drama therapy is a rehearsal of everyday life. In this therapy method, clients actively join the creative process in order to better understand their life experiences.

Objectives Drama therapy may improve patients' ego functions, psycho-social and self-expression abilities, problem-solving skills, real-life adaptations and contribute to patient's psychiatric treatment

*Aim* The main aims were to examine the curative effects of drama group therapy and the effects of drama therapy on functionality in psychiatric patients.

Method The study was performed at the Istanbul University Faculty of Medicine. Patients were referred from the Psychiatry Polyclinic of this university to Art Therapy and Rehabilitation Program. Drama therapy is an applied drama-based art group therapy. The 10 subjects in our study, ranged from 20 to 50 years old. This therapy group gathered once a week for a ninety minute session. Subjects continued their medical care and received psychotherapy throughout the 24-week study. The therapy plan included an introduction, a warm-up session, a drama therapy work and a sharing session. Patients were assessed in pre and post-treatment with Global Assessment of Functioning and Wilcoxon Signed Ranks Test was used for statistical analysis. Yalom's Group Curative Factors Scale was applied.

**Result** There was a significant decrease in loss of functioning (P < .05). In Group Curative Factors, the means of hope, identification, group cohesion and altruism were determined high.

Conclusion Our study demonstrates that drama therapy has positive effects on patients with severe psychiatric patients.

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

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#### EV0652

## Comprehensive care for inpatients with mental disorders: Working towards service developments

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Introduction Over the past 20 years, considerable progress was made in understanding the multiple and complex needs of patients with mental disorders and ways to organize comprehensive care. However, organizing care in inpatient, pathology-focused settings,

where patients were seen increasingly as consumers of 'inpatient psychiatric' services is challenging.

Objectives and aims Inspired by modern trends, we are more able to integrate recent developments in psychosocial treatments, broadly defined, into progressive treatment framework within inpatient setting.

Methods Results of an audit of our service (psychosocial treatments) over the previous 5 years will be compared to published results of other services with a range of service delivery methods. Results Excerpts from mental health care practice in Moscow based Psychiatric Hospital N° 3 named after VA Hilyarovsky – are provided. The pathways of care as well as the basic principles governing the treatment (careful attention to referral sources; optimal patient-treatment matching; and psychosocial, rather than medical supremacy) are outlined. Training and development is central to the effective and efficient working of any staff group. As part of the service developments, a number of inductions (on psychosocial treatments) were provided on regular basis to all staff joining the service.

Conclusions Though the opportunity for future reform remains on the horizon, some of the strengths and weaknesses of our current health care practice will be presented.

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#### EV0653

# Documenting the decision-making process for initiation of pharmacological VTE prophylaxis in patients admitted to an adult psychiatry ward background

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Background Venous thromboembolism (VTE) is a condition that causes a blood clot to form within the venous blood system. If this blood clot forms in the peripheral venous system, it can cause symptoms such as calf pain and swelling. If this clot becomes dislodged, it may travel through the vessels into the pulmonary artery which can have much more severe consequences.

Objectives There has been a great deal of effort in recent years to increase the percentage of in-patients receiving a VTE assessment; and for those patients to receive appropriate VTE prophylaxis. VTE is a significant cause of inpatient deaths. This audit aims to compare current working practice to local standards and identify learning points.

Method VTE assessment data were collected from two acute psychiatric in-patient wards within a specified, random date range in 2016. Data was collected by checking paper admission documentation. NICE guidelines also state that all patients should be assessed for VTE on admission, with a standard of 100%.

Results Overall, 6.25% of general adult psychiatry patients had a VTE assessment done within 24 hours of admission.

Conclusion This audit shows that the necessary standards are not met. Importance of these assessments will be communicated during induction programmes for all staff and the results of this audit communicated to current staff on all in-patient psychiatry wards. Disclosure of interest The authors have not supplied their declaration of competing interest.

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