

**Aim** To describe the implementation and dissemination experience of DBT in Egypt.

**Methods** The implementation of DBT is examined quantitatively. Numbers were calculated retrospectively from the records at the implementation start in December 2013 and after 3 years in September 2016.

**Results** Number of therapists increased from one team of 2 therapists and one observer to 16 therapists organized in 3 teams plus 4 observers. The initial team, 7 psychiatrists and 2 clinical psychologists, could host and attend the first DBT Intensive Training in the middle east in 2014. DBT intensive training is the official training model developed by Dr. Linehan. We started with 8 clients one group for adults in Alexandria at 2013, increasing to 150 clients in 12 groups for adults, adolescent and SUD patients in 2016 with an average increase of 18.75 folds. The team participated and presented about DBT in 23 local and regional scientific meetings and hosted two workshops in collaboration with BehavioralTech, the official training institute.

**Conclusions** Although the DBT implementation in Egypt represented a great challenge, results are showing a promising increase in the number of trained therapists and participating clients.

**Keywords** Dissemination; DBT; Egypt; Borderline personality disorder

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

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#### EW0670

### Physical examination of psychiatric patients who presented at emergency department in a tertiary care hospital in Sultanate of Oman

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**Objective** To examine the completeness of physical assessment of patients presenting with psychiatric problems to the emergency department (ED).

**Methods** This was observational study based on a retrospective review of the medical records of patients who attended the ED of Sultan Qaboos university hospital and referred to the on-duty psychiatrist for assessment over a 12-month period. All patients aged 16 years and above, who presented to the ED with a psychiatric complaint were included in the study. A data collection sheet was designed to gather each patient's demographic data such as age and gender, past psychiatric history, nature of the presenting complaints, thoroughness of physical assessment, medications prescribed by the ED doctor prior to psychiatric assessment, and whether the patient was discharged, admitted to a psychiatry.

**Results** A total of 202 patients met the inclusion criteria. The mean age of the patients was 34.2 years. Females represented 56% of the sample. The majority of the study group (60.4%) were patients with a documented past psychiatric history. Physical examination was conducted in the ED for 61.4% of the patients, while vital signs were recorded for 68.8% of them. Approximately, 31% of the patients required injectable psychotropic medications as tranquilizers in the ED. Patients with an isolated psychiatric complaint coupled with a documented past psychiatric history were more likely to be referred to the on-call psychiatrist without a physical examination by the ED doctors.

**Conclusion** In our institution, not all patients with psychiatric presentations had a complete physical examination by the ED doctors.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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#### EW0671

### National child developmental and mental health disorders screening policy in Thailand

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**Background** Developmental disorders and mental health problems result in less optimal outcomes in children. Although awareness among the public had been improving, there was paucity of early identification frameworks, care pathways as well as the process of monitoring and evaluation in Thailand.

**Objective** To develop appropriate National child mental health policy in Thailand.

**Aim** To promote developmental and mental health outcomes of children.

**Method** Current child development and mental health research as well as policy development were reviewed. The framework of development together with major mental health disorders screening and intervention among children has been studied and established as a major policy in Thailand since 2014. The National developmental screening has been implemented in children aged 9, 18, 30 and 42 months. District level hospitals have been coached to facilitate Health promotion schools to screen and provide early intervention for grade 1 students with mental health problems. Annual data has been collected and analyzed to reflect the milestones of child development and mental health prevention-promotion policy in Thailand.

**Result** The coverage of National developmental screening ranges from 70–80% of children. About 20% of preschoolers are at risk of language delay while nearly 20% of grade 1 children are at risk of emotional, behavioral and learning problems. Parental awareness is the major challenge for those with limited financial resources.

**Conclusion** Investments in early childhood development are needed. The pathways to develop the appropriate intervention requires further collaboration among stakeholders.

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#### EW0672

### A RCT of a staff training intervention to promote quality of care in long-term residential facilities—the PromQual study

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**Introduction** The shift of hospital-based to community-based mental health care, introduced the need to assess and promote quality of residential services.

**Objectives** This RCT aimed at assessing the effectiveness of a staff training intervention to improve quality of care in residential facilities.

**Methods** Twenty-three units with at least 12-hour on-site staff support per day in Portugal were assessed with the quality instrument for rehabilitative care (QuIRC) filled online by the manager. A random sample of service users were interviewed using standardised measures of autonomy, experiences of care, quality of life, and the time user diary (TUD) for level of activity. The intervention group units ( $n = 12$ ) received workshops and a four-week hands-on training of the staff versus TAU in the control group ( $n = 11$ ). All units and users were reassessed at 8-months. The staff knowledge gained during the workshops was assessed using pre- post-test. Generalized linear mixed effects models were used.