

our national health system Laws until two years are completed for newly appointed surgeons. Managers might encourage surgeons if some balancing convenience was offered.

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#### EW0791

### A grounded theory of service providers' perceptions of a recovery-oriented transformation of a mental health service

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Recovery-oriented mental health service programs are often rather based on ideological or political considerations than on empirical evidence.

At Klinikum Bremerhaven Reinkenheide, we have included peer support workers in our teams in order to improve the quality of our treatment program and the recovery attitudes of the staff members. To control and evaluate this process an independent investigator conducted 13 (T1: February 2012), respectively 15 (T2: September 2013) interviews with different stakeholders of the change process. The interviews were transcribed and analysed for the categories level of information, confidence, participation and profession/working conditions/team structure.

The main result of T1 was that nursing staff fostered the projected transformation while physicians and psychologists focused on risk management and worried about losing their role. As implication of the T1 results, we offer a continuous in-house-training to improve interprofessional teamwork and social psychiatric expertise. At T2 all interviewed participants judged the involvement of the peer support workers positively. Many of the interviewees expressed though that from their point of view their participation had decreased and/or, the reorganisation was already terminated. As implication of T2, we now try to improve our internal communication and cooperation and strengthen the involvement of all stakeholder groups.

Besides the employment of peer support workers, it is essential in a recovery-oriented transformation of mental health services:

- to train staff members continuously and;
- to involve all stakeholder groups continuously in the change management.

A third survey is projected for 2017 to implement further requirements for a successful change process.

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#### EW0792

### Personal experiences of recovery facilitated by participation in an individual placement and support intervention

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*Introduction* Individual placement and support (IPS) is an evidence-based intervention where IPS consultants support people with severe mental illness in achieving competitive employment. IPS is a recovery-oriented intervention, but vast evidence regarding its ability to influence recovery-oriented outcomes challenges this position.

*Aim* To investigate how an IPS-intervention influences the personal recovery process in people with severe mental illness.

*Method* A qualitative phenomenological study including interview of 12 participants in an IPS-intervention. Analysis was made using a four-step phenomenological analysis method.

*Results* IPS contributed to personal recovery in a number of ways: The IPS consultants' ability to create an equal, acknowledging and safe relationship where participants' needs were taken into consideration in the search and support for job or education was found valuable. In combination with employment, the role of the IPS consultant contributed to normalization and stabilisation of participants' daily lives, changed their behaviours and beliefs about maintaining new achievements, personal goals and dreams.

*Conclusion* Individual placement and support provides opportunities to gain personal goals and contributes to stabilisation and normalization of participants' daily lives. This study supports the notion that the individual placement and support positively influences personal recovery in people with severe mental illness.

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#### EW0793

### Healthy lifestyles programme in an acute psychiatric inpatient unit

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*Introduction* Mental health issues and illnesses are associated with poor self-care and unhealthy lifestyles that contribute to morbidity, mortality and overall decrease in quality of life when compared to the general population. Healthy lifestyle promotion is infrequently considered a priority in mental healthcare services, especially in acute psychiatric inpatient units.

*Objectives* To present a healthy lifestyles promotion programme implemented in an acute psychiatric inpatient unit.

*Aims* To reflect on how to design an adequate programme for patients with complex needs.

*Methods* In a general psychiatric inpatient unit, a team of two psychologists and one psychiatrist, ventured to introduce weekly activities that included drawing, colouring, painting, crafts and games, that provided a context for patients and the team to sit down together or to gradually "drift" together and make possible conversations focusing on tobacco smoking, caffeine consumption, weight control, physical activity and health promoting activities.

*Results* Instead of individual or group psychoeducation talk interventions, play and art strategies, in closer proximity with the patients, made it far easier to engage difficult patients and made psychoeducation possible and fun.

*Conclusions* Patients with severe mental illness are frequently reluctant to engage in activities targeting healthy lifestyles, especially in acute psychiatric inpatient units, when insight and motivation for change may be low due to illness and consequences

of illness. Play and art therapy interventions led by a team of mental healthcare professionals who participate directly with the patients, may be an innovative, more effective and enjoyable strategy.

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#### EW0794

### Population attributable fraction (PAF) in repeated measures design: Childhood traumas as predictors of psychotherapy outcomes

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*Introduction* Population attributable fraction (PAF) represents the proportion of treatment failure, which could be avoided, if the individuals at high risk were similar to the individuals at low risk. The PAF, however, has not been available for repeated measures designs.

A relatively prevalent and strong risk factor for many adulthood disorders, such as depression and anxiety, are adversities and traumas experienced in childhood. Little is, however, known of their implications for common treatments such as psychotherapy.

*Objectives* To develop PAF for repeated measures, and to provide a useful tool in various research fields to provide decision-makers results, which are easier to interpret.

This study will examine the relative importance of different childhood traumas as predictors of psychotherapy outcome in a patient population with depressive and anxiety disorders.

*Methods* PAF was calculated using generalized linear mixed models and Bayesian predictive distributions.

The data is based on 326 outpatients, randomized in one long-term and two short-term psychotherapies by the Helsinki Psychotherapy Study. Patients were assessed up to 10 times during a 5-year follow-up. A combination of psychiatric symptoms measured, is used as the outcome measure.

*Results* The repeated measures PAF will provide a useful aggregate measure over the follow-up time and over the patient population.

*Conclusions* The repeated measures PAF will provide insight on the relative importance of the different domains of childhood traumas on therapy outcome. Associations of individual-level risk factors do not provide guidelines for policy decisions, which should acknowledge also prevalences of the risk factors in the patient population.

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#### EW0795

### Characterizing the inpatient care of young adults experiencing early psychosis

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*Introduction/objectives* The available literature suggests that treatments and health services for psychosis are considered to be poorly organized and highly variable. Little is known, however,

about how inpatient care is provided to individuals experiencing early psychosis. To facilitate quality improvement activities, we characterized the care this patient group receives in an inner city hospital.

*Methods* We performed chart reviews of individuals admitted to psychiatric inpatient units at St. Paul's Hospital, Vancouver, British Columbia between 01/04/2014 and 31/03/2016. Those who were 17–25 years of age and hospitalized for psychotic symptoms at the time of admission were included. Demographic and health service use were summarized using descriptive characteristics.

*Results* We identified 73 inpatients (mean age = 22; males = 78%; Caucasian = 41%) that met study inclusion criteria, having a combined total of 102 care episodes and an average length of stay of 30.7 days (median = 18; min = 3; max = 268). Half of the care episodes were repeat admissions, with up to 30% of the patients readmitted within 28 days of discharge. Physical and mental status examinations (MSE) were performed in virtually all care episodes, although frequency is low (31.4% had daily physical examinations and 18.6% had MSE every nursing shift). In 49% and 50% of care episodes, patients were given oral antipsychotics and discharged on depot medications. Even when indicated, not all care episodes had follow-up appointments (60%) or referrals to income assistance (35%), community mental health teams (61%), and housing support (38%).

*Conclusions* Specific programs are needed to address current gaps in inpatient care for patients with early psychosis.

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#### EW0796

### Effectiveness study of “occupational connections” – A short-term, in-patient intervention for promotion functioning and participation in daily life of people with mental health conditions

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*Objectives* Mental health conditions (MHC) have been associated with restrictions in daily life participation and functioning affecting health and well-being. Substantial numbers of people with MHC experience hospitalizations, however, there is limited evidence supporting functional interventions in the in-patient setting to promote recovery. The OC is an intervention implemented during sub-acute hospitalization, which attempts to promote activity and participation of people with MHC, both during the in-patient stay and upon return to the community, with a view to enabling recovery. To facilitate its implementation, we investigate the OC effectiveness.

*Aims* Investigate the OC contribution to cognition, symptoms and functional capacity among inpatients with schizophrenia.

*Methods* This is a quasi-experimental, prospective, pre/post-designed study with convenience sampling. Inpatients with schizophrenia were enrolled into the study group participating in the OC intervention ( $n = 16$ ); or the control group participating in hospital treatment as usual ( $n = 17$ ). The study participants completed evaluations at baseline and at discharge or after 10 weeks with: Neurocognitive State Examination, Trail Making Test, Ray Complex Figure, and Category Fluency Test for aspects of cognition; Positive and Negative Syndrome Scale for symptoms severity, and Observed Tasks of Daily Living-Revised for functional capacity.