

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.

**Results** Statistically significant improvement in cognitive functioning, symptoms severity and functional capacity was found in the study group after the intervention. These changes were not observed in the control group.

**Conclusion** The results support the OC effectiveness for cognitive and functional capacity improvement and symptomology relief. The findings advance the body of evidence for functional interventions in hospital settings.

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**EW0797**

### Compare “family atmosphere” in informal caregivers of patients with psychotic symptoms compared to their inclusion or not in self-help associations

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**Introduction** The participation of informal caregivers in the café of patients with psychotic symptoms in coordination with self-help groups have been found to reduce the expressed emotion in combination with psychoeducations interventions help create a supportive environment.

**Objectives** This study investigates the differences in the family atmosphere of informal caregivers of patients with psychotic symptoms.

**Aims** To compare whether or not the participation of informal caregivers of patients with psychotic symptoms in self-organized associations helps to foster a supportive family environment, hence reducing the risk of relapse.

**Methods** Snowballing sampling consisting of 510 informal caregivers of patients with psychotic symptoms was used in the current study. The Family Environment Scale of Moos and Moos and socio-demographic questions were implemented to collect the data. Control Cronbach's Alpha reliability of scale gave value  $\alpha = 0.795$ .

**Results** The comparison showed that informal caregivers of patients with psychotic symptoms irrespective of their participation or not in self-help associations do not show significant differences in Family Environment Scale. Significant statistical difference between the two groups ( $P < 0.05$ ) only occurred in the subcategory “organization”, as the first group ( $m = 4.68$ ,  $df = \pm 2.233$ ) were found to have lower values compared to the other group ( $m = 5.21$ ,  $df = \pm 2.233$ ).

**Discussions** The study demonstrated that informal caregivers of patients with psychotic symptoms involved in self-help groups do not show to have a particular difference in the family atmosphere than families who do not participate in self-help associations.

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**EW0798**

### A randomized controlled study: The effects of self-referral to inpatient treatment on patient activation

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**Introduction** Self-referral to inpatient treatment (SRIT) has recently been implemented in Norway in several community mental health centers (CMHC) in an effort to increase activation and to improve access to mental health services and timely treatment.

**Objective** To examine the effect of having a contract for self-referral to inpatient treatment (SRIT) in patients with severe mental disorders. This intervention was based on personalized care planning, legislation regarding patients' rights and is intended to enhance user participation.

**Aims** To assess the 12-month effect on patient activation measure-13 (PAM-13).

**Methods** A randomized controlled trial with 53 adult patients; 26 participants got a SRIT contract which they could use to refer themselves into a CMHC up to five days for each referral without contacting a doctor in advance. Preliminary results on the primary outcome after 12 months with the self-report questionnaires Patient Activation Measure (PAM-13), will be analyzed using linear mixed and regression models.

**Results** The preliminary results showed no significant effect on PAM-13 (estimated mean difference [emd]  $-0.41$ , 95% CI [CI]:  $-7.49$  to  $6.67$ ). A post hoc analysis found an effect of SRIT on PAM-13 in those with baseline PAM-13 scores below  $\leq 47$ .

**Conclusion** There were no group differences.

**Trial design** Clinicaltrials.gov NCT01133587.

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**EW0799**

### Treatment profiles in a Danish psychiatric university hospital department

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**Introduction** Despite concerns about rising treatment of psychiatric patients with psychotropic medications and declining treatment with psychotherapy, actual treatment profiles of psychiatric patients is largely unknown.

**Aims** To describe patterns in the treatment of patients in a large psychiatric university hospital department.

**Methods** A descriptive mapping of treatment of in- and outpatients in a psychiatric department at Aarhus University Hospital Risskov, Denmark. Information was collected by health care staff using a 25-item survey form. The  $P$ -value was calculated with a  $\chi^2$  test and  $P < 0.05$  was considered significant. The study was preceded by a pilot study on 41 patients.

**Results** Over a 1 month period we assessed a total of 343 consecutive patients and hereof included 200 in the age range 18–90 years (mean 53.76); 86 men and 114 women. One hundred and eighty-eight patients (94%) used psychotropic medication, 37 (19%) as monotherapy and 148 (74%) in combination with non-pharmacological therapy. Ninety-seven (49%) had psychotherapy and 104 (52%) social support. Among inpatients, 21 (64%) had physical therapy, and 10 (30%) electroconvulsive therapy. In total, 163 (82%) had non-pharmacological therapy. Fifty-two (26%) patients had monotherapy and 148 (74%) polytherapy. Mean number of