

During three months we collect data of all new patients who were known from a psychiatric outpatient clinic located in the 14th district of Paris. We provide seven days a week free psychiatric care (medical, nurse and social consultations, treatment delivery, psychotherapy...). More than half of the nearly 2,700 annual outpatients are diagnosed with psychosis.

The future of 298 contacts with our structure has been studied.

- 209 first appointments have been given after a first contact. The non attendance rate of the 209 is 11%. Women and patients who have called by themselves without medical prescription are over-represented in this first category of patients
- on the 185 attending patients, 167 were given an appointment with a psychiatrist. The non attendance rate is 13%. Men are overrepresented in this second category of patients
- on the 145 patients attending their appointment with the psychiatrist. 120 were given a second appointment with a psychiatrist. 6% of them did not attend it

We aim to set up a strategy to make the lost to follow up rate to decrease.

Simple actions that have shown evidence are now routinely implemented, as computerized traceability of patients' pathway, from the first contact to the follow-up.

Prevention aim of our mission for chronic disease: lost to follow up / lost of chance.

P0159

Are families in need of standardised family work?

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Background and Aims: There is a need to address vulnerable carers in schizophrenia and severe mental illness, although research has not yet defined feasible risk assessment routines. Caregiver needs must be sought and targeted instead of blindly delivering previously defined programs. In Portugal, where psychoeducational family work has been scarcely implemented/evaluated, the Families of Psychotic Patients (FAPS) Project is now running in Lisbon. It consists of a prospective study of caregivers, which will be followed in time by a group intervention study for a defined sub-sample.

Methods: Caregivers' assessments (baseline) include the Involvement Evaluation Questionnaire, the GHQ, the Social Network Questionnaire and a schedule including questions on intervention needs/adherence). Patients are given the BPRS, WHO-DAS II and GAF. We present preliminary data concerning baseline assessments of a first cohort of the prospective survey (n=70). A convenience sample of primary caregivers to patients with schizophrenia, schizo-affective or delusional disorders (ICD-10) was considered.

Results: Key-relatives (age 59.4±13.1 yrs) were mostly female (87%). Burden was evident (especially IEQ worrying 18.9±5.4). 31.4 % scored GHQ+, while needs for family work were not invariably expressed, in discrepancy with interviewers' expectations.

Conclusions: Caregiver burden and psychological distress do not imply adherence to family interventions (either in relative groups or behaviour family therapy format). Moreover, some of the most distressed carers seem to be the hardest to recruit.

These considerations must be checked at follow-up with the whole sample and warrant further research. Apparently, one should tailor

family intervention programs to each family according to prior detailed assessments.

P0160

Social disability of mentally ill and burden on their relatives in Polish families

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Aim: The attempt was made to investigate the relationship between patients' impaired role performance within their families and the burden on caregivers.

Methods: 128 patients suffering either from schizophrenia, depression or anxiety were interviewed upon admission to the mental hospital using Groningen Social Disability Schedule (GSDS). Their caregivers who lived with them were asked to fill in the Involvement Evaluation Questionnaire (IEQ). The following GSDS roles were considered: "self-care", "contribution to family atmosphere and economic independence", "kinship – parents and siblings", "parental role", "relationship with partner", "quality of social contacts". Patients were classified as disabled/not disabled in a given role. Caregivers' burden dimensions i.e.: "worrying", "tension", "urging" and "supervision" were measured according to patients' disability status. Statistics included Mann-Whitney's and t Student's tests.

Results: Only disabilities in some roles were associated with higher caregiver's burden: neglected personal care resulted in higher "urging", withdrawal from family life led to higher "tension" whereas lack of adequate contribution to the family's economic independence did not. Disability in parental role proved to be a family's "trouble spot" and led to high "tension" and "supervision" in spouses. Surprisingly, impaired relationships with partner, siblings and parents as well as disturbed social contacts were not associated with higher burden.

Conclusions: Disability in parental role may be an important factor contributing to the higher burden on patient's spouse. Helping strategies for families with mental illness and children should consider this fact, should also aim at improving patient's self-care and their emotional input to family climate.

P0161

Activity of civil committee on human rights

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Background and Aim: The aim is to define the effectiveness of anti-psychiatric activity of Civil Committee on Human Rights.

Materials and Methods: Cohort of 67 patients and relatives of mentally ill patients were studied after presentation of film "Industry of Death" in a framework of international exhibition "Destroying of life – exposure of psychiatry".

Results: 88% of patients who were hospitalized into psychiatric clinics before considered that film consists calumny on psychiatry but some facts of misuse of drugs sets a trap. 47% of them said that they will not follow advises of psychiatrist to avoid side effects and consequences of treatment with "chemical substances".

Relatives of psychiatric patients showed negative attitude to psychiatry after watching this film. They said that they regret that they put their relatives to psychiatric hospital before and they will refuse of hospitalization even in a case of worsening of psychic state of patient.

All of them did not consider that the film was tendentious, and facts were finding specially to discredit the profession of psychiatrist.

Conclusion: Civil Committee on Human Rights acts like extremists organization to inspire hatred to psychiatrist as professional group and makes harm to mental health provoking patients to refuse of treatment.

P0162

Mental health and care of patients with depressive disorders in the views of pharmacists

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Background and Aims: Depressive disorders are highly prevalent in the general population while there are marked diagnostic and therapeutic deficits resulting in direct and socioeconomic costs. Pharmacists represent important community facilitators in primary health care but their role in counselling and monitoring of depressed patients has rarely been investigated.

Methods: In order to improve knowledge about depressive disorders and practical skills, nationwide seminars were held for staff members [N=102] of German public pharmacies followed by an evaluation of personal views and seminar.

Results: Personal estimates of proportion of depressed customers reached an extremely wide range from 1-70%. This view and further beliefs (regarding depression as an illness like any other; confidence in counselling) of pharmaceutical staff were correlated with age and years of practise rather than with professional position. Comprehensive education and specific training programmes (e.g. communication skills), especially in the younger and less experienced staff, may promote successful counselling of depressive individuals.

Conclusions: Mental health care systems need to more implement personnel of public pharmacies by training programmes to increase identification and treatment outcome of depression and reduction of health care expenses.

P0163

Not only burden - but also reward! The far side of being a caregiver of a psychiatric inpatient

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Background: To do the complexity of being a caregiver of a psychiatric inpatient justice, it is imperative to broaden the lopsided perspective of the burden of caregivers in research studies to the also existing rewards of caregiving.

Methods: Semi-structured interviews with ever 15 caregivers of patients with schizophrenia, depression, bipolar disorders and personality disorders were analysed by using a summarizing content analysis. The interviews focus on negative and positive aspects of providing care for a family member. Furthermore, the coping strategies of the caregivers were analysed by using the Freiburg Questionnaire on Coping with Illness (FQCI).

Results: The burden of the relatives (n=60) are many-sided (787 individual statements are named), but the rewards are surprisingly numerous, too. 413 individual statements of rewards could be summarized in 23 global statements, which were assigned to six

categories: "Appreciation for providing care from the patient and others and satisfaction about providing care" (30.3%), "Gain in personality and experience of life" (22.8%), "Gain in successful coping strategies" (13.6%), "Increase of cohesion and relationship within the family" (13.1%), "Changes of attitudes and opinions" (12.1%) and "Experiences of support by others" (8.2%). The most frequent coping strategies of the relatives are "Active problem-oriented coping" (mean value 3.5), "Distraction and building self-esteem" (2.7) and "Religiousness and search for meaning" (2.7).

Conclusions: Results demonstrate the relevance and variety of both positive and negative aspects of caregiving and targets for intervention in psychoeducation programmes as well as in self-help groups to encourage relatives in their skills and resources.

P0164

Assessment of emotional burnout and stage of stress in medical staff of a hospice

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Objective of investigation: To identify level of emotional burnout in secondary and junior medical staff of the hospice according to data obtained with various questionnaires.

Materials and Methods: Medical staff of the Department "Hospice" of a city hospital is represented by women (20-52 years) working in regime of twenty-four-hour duties. Secondary (15) and junior (13) medical staff were questioned according to Maslach Burnout Inventory (MBI) and Boyko Emotional Burnout Method. Boyko Method represents an original inventory for revealing the symptoms associated with stress and identification of stage of stress: tension, resistance, exhaustion.

Results: According to data of MBI 40% medical workers present with high level of emotional exhaustion, 23% - high level of depersonalization, 13% - high level of personal achievements. Results obtained with Boyko Method have identified: 44% of examined personas are at stage of tension, 36% - at stage of resistance and 20% - at stage of emotional exhaustion. Level of emotional burnout and stress was interrelated with duration of work at hospice.

Conclusions: High indices of emotional exhaustion and stage of tension and resistance among medical staff of the hospice have been revealed. Use of various questionnaires provides an important and more objective information about psychological state of secondary and junior staff for further study and practical activity.

P0165

Relationship between mental health and previous agreement of elderly people living in nursing home

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Background and Aims: One of the most important affecting factors on mental health of elderly people residing in nursing home is previous preparing for living in nursing home, therefore this study has been performed to assess relationship between mental health and previous agreement of elderly people on living in nursing home.