

**Introduction** Studies have shown that people with Intellectual Disabilities (ID) develop mental illness at rates similar to or higher than general population<sup>1</sup>.

**Objectives** There is no previous study on mental health of adults with ID in Turkey.

**Aim** The purpose of this study was to investigate the prevalence and associated factors of mental disorders in adults with ID in Turkey.

**Methods** 151 participants with ID aged 18 and over were recruited from care homes, rehabilitation centers and from people attending to psychiatry outpatients for the first time. Every participant underwent face to face assessment by a psychiatrist supported by an informant and previous notes. A structured purpose designed socio-demographic form was used. Diagnoses were drawn according to DSM-5. Point prevalence of disorders was calculated and associated factors were investigated.

**Results** 63.5% of the participants met criteria for one psychiatric disorder, 21% had more than one disorder. The most common disorders were: challenging behavior (34%), autism spectrum disorders (%13.9), and anxiety disorders (13.9%) and attention deficit hyperactivity disorder (10.6%). Living in a care home and being young were associated with mental ill health ( $P < 0.05$ ) [1].

**Conclusion** This study demonstrates high psychiatric comorbidity in adults with ID. Young age and care homes were the associated factors in this sample. These results are important to raise awareness of professionals and service providers about mental health of adults with ID.

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**Reference**

[1] Buckles J, Luckasson R, Keefe EA. Systematic review of the prevalence of psychiatric disorders in adults with intellectual disability. *J MentHealthResIntellectDisabil* 2013;6(3):181–207.

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## EW0161

### Using quality improvement methodology to achieve NICE compliant care for people with intellectual disabilities whose behavior challenges

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**Background** In May 2015, NICE published guidelines for people with intellectual disabilities whose behavior challenges (NG11). Eight quality standards were subsequently developed by NICE to help service providers, health and social care practitioners and commissioners implement the necessary recommendations within the new NG11 guidelines.

**Methods** We used a Quality Improvement (QI) methodology including process mapping, driver diagrams, and fortnightly QI team meetings. We conducted a baseline audit of the quality standards and used Plan-Do-Study-Act (PDSA) cycles to pilot interventions generated by the team to improve compliance with the standards.

**Results** Baseline compliance with the quality standards was low. We identified four priority areas for intervention: annual physical health checks, recording the indication of medication, multidisciplinary case discussion and concurrent psychosocial interventions for those prescribed medications for challenging behavior. Using a PDSA cycle for each intervention, we have demonstrated improved compliance with the NG11 guidelines. Compliance for the recording of indication of medication for all case reviews was previously

0% and now 100%. At least one target case is discussed at each MDT team meeting. Full results for annual health checks are awaited, but intervention has already shown an improvement in the uptake from 40% to 70%. Staff and carers knowledge of psychosocial interventions for people with challenging behavior showed an improvement after training.

**Conclusions** Quality Improvement methodology was successful in improving adherence to NG11 guidelines. We are currently assessing whether this is leading to reductions in challenging behavior and improvements to people’s well-being.

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

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## EW0162

### An online survey of the stigma attached to psychiatry and psychiatrists in India

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**Introduction** Stigma in psychiatry is pervasive, it does not stop at illness and marks all those who are ill, their families across generations, institutions that provide treatment, psychotropics, and mental health professionals. Stigma directed towards psychiatry as a branch & psychiatrists in particular has not been systematically studied in the Indian context.

**Objectives** To study the Indian psychiatrists perspective of stigma directed towards psychiatry & psychiatrists.

**Methods** An online survey containing “The World Psychiatric Association Stigma Questionnaire” was sent to the members of the Indian Psychiatric Society. Two hundred and three Indian psychiatrists filled out the questionnaire which assesses the stigmatization of psychiatry and psychiatrist as perceived by the psychiatrists themselves.

**Results** One hundred and thirty-two psychiatrists completed the survey with a completion rate of 65%, 75% of the respondents were male and most of their clientele was from urban catchment area. Sixty percent of the psychiatrists were either working in a psychiatry hospital or a psychiatry unit in a general hospital setting. More than a third had high-perceived stigma but had a very low stereotype agreement. Discrimination experiences were noted by more than 75% of psychiatrists, however less than 8% had a negative stigma outcome.

**Conclusions** Though most of the Indian psychiatrists perceive themselves as being stigmatized, the stereotype agreement was found to be low and the discrimination experiences did not have significant impact on job performance. Though this might reflect resilience, we must attempt to improve the image of psychiatry and strive towards achieving a larger public acceptance of mental health services in India.

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## EW0163

### Changes in utilization of psychiatric hospital facilities in Denmark by patients diagnosed with Schizophrenia from 1970 through 2012: The advent of ‘revolving door’ patients

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**Introduction** The Danish psychiatric system has gone through several structural changes in the last four decades. The deinstitutionalization of the mental healthcare system was implemented in Denmark in the late 1970s with the intention of increasing outpatient treatment. One of the aims in the reorganization was to treat the patient in the local environment rather than during long-term hospitalization.

**Objectives** This study focuses on the changes in the utilization of hospital facilities for patients diagnosed with schizophrenia.

**Aims** The aims of this study were to analyze the development of admission/readmission, bed days and occupancy rates over four decades (1970–2012) in Denmark in schizophrenia treatment using admission statistics for in-patients only.

**Methods** Using register data from secondary healthcare treatment of patients diagnosed with schizophrenia in Denmark 1970–2012, we analyzed the development in the use of hospital facilities.

**Results** Our major finding was a 220% increase between 1970 and 2012 in the total number of hospital admissions due to schizophrenia each year, while at the same time the number of annual schizophrenia bed days was reduced by 76%. Furthermore, the readmission rate within a year after discharge with a diagnosis of schizophrenia reached 70% in 2012 compared to 51% in 1970. Finally, the total bed occupancy continued to rise over the four decades and has exceeded 100% in several years since 1999.

**Conclusion** The findings indicate that the reorganization of the Danish mental healthcare system has created a problem of “revolving door” schizophrenia patients’ who since the 1970s have been increasingly hospitalized but for shorter periods.

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

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#### EW0164

### Pathways to care and patterns of care in first episode psychosis patients treated in community based-mental health services. A 5-years follow-up from the PICOS

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**Introduction** International treatment guidelines recommend that key elements to reduce the burden of psychosis are the early identification of people and the adoption of specific evidence based interventions.

**Objectives** To investigate the pathway to care and patterns of interventions provided by community based-mental health services (CMHS) to a cohort of first-episode psychosis (FEP) patients over 5-years period, exploring in which degree guidelines are met in routine clinical practice.

**Methods** Study conducted in the context of the Psychosis Incident Cohort Outcome Study (PICOS), a multisite naturalistic research conducted in the Veneto Region (Italy) on FEP patients in a 4.6 million inhabitants catchment area. A comprehensive set of stan-

dardized measures was used, including *ad hoc* schedules to collect information on referrals to psychiatric services and on pharmacological and psycho-social treatments according to a multiwave follow-up design (1-, 2- and 5 years).

**Results** Three hundred and ninety-seven FEP patients were assessed at BL, 286 at 1 year, 233 at 2 years and 205 at 5 years. 47.4% of patients were helped to seek care by a relative and more than one half entered the treatment route through an emergency access. Regarding the interventions received, 96% of patients had been prescribed neuroleptics and atypical were the most prescribed class (66.9%). Only half received a psychosocial intervention during the first year and this percentage progressively decreased at each FU.

**Discussion** Findings highlight discrepancies between interventions provided by CMHS and the best treatment options recommended by guidelines, suggesting the need to implement specific initiatives aiming to close the gap between research and clinical practice.

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#### EW0165

### The relation between socio-environmental factors and intellectual disability: Unraveling the knot

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**Background and aim** The current literature indicates that people with intellectual disabilities (ID) present quantitative and qualitative peculiarities of various socio-environmental factors than the general population. Although the identification of such peculiarities would have very important implications for the development of preventive, rehabilitative and inclusive procedures, valuable data are still lacking. The aim of the present paper was to assess the significance of the relationship between socio-environmental variables in person with ID, with particular reference to individual history and life contexts.

**Methods** A consecutively recruited sample of 112 participants with ID attending residential or clinic/rehabilitative services across Italy was evaluated by the administration of ISTORIA (Historiographical organized interview for adult intellectual retard), a semi-structured questionnaire designed to investigate clinical and personal history of the person. A considerable percentage of the samples have co-occurrent psychiatric disorder. Scores obtained were statistically processed through frequency analysis and calculation of correlation indexes.

**Results** Significant correlations were found between the family, the educational/professional environments, and the inclusion in society. Further associations concerned social relationships within and outside the family, the changes of living accommodation, and the level of environmental stimulation received.

**Conclusions** Both findings from previous research and the ones of this work confirm the importance of investigating the mechanisms involved in the acquisition of social skills by persons with ID, through family dynamics and participation in community life, as protective factor against the worsening of disabilities and potentially of psychopathological vulnerability that affects this population.

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