

Symposia – Services users and carers are experts in mental health

EECP 06

Involving people with intellectual disabilities in the formal assessment of psychiatrists' skills

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Purpose It is widely recognised that people with intellectual disabilities receive a poorer quality of healthcare than their non-disabled counterparts. Training for healthcare professionals in intellectual disability is often scant or non-existent. The purpose of this work is to explore the usefulness of employing actors with intellectual disabilities as simulated patients in the assessment of trainee psychiatrists.

Design/methodology/approach The development of a structured clinical exam “station” designed to assess the ability of trainee psychiatrists to communicate with a simulated patient played by an actor with an intellectual disability is described. The paper also assesses the potential benefits of this kind of assessment and the experience of actors and examiners taking part in this process.

Findings The station was found to perform well in discriminating between candidates of various abilities and was well received by actors, examiners and observers. The station is now routinely used in the formal assessment of trainee psychiatrists in the UK.

Practical implications The use of people with intellectual disabilities in training and assessment appears to be advantageous in terms of improving knowledge, attitudes and skills amongst healthcare professionals and gives increased opportunities for people with intellectual disabilities to undertake valued social roles.

Originality/value Few institutions currently employ actors with intellectual disabilities as simulated patients as part of their training programmes and as a result there is little in the way of literature on this subject. This paper describes an alternative approach to teaching and assessment which falls in line with recommendations from the UK Department of Health to involve service users in the training of healthcare professionals.

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Training workshop – Dissociative symptoms, how to recognise and treat them

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Discussion

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The concept of “dissociation” covers a rather wide array of psychopathological conditions, ranging from dissociation of consciousness (e.g., post-traumatic conditions), to dissociation of personality, (i.e., multiple personality disorder) and dissociation of

the basic structures of the pre-reflexive self (as it is the case with schizophrenic abnormal experiences). I will focus on this last issue and describe the dissociation of time experiences in people with schizophrenia as a characterizing feature of this condition.

Schizophrenic persons often describe their sense of temporal reality as: “things to a standstill”, “immobility, but not calm”, “time going back to same moment over and over”, “people like statues”, “frozen moment”, “out of time”, “marmoreal”, “unreal stillness”. Time is fragmented, there is a breakdown in time Gestalt, and an itemization of now-moments. The mere succession of conscious moments as such cannot establish the experience of continuity. Another typical phenomenon is that a revelation is on the verge to happen, the world is on the verge of ending, a new world is coming, one’s own life is on the point of undergoing a radical change. The schizophrenic mood can be characterized as the dawn of a new reality, an eternally pregnant now in which what is most important is not present, what is really relevant is not already there, but is forever about to happen. Time in the schizophrenic mood is “a state of suspense”, “pregnant now”, “being is hanging”, “something imminent”, “something... I didn’t know what... was going to happen... between inspiration and expiration”. The main feature of abnormal time experience in schizophrenia is disarticulation – a breakdown of the synthesis of past, present and future. This includes four subcategories: disruption of time flowing, “dèjà vu/véçu”, premonitions about oneself and the external world. The integrity of time consciousness is the condition of possibility of the identity through time of an object of perception as well as of the person who perceives it. Abnormal time experience may be related to the manifold of other schizophrenic subjective abnormal experiences and symptoms, including anomalies of phenomenal consciousness (e.g., disintegration of the appearance of external objects and itemization of external world experience), selfhood (e.g., disruption of the implicit sense of being a unified, bounded and incarnated entity), and sociality (e.g., breakdown of one’s sense of being naturally immersed in a meaningful flow of social interactions with others).

Disarticulation of time experience includes four subcategories. Disruption of time flowing: Patients live time as fragmented. Past, present and future are experienced as disarticulated. The intentional unification of consciousness is disrupted. The present moment has no reference to either past or future. The external world appears as a series of snapshots. Dèjà vu/véçu: Patients experience places, people and situations as already seen and the news as already heard. This abnormal time experience entails a disarticulation of time structure as the past is no more distinguishable from the present moment. The already-happened prevails. Premonitions about oneself: patients feel that something is going to happen to them or that they are going to do something. This abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into the present moment. The about-to-happen prevails. Premonitions about the external world: patients feel that something is going to happen in the external world. As the previous one, this abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into the present moment. The about-to-happen prevails.

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