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Adapting the assertive community treatment (ACT) for the needs of different communities: A comparative case study of KUINA ACT Japan and Mt. Sinai ACT Canada

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In this e-poster, we will present the assertive community treatment (ACT) model in both Japan and Toronto, Canada. We will compare the adaptations of ACT models in both teams in order to serve their target populations efficiently and effectively.

We will also compare the demographic data, clinical data and the outcomes of both ACT teams by analysing the hospitalisation days, number of emergency admission and the number of admissions into hospitals.

We will also highlight differences in the mental health systems in Japan and Canada.

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EV0619

Nursing care to the person with mental disorder: Experience report

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Introduction The formation of nursing professionals requires a dynamic teaching that provides the acquisition of skills and abilities to execute care, management, teaching and research activities. In this perspective, the operative groups are a teaching and nursing care strategy, performed by a knowledge exchange and collective interventions.

Aims Discuss the experience in nursing care to the person with mental disorder.

Methods It is about a fourth year undergraduate nursing students' experience report. The activities were developed at a center of psychosocial attention in João Pessoa, Paraíba, Brazil. Once a week, four operative group sessions were held under the theme "men's health". In the first session were agreed norms of behavior and activities plans on which the participants chose the subjects.

Results The operative group provided a friendly environment to exchange knowledge, in which the contents were addressed from the participant's acquisitions and experiences. There was a good group interaction. The students conducted the activities under the teacher and monitor's supervision.

Conclusion This report provided experiences that contributed to the students' teaching-learning process as well as for understanding the nurse's insertion in the care scenario and the use of soft technologies to an efficient care to the person with mental disorder. The students also noticed the operative group's impact in the user's lives through sentences such as "It was fun", "I won gifts", "liked it", "I learned".

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Interdisciplinarity on the care of a mentally disordered person

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Introduction Brazilian's humanization policy offers the extended clinic as acting tool in health services, which advocates the use of soft technologies to provide care to its clientele.

Aim Discuss the interdisciplinary mental health residents approach to the care of the person with mental disorder.

Methods Experience report, accomplished by experiences of mental health's multidisciplinary residency members, which is in a lato sensu postgraduate linked to the study center of collective health, of the Federal University of Paraíba, Brazil. Structured on two axes: face meetings; and singling out actions in the daily work.

Results From the understanding of the extended clinic as a light technology interdisciplinary approach, in which different professional specialties share knowledge and co-responsible themselves for the mentally disordered patients' care, Residents have used it as an articulation tool and insertion in the different care scenarios. When developing activities, the residents use guidelines indicated by the extended clinic in order to leverage the work done by the person with mental disorders. Among which stands out: the host, building links, qualified listening, the sensitization for the care co-responsibility, construction of the unique therapeutic project, intersectional actions and sharing care with other services that make up the health system.

Conclusion Experiences like these made it possible to perceive the applicability of the National Policy of Humanization through its main tool, which is the extended clinic that contributes to the work process of a health team, promoting interdisciplinarity and raising the prospective to the look of transdisciplinary.

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EV0621

Long-acting injectable antipsychotics and global functioning in north western italian public health service

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Introduction Long-acting injectable antipsychotics (LAI-APs) should be the first choice therapy in the treatment of schizophrenia, however their use in outpatient's psychiatric services remains limited.

Objective Observational study in schizophrenic patients of the northwestern public health service.

Aim To assess demographic and psychopathological features in patients treated with LAI haloperidol (H-LAI) and second-generation LAI antipsychotics (SG-LAI).

Methods We recruited 105 schizophrenic patients upon LAI-APs treatment, and we assessed socio-demographic data, medical comorbidity, substances use, time from admission, treatment length, and per os augmentation therapies. All participants were

assessed for global functioning and severity of illness by CGI-SCH and PSP, respectively.

Results Of all patients, 52% were treated by H-LAI, 48% by SG-LAI. No statistical differences ($P > 0.05$) were found between the 2 groups for age, gender, other demographic variables, substances use, somatic comorbidities. Both groups were homogeneous for severity of illness (CGI-SCH score = 4.20 in H-LAI vs. 4.38 in SG-LAI) and global functioning (PSP score = 49.1 in H-LAI vs. 54.4 in SG-LAI). Compared with the H-LAI group, SG-LAI-treated patients were characterized by shorter time from admission (>10 yrs) and treatment length (>1 yr), and less frequent anticholinergic drug co-prescription. We counted only 6 LAI-APs treatments started in the last year.

Conclusions Despite of the literature support, LAI-APs treatment for schizophrenia is still limited in our service. Our data suggest that SG-LAI-APs are used as first choice of LAI-APs treatment, although maintained for short time, while H-LAI are reserved to long-standing patients and are burdened by side effects needing anticholinergic treatment.

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Time management education influence on decreasing exam anxiety and conditioned university students' negligence of Tehran universities

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Introduction Test anxiety is a multidimensional phenomenon, including concerns about conflicts lead to negative emotional and behavioral responses in academic scores.

Aim Current study examines the influence of educating time management on decreasing exam Anxiety and educational negligence of conditioned university students on Tehran.

Methods The method of doing study is of testing in which statistical society includes conditioned university students of Tehran. Of general statistical society, we have selected 20 persons by in access sampling method. Gathering information instrument in this study is Solomon and Roth bloom's educational negligence questionnaire and sarason test anxiety in which has been in access of studied sample after testing its stability and narration.

Result After education, the result of t-test dependent and covariance analysis has shown time management education does have meaningful influence on decreasing test stress and conditioned university students negligence on Tehran universities.

Conclusion Dropped students compared to other students, provided a significant contingent of students had less time management and procrastination.

Keywords Time management; Test anxiety; Educational negligence

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

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EV0623

Developing community mental healthcare: Kosovo case

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Background Community mental healthcare in Kosovo is still in its developmental stage and thus pose an ongoing challenge for the health system and population.

Objectives The purpose of this study is to describe the processes of preparation, implementation, challenges and future of community mental health service in Kosovo as an economically struggling society with underdeveloped health care system.

Methods Review of the current state of community services provision for mentally ill peoples in Kosovo in the light of the objectives and targets of the WHO comprehensive mental health action plan 2013–2020.

Results The implementation of a new community mental health service in Kosovo still is characterized by considerable shortages, beside substantial effort on various levels. On the policy and financial level, it was made possible by a clear intent/initialization of international bodies and coordinated commitment of all responsible national stakeholders and authorities. Obstacles remain regarding improvements of service development indicators: financial and human resources; capacity building; stakeholder involvement and service availability. Lack of strategies for promotion and prevention in mental health and lack of information systems, evidences and research for mental health is vital need.

Conclusions Community mental healthcare in Kosovo despite struggles faced is successfully installed and represents one of Kosovo health system achievements. Comprehensive, integrated and responsive mental health services in community-based settings in line with international and regional human rights instruments is goal to be addressed.

Disclosure of interest

The author has not supplied his/her declaration of competing interest.

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Expanding the role of primary health care in the provision of mental health services to the population of the Kyrgyz republic

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Providing comprehensive, integrated services in the field of mental health in primary health care (PHC) is a component of the state mental health program for the population of the Kyrgyz republic (KR) in the 2017–2030 biennium. In order to develop an action plan in this area a situational analysis of resources of psychiatric care at PHC level was carried out. There was revealed a significant deficit of specialists, such as family doctors, mental health care professionals. In spite of the need for 3,300 family doctors, only 1706 work, and 80% of them are of retirement age.

The results of a research showed a low level of knowledge and skills of family physicians for the early detection of mental disorders and provision of appropriate medical care. There are also a limited number of psychiatrists, especially in rural regions (77% of the required quantity).

During recent years, there have been implemented significant changes in the system of mental health services, aimed at improving its quality, the approach to the place of residence of the patient and the prevalence of psychosocial services.

Since 2016 in 8 southern regions in the Kyrgyz Republic has been introduced a new model for the provision of comprehensive health