

Mental Health Care

EPV0804

How to involve carers in the acute care: An online training for clinicians across four sites in England

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Introduction: Involving carers in the care of people with severe mental illness is known to bring positive treatment and psychosocial outcomes. However, evidence-based procedures to guide clinicians on how to involve carers in the acute care are lacking.

Objectives: To provide an online training to clinicians working in the acute care regarding the organisation of a standardised meeting with the service user and their carer within the first week of hospitalisation, and explore their views after its implementation.

Methods: We trained six clinicians across four urban and rural sites in England, asked them to incorporate the meeting in their routine care provision and interviewed them to explore their experiences.

Results: Clinicians reported training advantages such as ease of use, comprehensiveness and transferable skills, and meeting advantages such as shared goals development and acknowledgement of carer involvement value. They also mentioned challenges related to organisational/time constraints, expectations management, and distance to the hospital for carers. Clinicians suggested to further focus on carer motivation to engage, to use skills throughout admission rather than in a one-off session, and to provide a structured meeting summary. Those experiences were shared across sites, indicating similar benefits and challenges, not depending on the specific setting characteristics.

Conclusions: Providing structured training to clinicians may increase carer involvement in routine care in acute settings. Given the workload in such settings training endeavours should be brief and include skills that clinicians can apply to facilitate shared goal development and expectations management. The use of online meetings may allow increased carer participation in the acute care.

Disclosure: No significant relationships.

Keywords: acute service; online training; severe mental illness; carer involvement

EPV0803

Carer involvement in the transition from inpatient to community mental healthcare: Experiences of stakeholders

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Introduction: The involvement of informal carers (family and friends) in the care of people with severe mental illness (SMI) contributes to positive clinical outcomes, such as relapse prevention and symptom reduction. To date, the care pathway between inpatient and community care is not clearly defined impeding the smooth transition for patients, whilst carers are still barely involved in shared decision-making processes.

Objectives: To investigate the views and experiences of patients with SMI, carers and clinicians regarding the transition from inpatient to community mental health services.

Methods: Four mixed focus groups were conducted with individuals with SMI (n=12), carers (n=10) and clinicians (n=9) across four different mental health catchment areas in England. Participants discussed their experiences and provided their views on facilitators, barriers and solutions for carer involvement during the transition between mental health services. Data were analysed using thematic analysis.

Results: All stakeholders highlighted that factors that impede carer involvement are related to: confidentiality issues, unmet (structural and organisational) needs, and carer expectations. Patients with SMI, carers and clinicians agreed that carer involvement can be improved by providing psychoeducation to carers and training to staff, having accessible and transparent clinical procedures, and allocating specialised staff to carers.

Conclusions: The study findings emphasise that carer involvement is still overlooked, particularly when adults with SMI transition between services. The results provide guidance for practice emphasising the need for systematic involvement of carers across inpatient care, and for future research proposing effective ways of maximising carer involvement in mental health care.

Disclosure: No significant relationships.

Keywords: inpatient; carer involvement; service transition; community care

EPV0804

The value of cognitive behavioral therapy on quality of life in addition to pharmacotherapy in adults with ADHD

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Introduction: Treatment options for ADHD in adults consist of psycho-education, cognitive behavioral therapy (CBT), pharmacotherapy or a combination thereof. Current studies do not yet

provide insights into the additive effects of CBT and pharmacotherapy regarding the quality of life in adults with ADHD.

Objectives: In this study, we investigated the effect of CBT combined with pharmacotherapy on the quality of life in adults with ADHD compared to pharmacotherapy alone.

Methods: In this multicenter prospective cohort study a total of 627 patients were included, 305 were included in the pharmacotherapy only group and 322 in the combination group (CBT and pharmacotherapy). The Adult ADHD Quality-of-Life scale (AAQoL) was conducted at baseline and at the end of treatment.

Results: No significant differences were found in gender or age between groups at baseline. The average improvement in the AAQoL total score in the pharmacotherapy group was 26.81 (17.12) and in the combination group 25.45 (16.33) and showed no significant difference ($t(543) = 0.96, p = 0.34$). At baseline the average total score in the pharmacotherapy group was 45.5 (12.37) and 42.22 (12.73) in the combination group ($t(543) = 2.86, p = 0.004$). The average total score at the end of treatment in the pharmacotherapy and combination group was 72.31 (12.99) and 67.67 (12.45), respectively ($t(543) = 4.26, p < 0.001$).

Conclusions: To our knowledge, this is the first study to describe the value of CBT in addition to pharmacotherapy on the quality of life in adults with ADHD. Contrary to our expectations, there was no significant effect of CBT in addition to pharmacotherapy on the quality of life.

Disclosure: No significant relationships.

Keywords: Cognitive behavioral therapy; Quality of Life; adults; ADHD

EPV0805

Ethnic inequalities in treatment with clozapine

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Introduction: Ethnic disparities in treatment with clozapine, the antipsychotic recommended for treatment-resistant schizophrenia (TRS), have been reported. However, these investigations frequently suffer from potential residual confounding. For example, few studies have restricted the analyses to TRS samples and none has controlled for benign ethnic neutropenia.

Objectives: This study investigated if service-users' ethnicity influenced clozapine prescription in a cohort of people with TRS.

Methods: Information from the clinical records of South London and Maudsley NHS Trust was used to identify a cohort of service-users with TRS between 2007 and 2017. In this cohort, we used logistic regression to investigate any association between ethnicity and clozapine prescription while adjusting for potential confounding variables, including sociodemographic factors, psychiatric multimorbidity, substance use, benign ethnic neutropenia, and inpatient and outpatient care received.

Results: We identified 2239 cases that met the criteria for TRS. Results show that after adjusting for confounding variables, people with Black African ethnicity had half the odds of being treated with clozapine and people with Black Caribbean or Other Black background had about two-thirds the odds of being treated with clozapine compared White British service-users. No disparities were observed regarding other ethnic groups, namely Other White background, South Asian, Other Asian, or any other ethnicity.

Conclusions: There was evidence of inequities in care among Black ethnic groups with TRS. Interventions targeting barriers in access to healthcare are recommended.

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Keywords: clozapine; health inequalities; ethnicity; refractory psychosis

EPV0807

Conformity to masculine norms and self-stigma of help-seeking are not unique barriers to formal help-seeking in men, but are also relevant for women

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Introduction: Studies that explain men's reduced willingness for formal help-seeking for depressive symptoms often did not analyze whether assumed unique barriers, namely, conformity to masculine norms (CMN), reduced self-compassion, and self-stigma are also linked to women's help-seeking behavior.

Objectives: The current study analyzed whether CMN, self-compassion, and self-stigma for help-seeking are linked to women's and men's willingness to seek formal help for depressive symptoms.

Methods: German-speaking participants ($N=481$; 68.8% women, 31.2% men; $M_{age}=35.6, SD=14.2$) of an online-questionnaire study read a vignette about a character with depressive symptoms. Participants indicated how likely they would be to seek medical or psychological help if they were in the character's situation. Furthermore, the Conformity to Masculine Norms Inventory, Self-Stigma of Seeking Help scale, and Self-Compassion Scale were used.

Results: Women and men were moderately willing to seek formal help for depressive symptoms. A manifest path model revealed that strong CMN and low self-compassion were linked to strong self-