

and also about their general psychopathology. The collection of data will be finished in December 2007. We are going to correlate the inflections with these factors and to publish the results and conclusions in March –April 2008.

Poster Session III: Mental Health Serious Caregiver

P0152

The satisfaction of clients to child and adolescents guidance clinic (A qualitative research)

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Background and Aims: The customers' satisfaction of health services are priority in Health systems. The purpose of such services is to supply the realized needs of the customers. The Purpose of this study is to explore the original concepts of satisfaction, to determine guidance and final strategies for Child and Adolescent Guidance Clinic.

Method: This is a Qualitative study by triangulation method in three phases: First phase is phenomenology research; second phase is focus group; and third phase is Delphi technique. Clients, including children and their parents referred to Isfahan Child and Adolescent Guidance Clinic and its staff were study sample .

Results: The findings from interview with 24 participants and focus group discussion were recorded. Overall, 834 concept codes were worked out. Then, They were classified in 130 Concept structures. These concept structures were set in 30 groups according to Common characteristics in third level. Finally they were classified in 7 categories: a-factors related to different units of clinic, b- patient, c- factors related to drugs and treatment, d- clinic management, e- clinic, f- recovery, g- needs and recommendation. The suggested guidance from focus group and strategy for satisfaction in 18 items are presented.

Conclusion: It collected the 18 final strategies of satisfaction promotion for child and Adolescent Guidance Clinic . Some of these strategies, include: data collection committee, continuous non drugs treatment program, internal clinic protocol, Guidance clinics development, parent training classes, daily program arranging, team work attendance and patient rights regard .

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The caregivers perspective: The dual diagnosis

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Background and Aims: A growing body of scientific literature suggests that HIV seroprevalence among people with serious mental illness has increased substantially in recent years. In the Italian context, specialized services (mental health or infectious disease) more and more are requested for combined management of dual diagnosis.

Consequently health care workers (HCW) have to face difficulties due to new situations of care. To fill these gaps, the core purpose of this study is to analyze HCW experiences from their own perspectives in order to understand their difficulties and create good practices in health care.

Methods: A qualitative study was conducted in public services Mental Health and HIV/AIDS workers, in Lazio region, Italy.

HCW were asked in anonymous way about their experiences. The interviews, consisting of one open question, were audio taped and integrally transcribed and the texts were analysed through software T-Lab (cluster and correspondence analysis).

Results: 91 HCW were interviewed. We identified, through cluster analysis, six cultural models about dual diagnosis: Disease as personal experience, Fear of contagion, Training as support to work, Service as integration function, Families as object of the intervention, Disease as scientific knowledge

Conclusions: In conclusion, this study examines for the first time the constructions of dual diagnosis in the Italian context through text and language of HCW. It reveal that we need further elaboration because of sociocultural meanings of dual diagnosis are not fixed but are ongoingly co-constructed by the various participants of health context.

P0154

Ambulatory mental health care centers: A story of improvement

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Background and Aim: As demand is increasing, French Mental Health ambulatory settings (CMPs) face an increasing pressure and feel difficulties to achieve their missions (prevention, screening, diagnosis, care and rehabilitation). With the support of a national agency, 8 of them have conducted an 18 month quality improvement project, from April 2006.

Method: In order to have a better understanding of the problems, the first objective was to define what was concretely awaited from them. Based on a study of the literature, operational objectives have been set. Among which, the most notable are: To offer an appointment within 72 hours after the first contact; To offer to all patients leaving the in-patients department, a follow-up consultation within 7 days; To decrease the amount of non attendance...

That definition of objectives made it possible to set up a measurement, to analyse organisational patterns and to launch actions for improvement, such as empowering nurses to allow them to realize the first appointments, reorganizing team working and "institutional times", defining a strategy to contact non attendant patients...

Results: The use of routine measurement allowed us to evaluate the impact of the project. Actions launched allowed to obtain improvements quickly on some dimensions (for exemple, delay before

an appointment with a psychiatrist falling from more than 50 to less than 20 days). Nevertheless other improvements seem longer to achieve (decrease of non attendances).

Conclusion: This report stresses the interest of health services research in achieving significant improvements, regardless of the ideological controversies at stake.

P0155

Organizing structured assessment and care of polydrug users: Tools and insights from the FACE© program

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Background: Polydrug using persons pose particular challenges in mental health practice that result from the complexity of cumulative intertwined effects of the addictive course on their cognitive, affective and neurobiological functioning.

Aim and Method: To respond to this challenge, this paper presents systematized evidence-based tools developed as part of the multi-site FACE© program (Facilitating Adjustment of Cognitions and Emotions) and analyses how the organization of structured multidimensional assessments impacts on the diagnostic and treatment phases with a series of polydrug and alcohol abusing persons.

Results: At a diagnostic level, practice systematization using a thorough, multidimensional, evidence-based anamnestic protocol appears mandatory to provide the internationally recommended assessment data relevant to designing informed care pathways (cf. World Health Organization, France's 'Haute Autorité de Santé', Belgium's 'Conseil Supérieur de la Santé'). At a treatment level, this protocol reveals beneficial to the practitioner–client relationship, facilitating initiation of a therapeutic contract. Further “assessment to treatment” tools, including monitoring of polydrug use through structured observational agendas and time-line analyses, respond to multiple care challenges by providing both diagnostic and follow-up data. Early treatment course application of psycho-education sessions into self-observational “homework” strategies further benefits comprehension and control of the addiction course by clients.

Conclusions: Evidence-based, structured “assessment to treatment” tools appear to provide valuable insights regarding polydrug use severity, dynamics and contingencies, relevant to initial multidisciplinary assessment and treatment course evaluation. Significantly, these are also found to ameliorate addiction insight along with facilitating cognitive-emotional regulation by the client. Further research and practice implications are advocated.

P0156

Joint crisis plans: A new approach to reduce hospital admissions

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Patients with psychotic or bipolar disorders often relapse and are often admitted for in-patient care.

Patient empowerment and a better collaboration with caregivers could allow for a early detection of crises, a better treatment of relapses and may avoid hospital admission.

Joint crisis plans (JCP) are prepared in a collaboration between patients, caregivers and mediators (a third party chosen by the patient), at a time when the patient is stable.

JCPs indicate in advance the patient's preferences for healthcare, in prevision of times when the patient may be ill to express them

What is not known is whether JCPs can produce similar effects in the Swiss healthcare system.

The aims of this pilot study is to assess the acceptability of JCPs and the satisfaction of patients and caregivers, and to describe how JCPs can be integrated in the healthcare system in Geneva.

If results are positive, a further study could assess the impact of JCPs on relapse, hospital admissions and costs.

This innovative project could lead to substantial changes in the organization of healthcare, and has important policy implications.

P0157

How breast cancer affect women's quality of life in Iran

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Introduction: Breast cancer is one the the most causes of death among Iranian womens. Recently, quality of life (QOL) has been in focus of reseaches. The diagnosis and treatment of breast cancer are, two aspects of QOL . This study assess the impact of breast cancer on Body Image and, which has been not in focus of attention in Iran.

Method: The self-administrated questionnaire, which it's validity and reliability were assessed in local population .Eighty three patients with breast cancer were participated in this survey in Kerman/Iran in the year 2007.. The patients divided to three groups(based on kinds of treatment), and asked to complete demographic data and questionnaire.Statistical comparisons were made using the standard tests.

Results: The mean age of participants was 49.9±11.8.We found relationship between the age of patients and the Body Image (p<0.0003), Sexual desire (p<0.001) and sexual activity(p<0.001).

Body Image, Sexual desire and sexual activity had strong relationship with marital status, education of patients and her partner. Number of children had correlation with Body Image. A significant negative correlation was found between stage of cancer with Body Image, Sexual desire and sexual activity.

Sexual desire and sexual activity had relations with kind of treatment(P1<0.000, p2<0.003).

Conclusion: Body image and sexuality after cancer diagnosis or treatment deserves much more attention. Health care providers need to explore in much more detail in the influence of cancer on Body Image and sexuality (in the cultural background).

P0158

Evaluation of “lost to follow up” in psychiatric outpatient clinic

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Lost to follow up in psychiatric practice represents a serious problem. Patients who are not cared often will worsen, are linked to more hospitalizations, risk of violence and higher cost for the community.