

During three months we collect data of all new patients who were known from a psychiatric outpatient clinic located in the 14th district of Paris. We provide seven days a week free psychiatric care (medical, nurse and social consultations, treatment delivery, psychotherapy...). More than half of the nearly 2,700 annual outpatients are diagnosed with psychosis.

The future of 298 contacts with our structure has been studied.

- 209 first appointments have been given after a first contact. The non attendance rate of the 209 is 11%. Women and patients who have called by themselves without medical prescription are over-represented in this first category of patients
- on the 185 attending patients, 167 were given an appointment with a psychiatrist. The non attendance rate is 13%. Men are overrepresented in this second category of patients
- on the 145 patients attending their appointment with the psychiatrist. 120 were given a second appointment with a psychiatrist. 6% of them did not attend it

We aim to set up a strategy to make the lost to follow up rate to decrease.

Simple actions that have shown evidence are now routinely implemented, as computerized traceability of patients' pathway, from the first contact to the follow-up.

Prevention aim of our mission for chronic disease: lost to follow up / lost of chance.

P0159

Are families in need of standardised family work?

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Background and Aims: There is a need to address vulnerable carers in schizophrenia and severe mental illness, although research has not yet defined feasible risk assessment routines. Caregiver needs must be sought and targeted instead of blindly delivering previously defined programs. In Portugal, where psychoeducational family work has been scarcely implemented/evaluated, the Families of Psychotic Patients (FAPS) Project is now running in Lisbon. It consists of a prospective study of caregivers, which will be followed in time by a group intervention study for a defined sub-sample.

Methods: Caregivers' assessments (baseline) include the Involvement Evaluation Questionnaire, the GHQ, the Social Network Questionnaire and a schedule including questions on intervention needs/adherence). Patients are given the BPRS, WHO-DAS II and GAF. We present preliminary data concerning baseline assessments of a first cohort of the prospective survey (n=70). A convenience sample of primary caregivers to patients with schizophrenia, schizo-affective or delusional disorders (ICD-10) was considered.

Results: Key-relatives (age 59.4±13.1 yrs) were mostly female (87%). Burden was evident (especially IEQ worrying 18.9±5.4). 31.4 % scored GHQ+, while needs for family work were not invariably expressed, in discrepancy with interviewers' expectations.

Conclusions: Caregiver burden and psychological distress do not imply adherence to family interventions (either in relative groups or behaviour family therapy format). Moreover, some of the most distressed carers seem to be the hardest to recruit.

These considerations must be checked at follow-up with the whole sample and warrant further research. Apparently, one should tailor

family intervention programs to each family according to prior detailed assessments.

P0160

Social disability of mentally ill and burden on their relatives in Polish families

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Aim: The attempt was made to investigate the relationship between patients' impaired role performance within their families and the burden on caregivers.

Methods: 128 patients suffering either from schizophrenia, depression or anxiety were interviewed upon admission to the mental hospital using Groningen Social Disability Schedule (GSDS). Their caregivers who lived with them were asked to fill in the Involvement Evaluation Questionnaire (IEQ). The following GSDS roles were considered: "self-care", "contribution to family atmosphere and economic independence", "kinship – parents and siblings", "parental role", "relationship with partner", "quality of social contacts". Patients were classified as disabled/not disabled in a given role. Caregivers' burden dimensions i.e.: "worrying", "tension", "urging" and "supervision" were measured according to patients' disability status. Statistics included Mann-Whitney's and t Student's tests.

Results: Only disabilities in some roles were associated with higher caregiver's burden: neglected personal care resulted in higher "urging", withdrawal from family life led to higher "tension" whereas lack of adequate contribution to the family's economic independence did not. Disability in parental role proved to be a family's "trouble spot" and led to high "tension" and "supervision" in spouses. Surprisingly, impaired relationships with partner, siblings and parents as well as disturbed social contacts were not associated with higher burden.

Conclusions: Disability in parental role may be an important factor contributing to the higher burden on patient's spouse. Helping strategies for families with mental illness and children should consider this fact, should also aim at improving patient's self-care and their emotional input to family climate.

P0161

Activity of civil committee on human rights

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Background and Aim: The aim is to define the effectiveness of anti-psychiatric activity of Civil Committee on Human Rights.

Materials and Methods: Cohort of 67 patients and relatives of mentally ill patients were studied after presentation of film "Industry of Death" in a framework of international exhibition "Destroying of life – exposure of psychiatry".

Results: 88% of patients who were hospitalized into psychiatric clinics before considered that film consists calumny on psychiatry but some facts of misuse of drugs sets a trap. 47% of them said that they will not follow advises of psychiatrist to avoid side effects and consequences of treatment with "chemical substances".

Relatives of psychiatric patients showed negative attitude to psychiatry after watching this film. They said that they regret that they put their relatives to psychiatric hospital before and they will refuse of hospitalization even in a case of worsening of psychic state of patient.