Conclusions: We should always seek for love in the families, which come to psychotherapy / psychiatry office for help. Understanding the dynamic of love in the patchwork family is crucial to providing high quality help.

Disclosure of Interest: None Declared

EPV0878

Psychological Inflexibility in Depression with Psychotic Features: A Case Report

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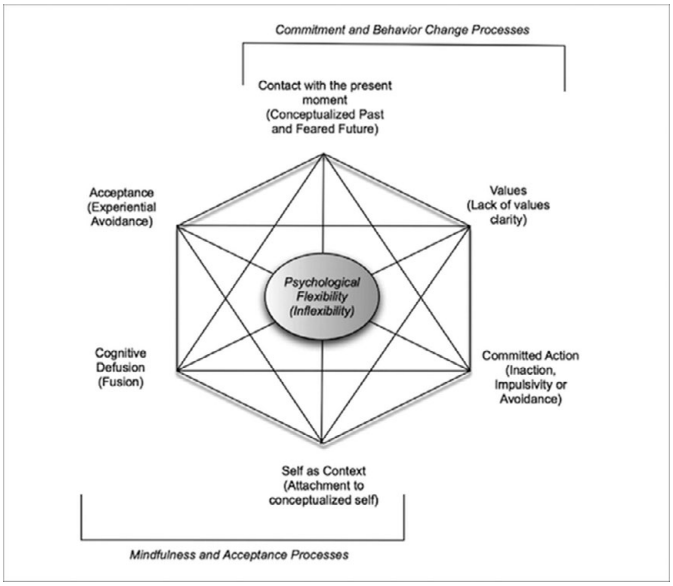
Introduction: Major depressive disorder (MDD) is a mood disorder that can last for weeks or even months, in which there is a depressed mood accompanied by anxiety, in addition to negative changes in cognitive functions, psychomotor movement and vegetative functions. Depression with psychotic features is a psychiatric syndrome that progresses with delusions as well as severe symptoms such as psychomotor retardation or agitation, depressive ruminations, deterioration in cognitive functions, and confusion. Compared to the subtypes without psychotic features, the symptoms are more severe, the age of onset is earlier, and the duration of the disease is longer. Feelings of guilt, worthlessness and suicidal thoughts and attempts at suicide are more common. The risk of exacerbation is greater. Diagnosis of bipolar disorder and schizophrenia is more common in first-degree relatives of these patients.
Objectives: An 18-year-old female patient with somatic delusions and psychotic persistence that started after a sexual trauma and persisted for 1 month was consulted after organic exclusions were made. It is understood from the anamnesis that the patient had a manic episode about 6 months ago and that his mother was followed up with a diagnosis of bipolar disorder. The patient's current clinical picture was evaluated as depression with psychotic features, and after hospitalization, the treatment was adjusted as fluoxetine 20 mg/g, olanzapine 5 mg/g, and lithium 900 mg/g. Self as context, cognitive defusion and acceptance interventions were applied to the patient.
Methods: When the Cognitive Fusion Questionnaire(CFQ), Self-as-Context Scale(SACS), Acceptance and Action Questionnaire (AAQ-II) completed by the patient during hospitalization and in remission periods were compared, it was observed that there was a significant regression in the patient's psychological inflexibility during the period of remission. Written informed consent was obtained from the patient whose clinical picture was presented in order to contribute to the scientific literature.
Results: Depression with psychotic features is another clinical picture in which psychological inflexibility increases, and it has been observed that interviews to increase psychological flexibility during the treatment process contribute positively to the treatment process. For this reason, the contribution to the healing process can be better clarified in further studies on interventions to increase psychological flexibility applied in addition to pharmacological treatments.

Image:



Conclusions: Psychological inflexibility is an effort to control a person's emotion, thought, behavior or experience in a dysfunctional way in the face of an undesired experience. It has been seen in studies conducted in recent years that; There is a significant positive correlation between high psychological inflexibility and somatization, depression, anxiety and other psychological disorders.

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Quality Management

EPV0879

"Clinical café meeting" - a clinician peer support and case discussion meeting: A tool for reflective practice and consolidation of resilience

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Introduction: Previous studies have shown that Peer Support Programs (PSPs) promote workforce wellness by supporting clinicians during times of heightened stress and vulnerability (Keyser, et al., 2021). Inclusion of case discussions in PSPs can provide opportunity for reflective practice, quality improvement, and professional development, in addition to strengthening clinicians' resilience.
Objectives: To describe the experience and perceived benefits reported by participants (psychiatrists) of a peer support and case discussion group meeting, of a clinical department of psychiatry

(DOP) in Cape Breton, Canada, which the group calls "clinical café meeting".
Methods: Qualitative data collected, were informal comments (with focus on the participants' experience and perceived benefits) from the group participants during the once a month, one-hour clinical cafe meetings.
Results: From September 2015 to September 2021, attendance ranged from 2 to 10 participants. All participants voiced that, they see each meeting as an opportunity to "analyze their feelings and knowledge relevant to clinical practice situations, especially those associated with uncomfortable feelings (Atkins & Murphy reflective model, 1993), and challenges they face, in relation to the healthcare system. Many participants voiced how input from group participants help them with gaining a new perspective on practice situations that were discussed, and ideas on how they could deal with similar clinical situations or challenges, in a more robust way, in the future. Many participants also find the clinical café meetings to be helpful in consolidating their resilience.
Conclusions: PSP (with case discussion) participants, in a Canadian DOP, described their experience of the group meetings, as beneficial, including contributing to strengthening of their resilience.

Disclosure of Interest: None Declared

EPV0880

Quality Improvement Project - Initial survey of a new Mental Health of Intellectual Disabilities Service established in Ireland in January 2022

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Introduction: A new mental health service specialising in intellectual disabilities in Ireland was set up in January 2022. Its current compliment of staff includes is a Consultant Psychiatrist, Trainee Psychiatrist, Social Worker and Administrator. The current National Directive in Ireland is to prioritize Mental Health of Intellectual Disabilities services.
Objectives: The aim of the project is to establish the current baseline level of diagnostics and interventions within the new service. Our aim is to develop this service by implementing and following the gold standard guidelines and determine what extra resources does the service need.
Methods: The first fifty case notes of patients assessed by the new service were inspected. The reviewer looked for evidence of the following clinical descriptions:Diagnosis of Intellectual Disabilities and its severity; Mental Capacity; Psychiatric Diagnoses; Physical health diagnoses; Medications and evidence of a Positive Behavioural Support Plan to manage complex challenging behaviours.
Results: The fifty patient audit contained 38 (76%) men and 12 (24% women) . One patient had Mild Intellectual Disabilities (ID), 39 (78%) had Moderate ID and 10 (20%) had Severe ID. All patents were very vulnerable and had limited or lacking Mental Capacity. Common diagnoses of the following were recorded in the following numbers and percentages; - Autism diagnosis 30 (60%); Epilepsy 19 (38%); & Down Syndrome 9 (18%). A Formal Psychiatric diagnosis was identified in 26 (52%) of patients. Challenging Behaviour (severe and complex) was identified for 41 (82%) of the patients. The full breakdown of psychiatric diagnoses was 'Psychotic illness' – 9 (18%); Anxiety – 7(14%); Bipolar Affective Disorder 5 (10%): Depression – 4(8%); Attention Deficit Hyperactivity Disorder (ADHD) 3 (6%); Obsessive Compulsive Disorder (OCD) – 2 (4%); Dementia – 2(4%): Post Traumatic Stress Disorder (PTSD) – 1 (2%); & Schizoaffective Disorder 1(2%). A Positive Behavioural Support plan (PBS) was available to support 33 (66%) of patients. 42 (84%) of patients were prescribed antipsychotic medication. 12 (24%) were prescribed more than one antipsychotic. 20 (40%) were prescribed an antipsychotic without a formally documented diagnosis of a psychotic disorder. 12 (24%).
Conclusions: The results of this first survey highlight areas in which the service can be improved. The service has requested funding for a Community Nurse and a Psychologist. Psychological evaluations and Positive Behavioural Support plans are essential for people with complex challenging behaviours. A Community Nurse should assist with Health Promotion and help supervise patients requiring Depot Antipsychotic medication or Clozapine. We also plan to set up a joint clinic with the Consultant Neurologist on a regular basis.

Disclosure of Interest: None Declared

EPV0881

Risk Management Project on medication reconciliation within an acute psychiatric unit in Ireland.

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Introduction: Medication Reconciliation is the formal process for creating the most comprehensive and accurate list of a patient's current medications and comparing the list to those in the patient notes and medication record. Medication Reconciliation is a time-consuming process and numerous errors can occur during the admission, inpatient stay, transfer and discharge of a patient. Errors in this process can lead to serious clinical outcomes for the patient.
Objectives: The main aim for undertaking this project is to reduce the risk of medication errors during the admission process, inpatient stay, transfer, and discharge. The ultimate goal of this project is to obtain 100% compliance regarding complete medication reconciliation.
Methods: Two audits were completed in an Irish Acute Psychiatric Unit in May 2021 and February 2022. Ten inpatient clinical notes and corresponding medication records were reviewed. The three stages of Medication Reconciliation were audited. Stage 1 involved collecting the data. This included reviewing all medication information sources on admission and then documenting the Best Possible Medication History. Stage 2 involved confirming the accuracy of the medication history by verifying with one or more sources (e.g. General Practioner, Community Mental Health Team, Pharmacy). Stage 3 involved comparing the Best Possible Medication History with the Precribed Medication List in the patient's Kardex. A Medication Safety workshop was provided for all psychiatric trainees and consultants within the service and the guidelines regarding the importance of medication reconciliation were discussed.