

**Method** Fifty psychiatric patients participated in this research, 21 (42%) males and 29 (58%) females. Out of them, 25 (50%) had been diagnosed with depression, 15 (30%) with psychosis, 6 (12%) with psychosis and depressive symptomatology and 4 (8%) with bipolar disorder.

**Results** The findings showed a significant effect of psychotherapy on treatment adherence ( $\chi^2 = 4.915$ ,  $P = 0.027$ ), with 7 out of 11 patients who undertook psychotherapy reporting good adherence rates compared to 12 out of 39 patients who did not. Gender had a significant effect on adherence ( $\chi^2 = 5.96$ ,  $P = 0.05$ ), with females reporting better adherence compared to males. Perception of treatment did not correlate significantly with adherence ( $\chi^2 = 0.439$ ,  $P > 0.05$ ) and neither did education ( $\chi^2 = 2.22$ ,  $P > 0.05$ ). Also, neither age ( $F(2,47) = 1.535$ ,  $P > 0.05$ ) nor hospitalization time ( $F(2,47) = 1.131$ ,  $P > 0.05$ ) correlated significantly with adherence to treatment.

**Conclusion** Even though there was no significant correlation between perceptions of treatment and adherence, psychotherapy seems to improve adherence to therapy during hospitalization and is also correlated with positive perceptions of treatment, something which will be valuable for the patient even after the hospitalization.

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

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#### EV784

### Preserving control: Understanding people's experiences before, during and after detention under the Irish Mental Health Act 2001

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**Introduction** The Mental Health Act 2001 provides a legal framework for the involuntary admission and treatment of individuals deemed to have a mental disorder to psychiatric units. The perspectives of people who have been detained are relatively poorly understood.

**Objective** To develop a theoretical understanding of individual's experiences throughout the trajectory of their detention and to understand the psychological and social processes that individuals use to cope before, during and after detention.

**Methods** Fifty individuals subject to detention across three psychiatric units consented to be interviewed three months after their detention. Using a semi-structured interview people recounted their experiences. Interviews were analysed using the principles underpinning Grounded Theory.

**Results** The theory 'Preserving Control' encapsulates individuals' experiences and consists of three related themes: 'Losing Control', 'Regaining Control' and 'Maintaining Control'. 'Losing Control' describes individuals' experiences of losing their autonomy and liberty through the process of detention and hospitalisation. 'Regaining Control' describes the strategies individuals used in an attempt to restore their loss of autonomy and control. 'Maintaining Control' describes how individuals lived with the consequences of detention and contended with impact on discharge.

**Conclusions** Whilst a large variation existed in relation to the subjective experience of being detained, the characteristic process that individuals tend to experience related to identifiable phases of preserving control in the face of this loss of autonomy. Findings from

this study highlight the importance of more sensitive interactions support and information during and after the detention process.

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

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#### EV785

### Implementation of Health of the Nation Outcome Scale (HoNOS) in Outpatient Clinic, Sligo Mental Health Services: Feasibility and Agreement with Global Assessment of Functioning Scale

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**Introduction** Outcome measurements in mental health services is beneficial in allowing healthcare providers in determining the effectiveness of their treatment plan. Health of the Nation Outcome Scale (HoNOS) and Global Assessment of Functioning (GAF) are two well-established instruments to measure patients' outcome.

**Aims and objectives** To measure the correlation of these two scales, and the feasibility of HoNOS.

**Methods** Prospective longitudinal study of psychiatric outpatients attending a clinic in Sligo. Patients were assessed using HoNOS and GAF by trained doctors during the consultation. Feedback from doctors using HoNOS during the research was taken as a measure for feasibility.

**Results** Total of 441 HoNOS and 237 GAF completed on 280 patients (53.2% female, mean age 46.23; SD = 14.89). The correlation between HoNOS and GAF was ( $r = -0.696$ ,  $P < 0.001$ ). In reassessment, we found significant reduction in HoNOS score when comparing the first assessment with the second ( $t = 4.590$ ,  $df = 110$ ,  $P < 0.01$ ) and the third ( $t = 2.876$ ,  $df = 37$ ,  $P < 0.01$ ). Using a linear mixed-effects model, it was found that patients with diagnosis of schizophrenia, mood affective disorder, neurotic disorder, personality disorder and younger in age are more likely to improve during the follow-up compared to those with organic mental disorders, alcohol related problems and older age.

**Conclusions** HoNOS is a feasible scale and can be potentially used as an outcome measurement in the mental health services. Can help in deciding better management plan for patient and improvement of the service. HoNOS can also be used for comparison of outcomes between services in national and international level.

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

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#### EV786

### Psychiatrist's mental health: A look at burnout in a psychiatry department in Portugal

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**Introduction** Mental ill health is common among doctors. Fast, efficient diagnosis and treatment are needed as mentally ill doctors pose a safety risk to themselves and to patients, yet they are often reluctant to seek help. Focusing on psychiatry, it is known that psychiatrists as a professional group are prone to stress burnout and suicide. Thus, it seems relevant and current to address on the burnout in this professional group.

**Objectives/aim** To analyze the burnout levels and the existence of psychopathology in a Portugal psychiatry department.

**Methods** Anonymous self-completion questionnaire, prepared by the Suicide Prevention Consultation (also using MBI-Maslach Burnout Inventory and QIS-Suicide Ideation Questionnaire) and distributed by e-mail and online submitted for all psychiatrists in the department.

**Results** Forty-two percent of psychiatrists responded, mostly women. Although the percentages of responses related to fatigue/amount of work are significant, there were not high levels of emotional exhaustion and depersonalisation, but before satisfactory levels of personal fulfilment.

**Conclusions** High levels of “burnout” are associated with high scores of emotional exhaustion and depersonalisation, but also with low scores of personal fulfilment. Despite the preliminary results of this study, it is important to remember important prevention strategies. Further studies directed to psychiatry trainees seem important, as this represents an important risk group, where an early intervention can make a difference.

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

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#### EV788

### A retrospective study of the impact of antipsychotic medication on readmission in patients followed by a domiciliary care unit

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**Introduction** Domiciliary care services' patients have severe psychiatric disorders, challenging social contexts and physical comorbidities. These influence outcome but are difficult to modify. Conversely, antipsychotic medication is changeable and has been shown to be related to number of readmissions and length of stay.

**Objectives** To assess whether injectable or oral and first or second generation antipsychotics (FGAP and SGAP) are associated with readmission and contact with mental health services.

**Aims** To improve the quality of care in our domiciliary care unit (PreTrarCa) and its efficacy.

**Methods** Active patients in PreTrarCa in 2015 with schizophrenia, schizoaffective, delusional or bipolar disorders were included ( $n = 64$ ). Information regarding medication and average number of hospitalizations, appointments and missed appointments per year was retrospectively collected.

**Results** Patients were mostly male (37), with mean age of 54, and mean follow-up of 41.20 months; 23 were prescribed injectable antipsychotics alone, 21 oral antipsychotics alone and 20 both; 36 were on injectable FGAP and 7 on SGAP. Oral medication was significantly related with missed appointments per year, but not with number of actual appointments. No other significant relation was found; although patients on SGAP had more hospitalizations (0.9

vs. 0.3 per year) and longer length of stay (21.9 vs. 6.3 days) these differences were not statistically significant.

**Conclusion** Type of antipsychotic was not associated with readmission rates or contact with mental health services. Confounding variables and clinical outcome measures were not included and the effect of medication changes during follow up was not addressed.

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

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#### EV789

### Mental illness and sexual disease transmission. A case report

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**Introduction** Published rates of HIV infection among psychiatric patients are 3.1% to 23.9%, at least eight times higher than general population. (Nebhinan et al., 2013)

**Aims** Defects in judgment and insight in patients with psychosis is often associated with lot of anger and impulsiveness, risky behavior and lower treatment adherence. This often led to worsening of clinical status and prognosis. (Uruchurtu, 2013)

**Methods** A 31-year-old man diagnosed with schizophrenia and HIV four years ago. At the beginning of last year, the patient was hospitalized in the Acute Psychiatry Hospital Unit because of decompensation. Two years after diagnosis of HIV, he stopped taking his medications and was arrested several times because misdemeanours. Furthermore, patient was highly sexually active in the form of unprotected sex with multiple partners, as he had no concept of his disease. In addition to this, he made a delusional interpretation about HIV (known as VIH in Spanish) as Immortal human life (Vida Immortal Humana). He was admitted in the hospital for a month and was treated with medications and psychotherapy, which led to good stabilization, and he gained insight of both of his illnesses. At the moment, one year after this episode, the patient is stable, taking both medications regularly and followed up by his psychiatrist in the Mental Health team.

**Conclusion** It is of extreme importance that psychotic patients with HIV receive a good follow-up during life, as decompensation can affect the patients' health and health of others, with the implicit consequences that it carries. (Uruchurtu, 2013)

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

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#### EV790

### Mindfulness, self-compassion and psychological distress in pregnant women

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