

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.

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.